



**Reason** TIA clinic  
**Outcome** Widely patent

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>		0.70		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
<b>Bifurcation</b>				< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
<b>Internal</b>		0.64		< 25%
Plaque	Normal			
Disease length from BIF		<b>Pk ICA/Pk CCA = 0.9</b>		
<b>External</b>		0.72		< 25%
Plaque	Normal			
Disease length from BIF				
<b>Vertebral</b>	Open Orthograde			
<b>Subclavian</b>	No Turbulence	Good signal	Biphasic	Widely Patent

Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>		0.69		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
<b>Bifurcation</b>				< 30%
Plaque	Dense			
Disease length from BIF				
<b>Internal</b>		0.57		< 25%
Plaque	Normal			
Disease length from BIF		<b>Pk ICA/Pk CCA = 0.8</b>		
<b>External</b>		0.57		< 25%
Plaque	Normal			
Disease length from BIF				
<b>Vertebral</b>	Open Orthograde			
<b>Subclavian</b>	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

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

Assessed by Sharifa Kiyegga

Printed on 17/12/2019 at 3:02 pm

Checked by