



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

TIA clinic

Outcome

Widely patent, Poor images, patient habitus

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>			1.03		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			0.81		< 25%
Plaque	Normal				
Disease length from BIF					
		Pk ICA/Pk CCA = 0.8			
<b>External</b>			0.77		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Vertebral</b>	Open Orthograde				
<b>Subclavian</b>	No Turbulence		Good Signal	Triphasic	Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>			1.01		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			0.76		< 25%
Plaque	Normal				
Disease length from BIF					
		Pk ICA/Pk CCA = 0.8			
<b>External</b>			0.69		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Vertebral</b>	Open Orthograde				
<b>Subclavian</b>	No Turbulence		Good Signal	Triphasic	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.

Assessed by

Lukasz Koprowski

Printed on 08/06/2019 at 11:11 am

Checked by