



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

TIA

Outcome

Widely patent

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>			0.84		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			0.80		< 25%
Plaque	Normal				
Disease length from BIF					
		<b>Pk ICA/Pk CCA = 1.0</b>			
<b>External</b>			0.55		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Vertebral</b>	Open Orthograde				
<b>Subclavian</b>	No Turbulence	Good Signal	Biphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>			1.12		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			0.85		< 25%
Plaque	Normal				
Disease length from BIF					
		<b>Pk ICA/Pk CCA = 0.8</b>			
<b>External</b>			0.56		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Vertebral</b>	Open Orthograde				
<b>Subclavian</b>	No Turbulence	Good Signal	Biphasic		Widely Patent

**Stenosis based on NASCET velocity criteria.**

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

**Notes**

## CAROTID DUPLEX ASSESSMENT

The right and left internal carotid arteries appear widely patent, with no evidence of any plaque morphology, intimal dissection or other abnormality identified, bilaterally.

The right and left vertebral arteries appear widely patent with orthograde flow, bilaterally.

Assessed by

Lukasz Koprowski

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Checked by