



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason TIA clinic**Outcome** Stenosis moderate, Obscured, Calcified, Poor images

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.66		< 40%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Bifurcation				< 40%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Internal		0.84		40% - 49%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
	Pk ICA/Pk CCA = 1.3			
External		1.20		< 40%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good Signal	Biphasic	Widely Patent

Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.92		< 50%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Bifurcation				< 50%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Internal		2.04	0.41	50% - 59%
Plaque	Dense Mixed Calcified			
Disease length from BIF	0.80cm but is obscured			
	Pk ICA/Pk CCA = 2.2			
External		1.09		< 50%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Vertebral	Not Identified			
Subclavian	Mild 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**

Sub-optimal images throughout due to vessel calcification.

Mixed, dense and calcified plaques identified in the right internal carotid artery, forming a 40-49% stenosis.

Mixed, dense and calcified plaques identified in the left internal carotid artery. The proximal vessel appears to be obscured by acoustic shadowing for ~0.8cm. Elevated velocities obtained distal to obscured section of vessel are indicative of at least a 50-59% stenosis, but cannot exclude more severe stenosis in obscured section. Distal vessel appears to be patent. Left vertebral artery not identified due to very poor images and

Assessed by Lukasz Koprowski

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Checked by



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acoustic shadowing.

SUGGEST REFERRAL FOR VASCULAR OPINION, IF APPROPRIATE.

SUGGEST REFERRAL FOR ALTERNATIVE IMAGING MODALITY, IF DEEMED APPROPRIATE.