

Reason	TIA
Outcome	Stenosis severe

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.67		< 40%
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Internal			3.29	0.49	80% - 89%
Plaque	Dense Mixed Calcified				
Disease length from BIF		Pk ICA/Pk CCA = 4.9			
External			2.18		< 40%
Plaque	Mixed				
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			0.73	0.13	< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					40% - 49%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			2.00	0.34	70% - 79%
Plaque	Dense Mixed Calcified				
Disease length from BIF		Pk ICA/Pk CCA = 2.7		Pk ICA/End CCA = 15.4	
External			1.32		< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No 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

*Patient scanned on ward using portable machine.

Mixed, dense and calcified plaques identified in the right internal carotid artery, forming an 80-89% stenosis based on velocities obtained. Disease extends for 1.7 cm distal to ICA origin. ICA is patent distally.

Mixed, dense and calcified plaques identified in the left carotid bifurcation, visually forming a 40-49% stenosis.

Predominantly mixed with isolated dense and calcified plaques identified in the left internal carotid artery.

Assessed by Danny Rimmer

Printed on 02/07/2019 at 2:25 pm

Checked by _____

Velocities are suggestive of a 50-59% stenosis however visually forming a 70-79% stenosis. Disease extends for 2.19cm distal to bifurcation. ICA is patent distally.

Suggest vascular surgical opinion.

Assessed by Danny Rimmer

Printed on 02/07/2019 at 2:25 pm

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Reason TIA
Outcome Stenosis moderate

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.87	0.22	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Mixed				
Disease length from BIF					
Internal			1.97	0.74	60% - 69%
Plaque	Mixed				
Disease length from BIF			Pk ICA/Pk CCA = 2.3	Pk ICA/End CCA = 9.0	
External			2.55		< 40%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.15	0.31	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					40% - 49%
Plaque	Dense Mixed				
Disease length from BIF					
Internal			1.24		40% - 49%
Plaque	Dense Mixed				
Disease length from BIF			Pk ICA/Pk CCA = 1.1	Pk ICA/End CCA = 4.0	
External			2.21		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No 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

*Patient scanned on ward using portable machine.

Mixed plaques identified in the right carotid bifurcation, forming a less than 40% stenosis.

Mixed plaques identified in the right internal carotid artery, forming a 60-69% stenosis based on grey scale and velocities obtained. Disease extends for ~2cm distal to origin. ICA is patent distally.

Mixed and dense plaques identified in the left carotid bifurcation extending into the origin of the left internal carotid artery, visually forming a 40-49% stenosis in both.

Assessed by Danny Rimmer

Printed on 02/07/2019 at 2:12 pm

Checked by

Vertebral arteries are patent with antegrade flow bilaterally.

Suggest vascular surgical opinion, if appropriate.

Assessed by Danny Rimmer

Printed on 02/07/2019 at 2:12 pm

Checked by _____

Reason Stroke
Outcome Stenosis severe

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.60		< 25%
Plaque	Normal				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.65		< 30%
Plaque	Mixed				
Disease length from BIF					
			Pk ICA/Pk CCA = 1.1		
External			5.34		80% - 89%
Plaque	Mixed				
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			1.26		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			1.17		< 30%
Plaque	Mixed				
Disease length from BIF					
			Pk ICA/Pk CCA = 0.9		
External			1.49		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No 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

Mixed plaques identified in the right and left internal carotid arteries, forming a less than 30% stenosis bilaterally.

Additional comment: The origin of the right ECA appears severely stenosed (80-89%).

Assessed by Danny Rimmer

Printed on 02/07/2019 at 1:41 pm

Checked by _____

Reason TIA clinic
Outcome Occlusion

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.64	0.17	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					40% - 49%
Plaque	Mixed				
Disease length from BIF					
Internal					= 100%
Plaque	Dense Mixed Calcified				
Disease length from BIF			Pk ICA/Pk CCA = 0.0	Pk ICA/End CCA = 0.0	
External			1.18		< 40%
Plaque	Mixed				
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			1.15	0.18	< 40%
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.71		< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF			Pk ICA/Pk CCA = 0.6	Pk ICA/End CCA = 3.9	
External			1.05		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No 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

Mixed plaques identified in the right carotid bifurcation, forming a 40-49% stenosis based on grey scale imaging.

The right internal carotid artery is occluded from origin with mixed, dense and calcified plaques. No flow detected with colour, spectral or Power Doppler.

Mixed, dense and calcified plaques identified in the left internal carotid artery, forming a less than 40% stenosis.

Assessed by Danny Rimmer

Printed on 02/07/2019 at 1:37 pm

Checked by _____

Vertebral arteries are patent with antegrade flow bilaterally.

Suggest vascular surgical opinion, if felt appropriate.

Assessed by Danny Rimmer

Printed on 02/07/2019 at 1:37 pm

Checked by _____

D.O.B. 08/04/1938

Patient Ref 5239757

Reason TIA

Outcome Stenosis mild

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.66		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Internal		1.14		40% - 49%
Plaque	Dense Mixed Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 1.7		
External		1.53		< 30%
Plaque	Intimal Thickening			
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		1.06		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Mixed			
Disease length from BIF				
Internal		0.64		< 30%
Plaque	Mixed			
Disease length from BIF		Pk ICA/Pk CCA = 0.6		
External		1.38		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No 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**

Predominantly mixed, with some dense and calcified plaques identified in the proximal internal carotid artery, visually forming a 40-49% stenosis.

Mixed plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 3:06 pm

Checked by _____

Reason Visual symptom
Outcome Stenosis mild, Calcified

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.89	0.11	< 30%
Plaque	Dense Calcified				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Dense Calcified				
Disease length from BIF					
Internal			1.53	0.28	40% - 49%
Plaque	Dense Calcified				
Disease length from BIF					
			Pk ICA/Pk CCA = 1.7	Pk ICA/End CCA = 13.9	
External			2.24		40% - 49%
Plaque	Dense 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			1.09	0.14	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			1.44	0.13	< 30%
Plaque	Mixed				
Disease length from BIF					
			Pk ICA/Pk CCA = 1.3	Pk ICA/End CCA = 10.3	
External			2.00		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	Mild/Moderate 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

*Raised velocities throughout due to irregular heart rate.

Dense and calcified plaques identified in the right internal carotid artery, visually forming a 40-49% stenosis
 Minimal mixed plaques identified in the left internal carotid artery, visually forming a less than 30% stenosis.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 3:10 pm

Checked by _____

Reason TIA
Outcome Calcified, Mild disease

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.52		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Dense Mixed			
Disease length from BIF				
Internal		0.56		< 30%
Plaque	Dense Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 1.1		
External		1.18		< 30%
Plaque	Dense			
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		0.52		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Internal		0.79		< 30%
Plaque	Dense Mixed Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 1.5		
External		0.78		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	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

Dense and calcified plaques identified in the right internal carotid artery, forming a less than 30% stenosis. Mixed, dense and calcified plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Danny Rimmer

Printed on 24/06/2019 at 3:02 pm

Checked by _____

Reason	TIA			
Outcome	Calcified, Mild disease			
Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		1.15	0.16	< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Internal		0.33		< 30%
Plaque	Dense Mixed Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 0.3	Pk ICA/End CCA = 2.1	
External		1.17		< 30%
Plaque	Dense			
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		0.83		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Mixed			
Disease length from BIF				
Internal		0.53		< 30%
Plaque	Dense Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 0.6		
External		1.18		< 25%
Plaque	Normal			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No 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

Mixed, dense and calcified plaques identified in the right internal carotid artery, forming a less than 30% stenosis.

Dense and calcified plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Danny Rimmer

Printed on 24/06/2019 at 3:05 pm

Checked by _____

Reason TIA
Outcome Mild disease

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Right			0.77	0.18	< 40%
Common					
Plaque	Mixed				
Disease length from BIF					< 30%
Bifurcation					
Plaque	Dense Mixed				
Disease length from BIF			0.80		< 30%
Internal					
Plaque	Dense		Pk ICA/Pk CCA = 1.0	Pk ICA/End CCA = 4.4	
Disease length from BIF			1.38		< 25%
External					
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde		Good signal	Biphasic	Widely Patent
Subclavian	No Turbulence				
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
			1.26	0.18	< 40%
Common					
Plaque	Mixed				
Disease length from BIF					< 40%
Bifurcation					
Plaque	Dense Mixed				
Disease length from BIF			0.72		< 30%
Internal					
Plaque	Dense Calcified		Pk ICA/Pk CCA = 0.6	Pk ICA/End CCA = 4.0	
Disease length from BIF			1.31		< 30%
External					
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde		Good signal	Biphasic	Widely Patent
Subclavian	No Turbulence				

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

*Irregular heart rate noted.

Dense plaques identified in the right internal carotid artery, forming a less than 30% stenosis.
Dense and calcified plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Danny Rimmer

Printed on 24/06/2019 at 3:06 pm

Checked by

Reason TIA
Outcome Intimal thickening

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.74		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					< 25%
Bifurcation					
Plaque	Normal				
Disease length from BIF					< 30%
Internal			0.68		< 30%
Plaque	Intimal Thickening				
Disease length from BIF			Pk ICA/Pk CCA = 0.9		
External			0.81		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good signal	Triphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.59		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					< 30%
Bifurcation					
Plaque	Mixed				
Disease length from BIF					< 30%
Internal			0.52		< 30%
Plaque	Intimal Thickening				
Disease length from BIF			Pk ICA/Pk CCA = 0.9		
External			0.77		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		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

Intimal thickening identified in the right and left internal carotid arteries, forming a less than 30% reduction in luminal diameter bilaterally.

Assessed by Danny Rimmer

Printed on 24/06/2019 at 3:07 pm

Checked by _____

Reason TIA
Outcome Mild disease

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.60	0.20	< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Dense Calcified			
Disease length from BIF				
Internal		0.54		< 30%
Plaque	Dense			
Disease length from BIF		Pk ICA/Pk CCA = 0.9	Pk ICA/End CCA = 2.7	
External		0.50		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good signal	Triphasic	Widely Patent

Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.41	0.15	< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 40%
Plaque	Dense Calcified			
Disease length from BIF				
Internal		0.30		< 30%
Plaque	Dense Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 0.7	Pk ICA/End CCA = 2.0	
External		0.76		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	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

*Patient scanned on ward using portable CX-50 machine.

Dense plaques identified in the right internal carotid artery, forming a less than 30% stenosis.

Dense and calcified plaques identified in the left carotid bifurcation, forming a less than 40% stenosis.
Dense and calcified plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 10:51 am

Checked by _____

Reason Visual symptom
Outcome Intimal thickening

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.73		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.96		< 30%
Plaque	Intimal Thickening				
Disease length from BIF			Pk ICA/Pk CCA = 1.3		
External			1.18		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good signal	Triphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.96		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			0.70		< 25%
Plaque	Normal				
Disease length from BIF			Pk ICA/Pk CCA = 0.7		
External			1.15		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		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

Intimal thickening identified in the right internal carotid arteries, forming a less than 30% reduction in lumina diameter.

The left internal carotid artery appears widely patent with no evidence of any plaque morphology, intimal dissection or other abnormality identified.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 10:52 am

Checked by _____

Reason TIA clinic
Outcome Mild disease

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.68		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Internal		0.63		< 25%
Plaque	Normal			
Disease length from BIF		Pk ICA/Pk CCA = 0.9		
External		1.04		< 25%
Plaque	Normal			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good signal	Triphasic	Widely Patent

Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.84		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Mixed			
Disease length from BIF				
Internal		0.79		< 30%
Plaque	Dense Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 0.9		
External		1.57		< 25%
Plaque	Normal			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	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

The right internal carotid artery appears widely patent with no evidence of any plaque morphology, intimal dissection or other abnormality identified.
Minimal dense and calcified plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Danny Rimmer
Printed on 25/06/2019 at 10:52 am

Checked by _____

Reason Stroke
Outcome Stenosis severe

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.07		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.86		< 30%
Plaque	Intimal Thickening				
Disease length from BIF			Pk ICA/Pk CCA = 0.8		
External			1.20		< 25%
Plaque	Normal				
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	0.20	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Mixed				
Disease length from BIF					
Internal			2.59	0.75	70% - 79%
Plaque	Mixed Soft				
Disease length from BIF			Pk ICA/Pk CCA = 2.8	Pk ICA/End CCA = 13.0	
External			1.63		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No 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

Minimal intimal thickening identified in the right internal carotid arteries, forming a less than 30% reduction in luminal diameter.

Mixed and soft plaques identified in the left internal carotid artery, forming a 70-79% stenosis based on grey scale and velocity criteria. Disease extends for ~2.3cm distal to origin. ICA is patent distally.

Vertebral arteries are patent with antegrade flow bilaterally.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 10:53 am

Checked by _____

SUGGEST VASCULAR SURGICAL OPINION.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 10:53 am

Checked by _____

Reason TIA clinic
Outcome Widely patent

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.78	0.22	< 25%
Plaque	Normal				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.67		< 25%
Plaque	Normal				
Disease length from BIF			Pk ICA/Pk CCA = 0.9	Pk ICA/End CCA = 3.0	
External			0.52		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good signal	Triphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.84	0.22	< 25%
Plaque	Normal				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			0.56		< 25%
Plaque	Normal				
Disease length from BIF			Pk ICA/Pk CCA = 0.7	Pk ICA/End CCA = 2.5	
External			0.66		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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

The right and left internal carotid arteries appear widely patent with no evidence of any plaque morphology, intimal dissection or other abnormality identified bilaterally.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 10:54 am

Checked by _____

Reason Stroke
Outcome Calcified, Mild disease

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.59	0.10	< 30%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Bifurcation				< 40%
Plaque	Dense Calcified			
Disease length from BIF				
Internal		0.89		< 40%
Plaque	Dense Mixed Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 1.5	Pk ICA/End CCA = 8.9	
External		0.87		< 30%
Plaque	Intimal Thickening			
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		0.60	0.17	< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Dense Calcified			
Disease length from BIF				
Internal		0.81		< 30%
Plaque	Intimal Thickening			
Disease length from BIF		Pk ICA/Pk CCA = 1.4	Pk ICA/End CCA = 4.8	
External		0.82		< 25%
Plaque	Normal			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No 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

Dense and calcified plaques identified in the right carotid bifurcation, visually forming a less than 40% stenosis.

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

Intimal thickening identified in the left internal carotid artery, forming a less than 30% reduction in luminal diameter.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 10:55 am

Checked by _____

D.O.B. 20/10/1955

Reason Visual symptom
Outcome Mild disease

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.27	0.17	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Internal			1.12		< 30%
Plaque	Mixed				
Disease length from BIF					
			Pk ICA/Pk CCA = 0.9	Pk ICA/End CCA = 6.6	
External			1.30		< 30%
Plaque	Dense Mixed				
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			1.40	0.24	< 40%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			1.27		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
			Pk ICA/Pk CCA = 0.9	Pk ICA/End CCA = 5.3	
External			1.78		< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No 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

Mixed plaques identified in the right internal carotid artery, forming a less than 30% stenosis.
 Intimal thickening identified in the left internal carotid artery, forming a less than 30% reduction in luminal diameter.

Assessed by Danny Rimmer
 Printed on 25/06/2019 at 10:55 am

Checked by _____

Reason TIA
Outcome Calcified, Mild disease

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.72	0.15	< 30%
Plaque Intimal Thickening				
Disease length from BIF				
Bifurcation				< 30%
Plaque Mixed				
Disease length from BIF				
Internal		0.89		< 30%
Plaque Mixed				
Disease length from BIF		Pk ICA/Pk CCA = 1.2	Pk ICA/End CCA = 5.9	
External		1.28		< 40%
Plaque Dense Mixed				
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good signal	Triphasic	Widely Patent

Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.77	0.17	< 30%
Plaque Mixed				
Disease length from BIF				
Bifurcation				< 30%
Plaque Dense Calcified Irregular				
Disease length from BIF				
Internal		0.86		< 30%
Plaque Dense Calcified Irregular				
Disease length from BIF		Pk ICA/Pk CCA = 1.1	Pk ICA/End CCA = 5.1	
External		1.37		< 30%
Plaque Dense				
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	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

Mixed plaques identified in the right internal carotid artery, forming a less than 30% stenosis.
 Irregular dense and calcified plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 10:56 am

Checked by _____

Reason TIA
Outcome Intimal thickening

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		1.06	0.25	< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Internal		0.82		< 25%
Plaque	Normal			
Disease length from BIF		Pk ICA/Pk CCA = 0.8	Pk ICA/End CCA = 3.3	
External		1.14		< 25%
Plaque	Normal			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good signal	Triphasic	Widely Patent

Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		1.16	0.32	< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Internal		0.71		< 25%
Plaque	Normal			
Disease length from BIF		Pk ICA/Pk CCA = 0.6	Pk ICA/End CCA = 2.2	
External		1.51		< 25%
Plaque	Normal			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	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

Minimal intimal thickening identified in the right internal carotid artery, forming a less than 30% reduction in luminal diameter.

The left internal carotid artery appears widely patent with no evidence of any plaque morphology, intimal dissection or other abnormality identified.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 10:56 am

Checked by _____

Reason Visual symptom
Outcome Mild disease

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.11	0.14	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			0.79		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
			Pk ICA/Pk CCA = 0.7	Pk ICA/End CCA = 5.6	
External			1.39		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good signal	Triphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.18	0.13	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			1.08		< 30%
Plaque	Dense Mixed				
Disease length from BIF					
			Pk ICA/Pk CCA = 0.9	Pk ICA/End CCA = 8.3	
External			1.48		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		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

Intimal thickening identified in the right internal carotid artery, forming a less than 30% reduction in luminal diameter.

Mixed and dense plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 10:57 am

Checked by _____

Reason TIA clinic
Outcome Stenosis mild, Calcified

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.93		< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.78		40% - 49%
Plaque	Dense Calcified				
Disease length from BIF			Pk ICA/Pk CCA = 0.8		
External			1.01		< 30%
Plaque	Mixed				
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			1.06		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.90		< 30%
Plaque	Mixed				
Disease length from BIF			Pk ICA/Pk CCA = 0.8		
External			0.70		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No 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

Dense and calcified plaques identified in the right internal carotid artery, forming a 40-49% stenosis based on grey scale imaging.

Mixed plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 10:57 am

Checked by _____

Reason TIA clinic
Outcome Mild disease

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.89	0.14	< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Mixed			
Disease length from BIF				
Internal		1.15		< 30%
Plaque	Dense Mixed Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 1.3	Pk ICA/End CCA = 8.2	
External		1.46		< 30%
Plaque	Mixed			
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		0.98		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Mixed			
Disease length from BIF				
Internal		1.26		< 30%
Plaque	Dense Mixed			
Disease length from BIF		Pk ICA/Pk CCA = 1.3		
External		1.42		< 25%
Plaque	Normal			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No 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

Mixed, dense and calcified plaques identified in the right internal carotid artery, forming a less than 30% stenosis.

Mixed and dense plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 10:58 am

Checked by _____

Reason TIA clinic
Outcome Calcified, Mild disease

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.61	0.18	< 25%
Plaque Normal				
Disease length from BIF				
Bifurcation				< 40%
Plaque Dense Mixed Calcified				
Disease length from BIF				
Internal		0.75		< 40%
Plaque Dense Calcified				
Disease length from BIF		Pk ICA/Pk CCA = 1.2	Pk ICA/End CCA = 4.2	
External		0.68		< 30%
Plaque Intimal Thickening				
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good signal	Triphasic	Widely Patent

Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.69		< 30%
Plaque Mixed				
Disease length from BIF				
Bifurcation				< 30%
Plaque Dense Mixed				
Disease length from BIF				
Internal		0.42		< 30%
Plaque Dense Mixed Calcified				
Disease length from BIF		Pk ICA/Pk CCA = 0.6		
External		0.75		< 25%
Plaque Normal				
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No 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

Dense and calcified plaques identified in the right internal carotid artery, forming a less than 40% stenosis. Mixed, dense and calcified plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 11:00 am

Checked by _____

Reason TIA clinic
Outcome Stenosis severe

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.04	0.23	< 40%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			1.19		< 30%
Plaque	Mixed				
Disease length from BIF					
			Pk ICA/Pk CCA = 1.1	Pk ICA/End CCA = 5.2	
External			1.17		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good signal	Triphasic	Widely Patent	

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.66	0.13	< 25%
Plaque	Normal				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			6.79	3.65	90% - 95%
Plaque	Mixed				
Disease length from BIF					
			Pk ICA/Pk CCA = 10.3	Pk ICA/End CCA = 52.2	
External			1.84		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No 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

Mixed plaques identified in the right internal carotid artery, forming a less than 30% stenosis.
Mixed plaques identified in the proximal left internal carotid artery, forming a 90-95% stenosis based on velocities obtained. Disease extends for 1.5cm distal to ICA origin. ICA is patent distally.

Vertebral arteries are patent with antegrade flow bilaterally.

SUGGEST VASCULAR SURGICAL OPINION.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 11:04 am

Checked by _____

Reason TIA
Outcome Mild disease

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.95	0.20	< 25%
Plaque	Normal			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Dense			
Disease length from BIF				
Internal		0.72		< 25%
Plaque	Normal			
Disease length from BIF				
		Pk ICA/Pk CCA = 0.8	Pk ICA/End CCA = 3.6	
External		0.91		< 25%
Plaque	Normal			
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		1.12	0.24	< 25%
Plaque	Normal			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Internal		0.73		< 30%
Plaque	Dense			
Disease length from BIF				
		Pk ICA/Pk CCA = 0.7	Pk ICA/End CCA = 3.0	
External		1.34		< 25%
Plaque	Normal			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	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

Dense plaques identified in the right bifurcation, forming a less than 30% stenosis. The right internal carotid artery appears widely patent with no evidence of any plaque morphology, intimal dissection or other abnormality identified.

Isolated dense plaque identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 11:05 am

Checked by

D.O.B. 02/07/1930

Reason TIA clinic
Outcome Calcified, Mild disease

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.60		< 30%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Dense Calcified			
Disease length from BIF				
Internal		0.72		< 30%
Plaque	Dense Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 1.2		
External		0.88		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good signal	Triphasic	Widely Patent

Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.88		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 40%
Plaque	Dense Calcified			
Disease length from BIF				
Internal		0.45		< 30%
Plaque	Dense Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 0.5		
External		0.58		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No 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

Dense and calcified plaques identified in the right and left internal carotid arteries, forming a less than 30% stenosis bilaterally.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 11:06 am

Checked by

Reason Stroke
Outcome Mild disease

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.66		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					< 30%
Bifurcation					
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			0.32		< 25%
Plaque	Normal				
Disease length from BIF			Pk ICA/Pk CCA = 0.5		
External			0.97		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good signal	Triphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.68		< 25%
Plaque	Normal				
Disease length from BIF					< 25%
Bifurcation					
Plaque	Normal				
Disease length from BIF					
Internal			0.44		< 30%
Plaque	Mixed				
Disease length from BIF			Pk ICA/Pk CCA = 0.6		
External			0.97		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		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

The right internal carotid artery appears widely patent with no evidence of any plaque morphology, intimal dissection or other abnormality identified.
Minimal mixed plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Danny Rimmer
Printed on 25/06/2019 at 11:06 am

Checked by _____

Reason Routine
Outcome Widely patent

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.39		< 25%
Plaque	Normal				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.58		< 25%
Plaque	Normal				
Disease length from BIF			Pk ICA/Pk CCA = 1.5		
External			0.50		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral	Not Identified				
Subclavian	No Turbulence		Good signal	Biphasic	Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.49		< 30%
Plaque	Dense				
Disease length from BIF					
Bifurcation					< 25%
Plaque	Normal				
Disease length from BIF					
Internal			0.43		< 25%
Plaque	Normal				
Disease length from BIF			Pk ICA/Pk CCA = 0.9		
External			0.42		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral	Not Identified				
Subclavian					

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

*Patient scanned on ward using portable CX-50 machine.

The right and left internal carotid arteries appear widely patent with no evidence of any plaque morphology, intimal dissection or other abnormality identified bilaterally.

Assessed by Danny Rimmer

Printed on 25/06/2019 at 11:07 am

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Reason Stroke
Outcome Mild disease

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Right					
Common			0.70		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					< 40%
Bifurcation					
Plaque	Dense Mixed				
Disease length from BIF					< 40%
Internal					
Plaque	Mixed		0.91		
Disease length from BIF			Pk ICA/Pk CCA = 1.3		
External					
Plaque	Intimal Thickening		0.99		< 30%
Disease length from BIF					
Vertebral					
	Open Orthograde				
Subclavian					
	No Turbulence		Good signal	Biphasic	Widely Patent
Left					
Common			0.55		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					< 30%
Bifurcation					
Plaque	Dense Mixed Calcified				
Disease length from BIF					< 40%
Internal					
Plaque	Mixed		1.12		
Disease length from BIF			Pk ICA/Pk CCA = 2.0		
External					
Plaque	Intimal Thickening		0.70		< 30%
Disease length from BIF					
Vertebral					
	Open Orthograde				
Subclavian					
	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

Mixed plaques identified in the right and left internal carotid artery, forming a less than 40% stenosis.

Assessed by Danny Rimmer
Printed on 25/06/2019 at 11:08 am

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Reason TIA
Outcome Mild disease

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Right					
Common			0.92		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					< 30%
Bifurcation					
Plaque	Intimal Thickening				
Disease length from BIF					< 30%
Internal			0.94		< 30%
Plaque	Dense				
Disease length from BIF			Pk ICA/Pk CCA = 1.0		< 25%
External			1.29		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good signal	Triphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.87		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					< 30%
Bifurcation					
Plaque	Intimal Thickening				
Disease length from BIF					< 30%
Internal			1.01		< 30%
Plaque	Dense				
Disease length from BIF			Pk ICA/Pk CCA = 1.2		< 25%
External			1.26		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No 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

Minimal dense plaques identified in the right and left internal carotid arteries, forming a less than 30% stenosis bilaterally.

Assessed by Danny Rimmer
Printed on 25/06/2019 at 11:08 am

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Reason	TIA clinic			
Outcome	Mild disease			
<hr/>				
Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.43		< 30%
Plaque	Mixed			
Disease length from BIF				< 30%
Bifurcation				
Plaque	Dense Mixed Calcified			
Disease length from BIF				< 25%
Internal		0.59		
Plaque	Normal			
Disease length from BIF		Pk ICA/Pk CCA = 1.4		< 30%
External		0.90		
Plaque	Intimal Thickening			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good signal	Biphasic	Widely Patent
<hr/>				
Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.61		< 30%
Plaque	Mixed			
Disease length from BIF				< 30%
Bifurcation				
Plaque	Dense Mixed Calcified			
Disease length from BIF				< 30%
Internal		0.73		
Plaque	Mixed			
Disease length from BIF		Pk ICA/Pk CCA = 1.2		< 25%
External		0.94		
Plaque	Normal			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No 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

Mixed, dense and calcified plaques identified in the right carotid bifurcation, forming a less than 30% stenosis.

The right internal carotid artery appears widely patent with no evidence of any plaque morphology, intimal dissection or other abnormality identified.

Mixed, dense and calcified plaques identified in the left carotid bifurcation, forming a less than 30% stenosis
Mixed plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Danny Rimmer

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Reason	TIA			
Outcome	Intimal thickening			
Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		1.13	0.28	< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Internal		0.66		< 30%
Plaque	Intimal Thickening			
Disease length from BIF		Pk ICA/Pk CCA = 0.6	Pk ICA/End CCA = 2.4	
External		1.18		< 30%
Plaque	Dense Calcified			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good signal	Triphasic	Widely Patent
Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		1.01	0.33	< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Dense Mixed			
Disease length from BIF				
Internal		0.52		< 25%
Plaque	Normal			
Disease length from BIF		Pk ICA/Pk CCA = 0.5	Pk ICA/End CCA = 1.6	
External		1.35		< 25%
Plaque	Normal			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	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

Intimal thickening identified in the right internal carotid artery, forming a less than 30% reduction in luminal diameter.

The left internal carotid artery appears widely patent with no evidence of any plaque morphology, intimal dissection or other abnormality identified.

Assessed by Danny Rimmer

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