



Vascular lab report

Assessed by: Emily Blake (CVS)

Name	[Redacted]	Hospital	[Redacted]	Date of Exams:	19/03/2019
DOB	[Redacted]	NHS Number	[Redacted]	Ip/Op:	IP MAPLE
Referral	[Redacted]	Hospital Site:	UHL		

Clinical Indications: 54M admitted with right sided weakness. Lacunar infarct in basal ganglia on CT.

Carotid and Vertebral Artery – Duplex scan

RIGHT

EXTRACRANIAL CAROTID AND VERTEBRAL ARTERY ASSESSMENT

Internal carotid (ICA) = No significant stenosis

External carotid (ECA) = No stenosis

Common carotid (CCA) = No stenosis

Vertebral artery (VA) = **Antegrade flow**

LEFT

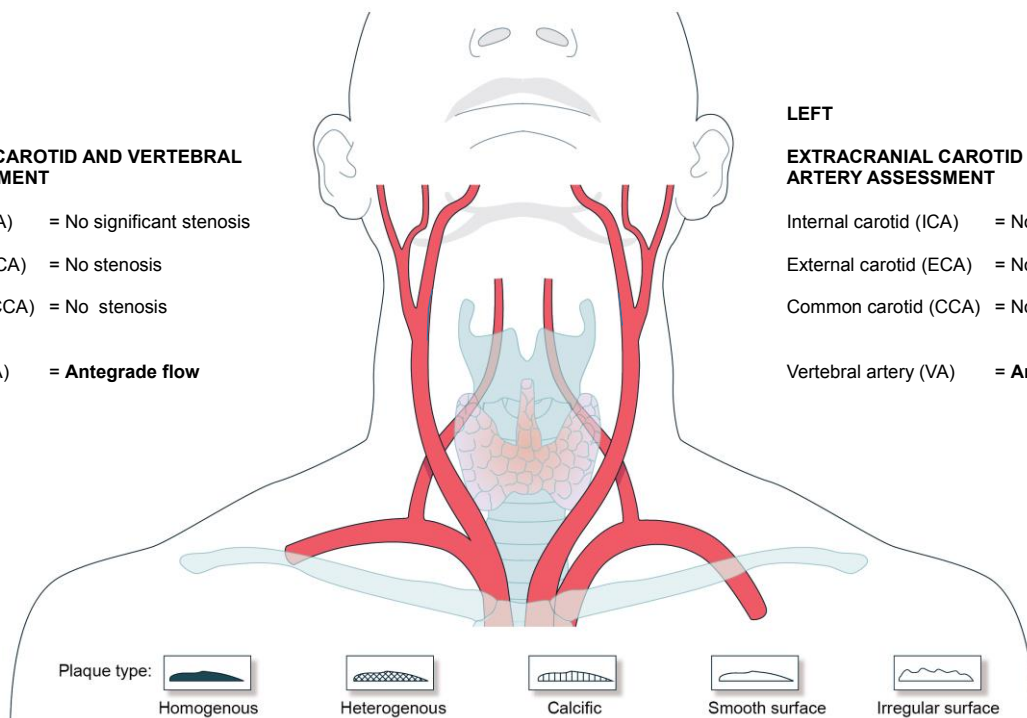
EXTRACRANIAL CAROTID AND VERTEBRAL ARTERY ASSESSMENT

Internal carotid (ICA) = No significant stenosis

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Common carotid (CCA) = No stenosis

Vertebral artery (VA) = **Antegrade flow**



Report:

RIGHT:

The Common (CCA), Internal (ICA) and External (ECA) carotid arteries are patent with no significant stenosis detected. No intimal thickening.

ICA Peak Systolic Velocity (PSV) = 0.45m/sec

ICA End Diastolic Velocity (EDV) = 0.16m/sec.

The Vertebral artery is patent with antegrade blood flow detected.

LEFT:

The Common (CCA), Internal (ICA) and External (ECA) carotid arteries are patent with no significant stenosis detected. No intimal thickening.

ICA Peak Systolic Velocity (PSV) = 0.28m/sec.

ICA End Diastolic Velocity (EDV) = 0.11m/sec.

The Vertebral artery is patent with antegrade blood flow detected.



Conclusion:

Patent carotid and vertebral arteries with no haemodynamically significant stenosis detected bilaterally.