



Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.29	0.06	< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				60% - 70%
Plaque	Mixed			
Disease length from BIF				
Internal				= 100%
Plaque	Mixed			
Disease length from BIF		Pk ICA/Pk CCA = 0.0	Pk ICA/End CCA = 0.0	
External		1.60		40% - 49%
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		0.54	0.12	< 30%
Plaque	Mixed			
Disease length from BIF				
Bifurcation				60% - 70%
Plaque	Mixed			
Disease length from BIF				
Internal		3.50	1.11	< 0%
Plaque	Mixed			
Disease length from BIF		Pk ICA/Pk CCA = 6.5	Pk ICA/End CCA = 29.2	
External		1.08		< 0%
Plaque	Mixed			
Disease length from BIF				
Vertebral	see notes			
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 *No images available on PACS due to technical problem.

*Patient scanned on the ward using the portable CX50 scanner. Challenging scan as patient was unresponsive throughout scan (received consent from doctor). Flash artifact during scan.

A small channel flow noted at the origin of the right internal carotid artery. The vessel appears to occlude soon after with no colour, spectral or power Doppler signal obtained within the vessel lumen.

Mixed plaques identified in the left carotid bifurcation forming a 60-70% stenosis, visually. Mixed plaques

Assessed by Sharifa Kiyegga

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identified in the left internal carotid artery forming an 80-89% stenosis based on velocities and grey scale imaging. Unable to accurately measure total disease length. Distal ICA is patent.

Right and left vertebral arteries appear patent with antegrade flow.

Suggest vascular surgical opinion if appropriate.