



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

**Reason** TIA clinic**Outcome** Widely patent

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>			1.84		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			0.86		< 25%
Plaque	Normal				
Disease length from BIF					
		<b>Pk ICA/Pk CCA = 0.5</b>			
<b>External</b>			1.27		< 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>			1.63		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			0.92		< 25%
Plaque	Normal				
Disease length from BIF					
		<b>Pk ICA/Pk CCA = 0.6</b>			
<b>External</b>			1.33		< 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, bilaterally.

Although elevated velocities were noted in the right and left CCAs, no evidence of disease identified at this time, bilaterally.

Assessed by Lukasz Koprowski

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Checked by \_\_\_\_\_