

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

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b> Plaque Normal Disease length from BIF		0.63		< 25%
<b>Bifurcation</b> Plaque Mixed Disease length from BIF				< 30%
<b>Internal</b> Plaque Intimal Thickening Disease length from BIF		0.99		< 25%
<b>External</b> Plaque Normal Disease length from BIF		1.09		< 25%
<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> Plaque Normal Disease length from BIF		0.97		< 25%
<b>Bifurcation</b> Plaque Mixed Disease length from BIF				< 30%
<b>Internal</b> Plaque Normal Disease length from BIF		1.01		< 25%
<b>External</b> Plaque Normal Disease length from BIF		1.28		< 25%
<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. No evidence of any plaque morphology, intimal dissection or other abnormality identified bilaterally.

Assessed by Rachel Johnson

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Checked by