

Vascular lab report
Assessed by: Emily Blake (CVS)

Name	Hospital	Date of Exams: 19/03/2019
DOB	NHS No	Ip/Op: IP
Ref	Hospital Site: UHL	

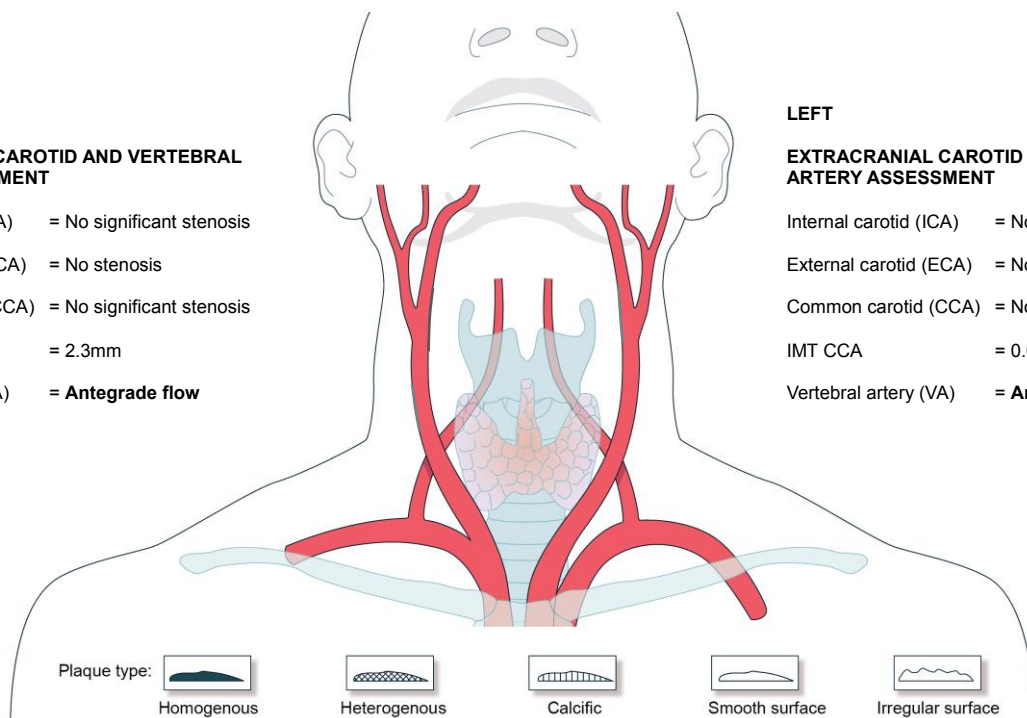
Clinical Indications: 67M inpatient stroke repat. For carotid doppler to assess for any carotid calcifications/narrowing please

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 significant stenosis
 IMT CCA = 2.3mm
 Vertebral artery (VA) = **Antegrade flow**

LEFT
EXTRACRANIAL CAROTID AND VERTEBRAL ARTERY ASSESSMENT

Internal carotid (ICA) = No significant stenosis
 External carotid (ECA) = No stenosis
 Common carotid (CCA) = No stenosis
 IMT CCA = 0.0mm
 Vertebral artery (VA) = **Antegrade flow**


Report:
RIGHT:

The Common (CCA), Internal (ICA) and External (ECA) carotid arteries are patent with no haemodynamically significant stenosis detected. Minimal amount of homogenous atheroma detected within the bulb / ICA <50%. Intimal thickening noted within the mid CCA.

ICA Peak Systolic Velocity (PSV) = 0.50m/sec

ICA End Diastolic Velocity (EDV) = 0.19m/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 haemodynamically significant stenosis detected. Minimal amount of homogenous atheroma detected within the bulb / ICA <50%.

ICA Peak Systolic Velocity (PSV) = 0.40m/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.
Irregular cardiac rhythm noted throughout ?known.