

**Reason** Pre-op  
**Outcome** Widely patent

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>			1.18		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			1.23		< 25%
Plaque	Normal				
Disease length from BIF			<b>Pk ICA/Pk CCA = 1.0</b>		
<b>External</b>			0.76		< 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>			1.42		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			1.07		< 25%
Plaque	Normal				
Disease length from BIF			<b>Pk ICA/Pk CCA = 0.8</b>		
<b>External</b>			1.06		< 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 (see notes)

The right and left extra-cranial carotid arteries appear widely patent. No evidence of any plaque morphology intimal dissection or other abnormality identified bilaterally.

Assessed by Rachel Johnson

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Checked by