

Reason TIA clinic  
Outcome Calcified, disease - mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>			0.65	0.09	< 30%
Plaque	Mixed				
Disease length from BIF					
<b>Bifurcation</b>					< 40%
Plaque	Mixed				
Disease length from BIF					
<b>Internal</b>			0.91	0.36	40% - 49%
Plaque	Dense Mixed				
Disease length from BIF					
		<b>Pk ICA/Pk CCA = 1.4</b>		<b>Pk ICA/End CCA = 10.1</b>	
<b>External</b>			1.47		< 25%
Plaque	Normal				
Disease length from BIF					
<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>			0.96	0.34	< 30%
Plaque	Mixed				
Disease length from BIF					
<b>Bifurcation</b>					< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
<b>Internal</b>			0.81	0.22	< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
		<b>Pk ICA/Pk CCA = 0.8</b>		<b>Pk ICA/End CCA = 2.4</b>	
<b>External</b>			1.20		< 30%
Plaque	Mixed				
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 SCAN

Irregular heart rate noted.

Mixed and dense plaques identified in the right internal carotid artery, forming a 40-49% stenosis.

Mixed, dense and calcified plaques identified in the left internal carotid artery, forming a less than 50% stenosis.

**Reason** TIA clinic  
**Outcome** Stenosis mild, disease - mild

<b>Right</b>		<b>Diameter (cm)</b>	<b>PSV (m/s)</b>	<b>EDV (m/s)</b>	<b>Stenosis</b>
<b>Common</b>			0.89	0.27	< 30%
Plaque	Mixed				
Disease length from BIF					
<b>Bifurcation</b>					< 50%
Plaque	Dense Mixed				
Disease length from BIF					
<b>Internal</b>			0.63	0.23	40% - 49%
Plaque	Dense Mixed				
Disease length from BIF					
		<b>Pk ICA/Pk CCA = 0.7</b>		<b>Pk ICA/End CCA = 2.3</b>	
<b>External</b>			0.75		< 40%
Plaque	Dense Mixed				
Disease length from BIF					
<b>Vertebral</b>		Open Orthograde			
<b>Subclavian</b>		No Turbulence	Good Signal	Triphasic	Widely Patent
<b>Left</b>		<b>Diameter (cm)</b>	<b>PSV (m/s)</b>	<b>EDV (m/s)</b>	<b>Stenosis</b>
<b>Common</b>			0.80	0.16	< 40%
Plaque	Mixed				
Disease length from BIF					
<b>Bifurcation</b>					< 40%
Plaque	Dense Mixed				
Disease length from BIF					
<b>Internal</b>			0.71	0.25	< 30%
Plaque	Mixed				
Disease length from BIF					
		<b>Pk ICA/Pk CCA = 0.9</b>		<b>Pk ICA/End CCA = 4.4</b>	
<b>External</b>			0.90		< 30%
Plaque	Mixed				
Disease length from BIF					
<b>Vertebral</b>		Open Orthograde			
<b>Subclavian</b>		No Turbulence	Good Signal	Triphasic	Widely Patent

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#### Notes

#### CAROTID DUPLEX SCAN

Mixed and dense plaques identified in the right internal carotid artery, forming a 40-49% stenosis.  
Mixed plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Reason Pre-op  
Outcome Calcified, disease - mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.96	0.15	< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.80	0.18	< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF			Pk ICA/Pk CCA = 0.8	Pk ICA/End CCA = 5.3	
External			1.52		< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	Mild Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.90	0.13	< 40%
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.99	0.26	< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF			Pk ICA/Pk CCA = 1.1	Pk ICA/End CCA = 7.6	
External			1.34		< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

**Stenosis based on NASCET velocity criteria.**

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**Notes**

**CAROTID DUPLEX ASSESSMENT**

Mixed, dense and calcified plaques identified in the right and left proximal internal carotid arteries, forming a less than 50% stenosis bilaterally.

**Reason** TIA clinic  
**Outcome** Stenosis severe, Calcified, Thrombus

<b>Right</b>		<b>Diameter (cm)</b>	<b>PSV (m/s)</b>	<b>EDV (m/s)</b>	<b>Stenosis</b>
<b>Common</b>			0.91	0.24	< 0%
Plaque	Mixed				
Disease length from BIF					
<b>Bifurcation</b>					< 0%
Plaque	Dense				
Disease length from BIF					
<b>Internal</b>			4.19	0.95	< 0%
Plaque	Dense Mixed Soft Calcified				
Disease length from BIF		<b>Pk ICA/Pk CCA = 4.6</b>		<b>Pk ICA/End CCA = 17.5</b>	
<b>External</b>			1.37		< 0%
Plaque					
Disease length from BIF					
<b>Vertebral</b>	Open Orthograde				
<b>Subclavian</b>	No Turbulence	Good Signal	Triphasic		Widely Patent

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<b>Left</b>		<b>Diameter (cm)</b>	<b>PSV (m/s)</b>	<b>EDV (m/s)</b>	<b>Stenosis</b>
<b>Common</b>			1.26	0.24	< 30%
Plaque	Mixed				
Disease length from BIF					
<b>Bifurcation</b>					< 30%
Plaque	Mixed				
Disease length from BIF					
<b>Internal</b>			1.02	0.31	< 30%
Plaque	Mixed				
Disease length from BIF		<b>Pk ICA/Pk CCA = 0.8</b>		<b>Pk ICA/End CCA = 4.3</b>	
<b>External</b>			0.93		< 30%
Plaque	Mixed				
Disease length from BIF					
<b>Vertebral</b>	Open Orthograde				
<b>Subclavian</b>	No Turbulence	Good Signal	Triphasic		Widely Patent

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#### Notes

CAROTID DUPLEX SCAN - Previous left CEA.

The right internal carotid artery (ICA) is partly obscured by acoustic shadowing artefact caused by calcified vessel walls. Where seen, echolucent material (?soft plaques ?thrombus), dense and calcified plaques form at least a 90-95% stenosis based on significantly elevated velocities obtained just distal to the obscured region. Total disease length is ~2cm; distal ICA appears patent.

Minimal mixed plaques identified in the left proximal ICA, forming a less than 30% stenosis.



Reason	Visual symptom
Outcome	Widely patent

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>			1.08	0.24	< 25%
Plaque	Normal				
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			0.93	0.32	< 25%
Plaque	Normal				
Disease length from BIF					
		<b>Pk ICA/Pk CCA = 0.9</b>		<b>Pk ICA/End CCA = 3.9</b>	
<b>External</b>			0.86		< 25%
Plaque	Normal				
Disease length from BIF					
<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>			0.94	0.26	< 25%
Plaque	Normal				
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			1.00	0.28	< 25%
Plaque	Normal				
Disease length from BIF					
		<b>Pk ICA/Pk CCA = 1.1</b>		<b>Pk ICA/End CCA = 3.8</b>	
<b>External</b>			0.80		< 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.

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#### Notes

#### CAROTID DUPLEX SCAN

The right and left extra-cranial carotid arteries appear widely patent. No evidence of any plaque morphology, intimal dissection or other abnormality identified.

Clinical History :

MRI head has shown a L infarct

carotid dopplers to assess degree of stenosis please

pt would be a candidate for endarterectomy

thank you

US Doppler carotid artery Rt:

CCA PSV 114cm/s

ICA PSV 87cm/s

ICA EDV 25cm/s

ECA PSV 155cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bifurcation, ICA origin (minimal mild)

Plaque classification: echogenic

US Doppler carotid artery Lt:

CCA PSV 111cm/s

ICA PSV 75cm/s

ICA EDV 29cm/s

ECA PSV 134cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bifurcation (minimal mild)

Plaque classification: echogenic

Comments: No evidence of a haemodynamically significant stenosis in the right or left internal carotid arteries.



Clinical History :

Minor Left anterior stroke right arm weakness

US Doppler carotid artery Rt:

CCA PSV 109cm/s

ICA PSV 85cm/s

ICA EDV 18cm/s

ECA PSV 90cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: distal CCA, bulb, bifurcation (mild to moderate)

Plaque classification: echogenic

US Doppler carotid artery Lt:

CCA PSV 124cm/s



ICA PSV 79cm/s

ICA EDV 27cm/s

ECA PSV 103cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bulb, bifurcation (mild to moderate)

Plaque classification: echogenic

Comments: No evidence of a haemodynamically significant stenosis in the right or left internal carotid arteries.



## Clinical History :

Multifocal stroke disease in left hemisphere ? left carotid disease.

## US Doppler carotid artery Rt:

CCA PSV 93cm/s

ICA PSV 120cm/s

ICA EDV 27cm/s

ECA PSV 65cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bulb, bifurcation, ICA origin (moderate)

Plaque classification: echogenic/calcified

## US Doppler carotid artery Lt:



CCA PSV 100cm/s

ICA PSV 294cm/s

ICA EDV 38cm/s

ECA PSV 72cm/s

% ICA stenosis: 70-99%

Vertebral direction: antegrade

Plaque location: bulb, ECA origin (moderate), bifurcation (moderate to significant), ICA origin (significant)

Plaque classification: echogenic/calcified

Comments: No evidence of a haemodynamically significant stenosis in the right ICA. The origin of the left ICA is obscured for ~1cm - velocities obtained just distal to the obscured region are indicative of a 70-99% stenosis.



Clinical History :

Suspected R lacunar infarct, BG alcohol excess and occasional cocaine use. Reviewed by Dr Hassan, for carotid dopplers ? stenosis

Suspected R lacunar infarct, BG alcohol excess and occasional cocaine use. Reviewed by Dr Hassan, for carotid dopplers ? stenosis

US Doppler carotid artery Rt:

CCA PSV 116cm/s

ICA PSV 68cm/s

ICA EDV 16cm/s

ECA PSV 183cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: na

Plaque classification: na

US Doppler carotid artery Lt:

CCA PSV 130cm/s

ICA PSV 80cm/s

ICA EDV 20cm/s

ECA PSV 83cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: na

Plaque classification: na

Comments: Right and left internal carotid arteries are patent. No evidence of significant plaque morphology.

*Please note that this was a challenging scan due to patient limited compliance throughout the scan.*



Clinical History :

stroke left mca territory 2-4 weeks ago only residual word finding difficulties, USS carotids prior to discharge - J12 planning discharge 26/11

US Doppler carotid artery Rt:

CCA PSV 36cm/s

ICA PSV 48cm/s

ICA EDV 19cm/s

ECA PSV 37cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bifurcation (moderate), ICA and ECA origin (mild)

Plaque classification: echogenic

US Doppler carotid artery Lt:

CCA PSV 61cm/s

ICA PSV 67cm/s

ICA EDV 22cm/s

ECA PSV 39cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bifurcation, ICA and ECA origin (mild)

Plaque classification: echogenic/calcified

Comments: No evidence of a haemodynamically significant stenosis in the right or left internal carotid arteries.



Clinical History :

5 minute episode of expressive dysphasia and slurred speech.

5 minute episode of expressive dysphasia and slurred speech.

US Doppler carotid artery Rt:

CCA PSV 117cm/s

ICA PSV 119cm/s

ICA EDV 18cm/s

ECA PSV 127cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bifurcation/ICA and ECA origins (moderate)

Plaque classification: echogenic

US Doppler carotid artery Lt:

CCA PSV 125cm/s

ICA PSV 123cm/s

ICA EDV 17cm/s

ECA PSV 167cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bifurcation/ICA and ECA origins (moderate)

Plaque classification: echogenic

Comments: No evidence of a haemodynamically significant stenosis in the right or left internal carotid arteries.

Clinical History :

Suspected TIAs. R upper limb weakness. R facial droop. Slurred speech. Episode this morning ~60minutes. Now resolved. Has had several episodes of R upper limb weakness in past 6 months.

US Doppler carotid artery Rt:

CCA PSV 133cm/s

ICA PSV 84cm/s

ICA EDV 27cm/s

ECA PSV 202cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: CCA, bulb, bifurcation (mild/moderate)

Plaque classification: echogenic/calcified

US Doppler carotid artery Lt:

CCA PSV 102cm/s

ICA PSV /

ICA EDV /

ECA PSV 211cm/s

**% ICA stenosis: occluded**

Vertebral direction: antegrade

Plaque location: CCA, bulb (mild/moderate), bifurcation/ICA (significant)

Plaque classification: echogenic/calcified

Comments: No evidence of a haemodynamically significant stenosis in the right ICA. Left ICA is occluded.

Clinical History :

Patient returning 22/11/19. Episode of left facial droop 72hrs previous

US Doppler carotid artery Rt:

CCA PSV 142cm/s

ICA PSV 93cm/s

ICA EDV 28cm/s

ECA PSV 106cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bifurcation/ICA origin (mild to moderate)

Plaque classification: echolucent

US Doppler carotid artery Lt:

CCA PSV 116cm/s

ICA PSV 108cm/s

ICA EDV 36cm/s

ECA PSV 100cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: no evidence of significant plaque morphology

Plaque classification: no evidence of significant plaque morphology

Comments: No evidence of a haemodynamically stenosis identified in the right or left ICA.

Clinical History :

Suspected crescendo TIA. 3 episodes of incoherent speech and drooling from L side of mouth over past 3-4 days. Discussed with BAT - for CT head and US Doppler carotids to further lx.

US Doppler carotid artery Rt:

CCA PSV 99cm/s

ICA PSV 91cm/s

ICA EDV 37cm/s

ECA PSV 105cm/s

% ICA stenosis: 0-49 %

Vertebral direction: antegrade

US Doppler carotid artery Lt:

CCA PSV 111cm/s

ICA PSV 101cm/s

ICA EDV 38cm/s

ECA PSV 104cm/s

% ICA stenosis: 0-49 %

Vertebral direction: antegrade

Comments: The right and left internal carotid arteries are patent. No evidence of significant plaque morphology.



Clinical History :

R arm tingling/numbness ?L ICA stenosis

US Doppler carotid artery Rt:

CCA PSV 105cm/s

ICA PSV 88cm/s

ICA EDV 30cm/s

ECA PSV 135cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bulb, bifurcation (mild)

Plaque classification: echogenic

US Doppler carotid artery Lt:

CCA PSV 114cm/s

ICA PSV 74cm/s

ICA EDV 23cm/s

ECA PSV 129cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bulb, bifurcation (mild)

Plaque classification: echogenic

Comments: No evidence of a haemodynamically significant stenosis in the right or left internal carotid arteries.



Clinical History :

Urgent as discharge dependent, previous request booked under wrong location.

Acute onset left hemisensory loss

US Doppler carotid artery Rt:

CCA PSV 91cm/s

ICA PSV 71cm/s

ICA EDV 30cm/s

ECA PSV 67cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bulb (mild)

Plaque classification: echogenic

US Doppler carotid artery Lt:

CCA PSV 92cm/s

ICA PSV 60cm/s

ICA EDV 28cm/s

ECA PSV 89cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: no significant plaque morphology

Plaque classification: no significant plaque morphology

Comments: No evidence of a haemodynamically significant stenosis in the right or left internal carotid arteries.

**zClinical History :**

subacute right basal ganglia stroke , presented with LSW,,PMH OF HTN , hyperlipidaemia

**US Doppler carotid artery Rt:**

CCA PSV 94cm/s

**ICA PSV 688cm/s**

**ICA EDV 160cm/s**

ECA PSV 146m/s

**% ICA stenosis: 70-99%**

Vertebral direction: antegrade

Plaque location: bulb, bifurcation, ICA origin (significant)

Plaque classification: echogenic/calcified

**US Doppler carotid artery Lt:**

Reference: **MINOR MC** Specialty: **GERMANY**

CCA PSV 123cm/s

ICA PSV 125cm/s

ICA EDV 28cm/s

ECA PSV 96cm/s

**% ICA stenosis: 0-49%**

Vertebral direction: antegrade

Plaque location: bulb, bifurcation, ECA/ICA proximal (moderate)

Plaque classification: echogenic/calcified

**Comments: Right - significant echogenic and calcified plaques identified at the origin of the ICA, forming a 70-99% stenosis based on severely elevated velocities. Total length of disease is approximately 1.3cm, including the bifurcation; distal ICA appears patent. Left - no evidence of a haemodynamically significant stenosis in the ICA.**

Clinical History :  
sudden onset of word finding difficulties  
Previous TI's

US Doppler carotid artery Rt:

CCA PSV 104cm/s  
ICA PSV 102cm/s  
ICA EDV 22cm/s  
ECA PSV 98cm/s  
% ICA stenosis: 0-49%  
Vertebral direction: antegrade  
Plaque location: bifurcation (minimal mild)  
Plaque classification: echogenic

US Doppler carotid artery Lt:

CCA PSV 114cm/s  
ICA PSV 105cm/s  
ICA EDV 27cm/s  
ECA PSV 106cm/s  
% ICA stenosis: 0-49%  
Vertebral direction: antegrade  
Plaque location: bifurcation/proximal ICA (mild)  
Plaque classification: echogenic

Comments: No evidence of a haemodynamically significant stenosis in the right or left internal carotid arteries.

Clinical History :  
Lt sensory deficit with ataxia.

US Doppler carotid artery Rt:

CCA PSV 53cm/s

ICA PSV 62cm/s

ICA EDV 20cm/s

ECA PSV 57cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: distal CCA, bulb, bifurcation, ICA and ECA origins (mild to moderate)

Plaque classification: echogenic

US Doppler carotid artery Lt:

CCA PSV 94cm/s

ICA PSV 73cm/s

ICA EDV 23cm/s

ECA PSV 57cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: distal CCA (mild to moderate), bulb, bifurcation, ICA origin (moderate)

Plaque classification: echogenic/calcified

Comments: No evidence of a haemodynamically significant stenosis in the right internal carotid artery. Left internal carotid artery is obscured for <1cm, velocities obtained distal to the obscured region are not suggestive of significant stenosis.

Clinical History :

Outpatient investigation for Rt Asymptomatic infarct. - ? Borderzone infarction.

US Doppler carotid artery Rt:

CCA PSV 73cm/s

ICA PSV 84cm/s

ICA EDV 23cm/s

ECA PSV 102cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: mid CCA (mild/moderate), bulb (moderate)

Plaque classification: echogenic/calcified

US Doppler carotid artery Lt:

CCA PSV 84cm/s

ICA PSV 409cm/s

ICA EDV 87cm/s

ECA PSV 183cm/s

% ICA stenosis: 70-99%

Vertebral direction: antegrade

Plaque location: mid and distal CCA (mild), bifurcation (moderate/significant), ICA and ECA origin (significant)

Plaque classification: echogenic/calcified

Comments: No evidence of a haemodynamically significant stenosis in the right internal carotid artery. The left proximal internal carotid artery is partially obscured by acoustic shadowing artefact from calcified vessel walls, where seen, there are significantly elevated velocities indicative of 70-99% stenosis



Clinical History :  
Acute Lt MCA infarct - Lt PACS

US Doppler carotid artery Rt:

CCA PSV 97cm/s  
ICA PSV 67cm/s  
ICA EDV 20cm/s  
ECA PSV 139cm/s  
% ICA stenosis: 0-49%  
Vertebral direction: antegrade  
Plaque location: bulb (mild/moderate), bifurcation, ICA origin (mild)  
Plaque classification: echogenic

US Doppler carotid artery Lt:

CCA PSV 101cm/s

ICA PSV 54cm/s  
ICA EDV 17cm/s  
ECA PSV 131cm/s  
% ICA stenosis: 0-49%  
Vertebral direction: antegrade  
Plaque location: bifurcation, ICA origin (mild)  
Plaque classification: echogenic

Comments: No evidence of a haemodynamically significant stenosis in the right or left internal carotid arteries.

Clinical History :

?left ocular ischaemia. Low pressure with reduced vision and lights in central vision. Outpatient request please.

US Doppler carotid artery Rt:

CCA PSV 81cm/s

ICA PSV 74cm/s

ICA EDV 19cm/s

ECA PSV 106cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bulb, bifurcation, proximal ICA (mild/moderate)

Plaque classification: echogenic/calcified

US Doppler carotid artery Lt:

CCA PSV 98cm/s

ICA PSV 112cm/s

ICA EDV 32cm/s

ECA PSV 80cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bulb, bifurcation, proximal ICA (mild/moderate)

Plaque classification: echogenic/calcified

Comments: No evidence of a haemodynamically significant stenosis in the right or left internal carotid arteries.

**Clinical History :**

61 year old female

recent event attended A+E at AGH seen in TIA clinic

but hx suggests possible atypical TIA

previous TIA cholesterol still raised , known hypertension

event of speech disturbance and weakness in limb

discharged from AGH clinic - told no TIA

no focal neurology

for MRI head and doppler - event sounds TIA in nature

US Doppler carotid artery Rt:

CCA PSV 107cm/s

ICA PSV 96cm/s

ICA EDV 37cm/s

ECA PSV 128cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bulb, bifurcation, proximal ICA (mild/moderate)

Plaque classification: echogenic

US Doppler carotid artery Lt:

CCA PSV 89cm/s

ICA PSV 86cm/s

ICA EDV 38cm/s

ECA PSV 92cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bifurcation, proximal ICA (mild)

Plaque classification: echogenic

Comments: No evidence of a haemodynamically significant stenosis identified in the right or left internal carotid arteries.

Clinical History :  
? carotid atherosclerosis

? carotid atherosclerosis

**US Doppler carotid artery Rt:**

CCA PSV 133cm/s

ICA PSV 185cm/s

ICA EDV 29cm/s

ECA PSV 162cm/s

**% ICA stenosis: 50-69%**

Vertebral direction: antegrade

Plaque location: distal CCA/bifurcation/proximal ICA (moderate to significant)

Plaque classification: echogenic/calcified

**US Doppler carotid artery Lt:**

CCA PSV 167cm/s

ICA PSV 126cm/s

ICA EDV 230cm/s

ECA PSV 206cm/s

**% ICA stenosis: 0-49%**

Vertebral direction: antegrade

Plaque location: bifurcation/proximal ICA (moderate)

Plaque classification: echogenic/calcified

Comments:

- Echogenic and calcified plaques identified in the right proximal internal carotid artery forming a 50-69% based on velocities and percentage diameter reduction. Total disease length ~2.5cm including the bifurcation; distal ICA is patent.
- No evidence of a haemodynamically significant stenosis identified in the left proximal internal carotid arteries.

Clinical History :

Right sided weakness now resolved. TIA

US Doppler carotid artery Rt:

CCA PSV 89cm/s

ICA PSV 53cm/s

ICA EDV 18cm/s

ECA PSV 171cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bulb/bifurcation/ICA origin (mild)

Plaque classification: echogenic

US Doppler carotid artery Lt:

CCA PSV 114cm/s

ICA PSV 48cm/s

ICA EDV 15cm/s

ECA PSV 140cm/s

% ICA stenosis: 0-49%

Vertebral direction: antegrade

Plaque location: bulb/bifurcation/ICA origin (mild)

Plaque classification: echogenic

Comments: No evidence of a haemodynamically significant stenosis in the right or left internal carotid arteries.