



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

TIA clinic

Outcome

Occlusion, Obscured, Calcified, Poor images

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>		0.46		< 40%
Plaque	Dense Mixed			
Disease length from BIF				
<b>Bifurcation</b>				< 50%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
<b>Internal</b>				= 100%
Plaque				
Disease length from BIF				
	Pk ICA/Pk CCA = 0.0			
<b>External</b>		3.61		70% - 79%
Plaque	Dense Mixed Calcified			
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>		0.47		< 40%
Plaque	Dense Mixed			
Disease length from BIF				
<b>Bifurcation</b>				< 50%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
<b>Internal</b>		1.08		< 40%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
	Pk ICA/Pk CCA = 2.3			
<b>External</b>		0.33		< 50%
Plaque	Dense Mixed Calcified			
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 internal carotid artery appears occluded with no colour, spectral or power Doppler signal obtained within the vessel lumen.

Mixed, dense and calcified plaques identified in the left internal carotid artery, forming a less than 40% stenosis.

Proximal, left external artery is obscured by acoustic shadowing ?patency. Mid ECA appears patent (less than 50% stenosis).

SUGGEST ALTERNATIVE IMAGING MODALITY AND VASCULAR OPINION, IF DEEMED APPROPRIATE.

Assessed by

Lukasz Koprowski

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Checked by