



**Reason** Stroke  
**Outcome** Intimal thickening

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>		1.19		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
<b>Bifurcation</b>				< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
<b>Internal</b>		0.68		< 30%
Plaque	Intimal Thickening			
Disease length from BIF		<b>Pk ICA/Pk CCA = 0.6</b>		
<b>External</b>		1.38		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
<b>Vertebral</b>	Open Orthograde			
<b>Subclavian</b>	Mild Turbulence	Good signal	Biphasic	Widely Patent

Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>		1.08		< 25%
Plaque	Normal			
Disease length from BIF				
<b>Bifurcation</b>				< 25%
Plaque	Normal			
Disease length from BIF				
<b>Internal</b>		0.62		< 25%
Plaque	Normal			
Disease length from BIF		<b>Pk ICA/Pk CCA = 0.6</b>		
<b>External</b>		1.22		< 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:

\*Patient scanned on the ward using the portable CX50 scanner.

\*High carotid bifurcation noted on the right and and left side.

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

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

Assessed by Sharifa Kiyegga

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