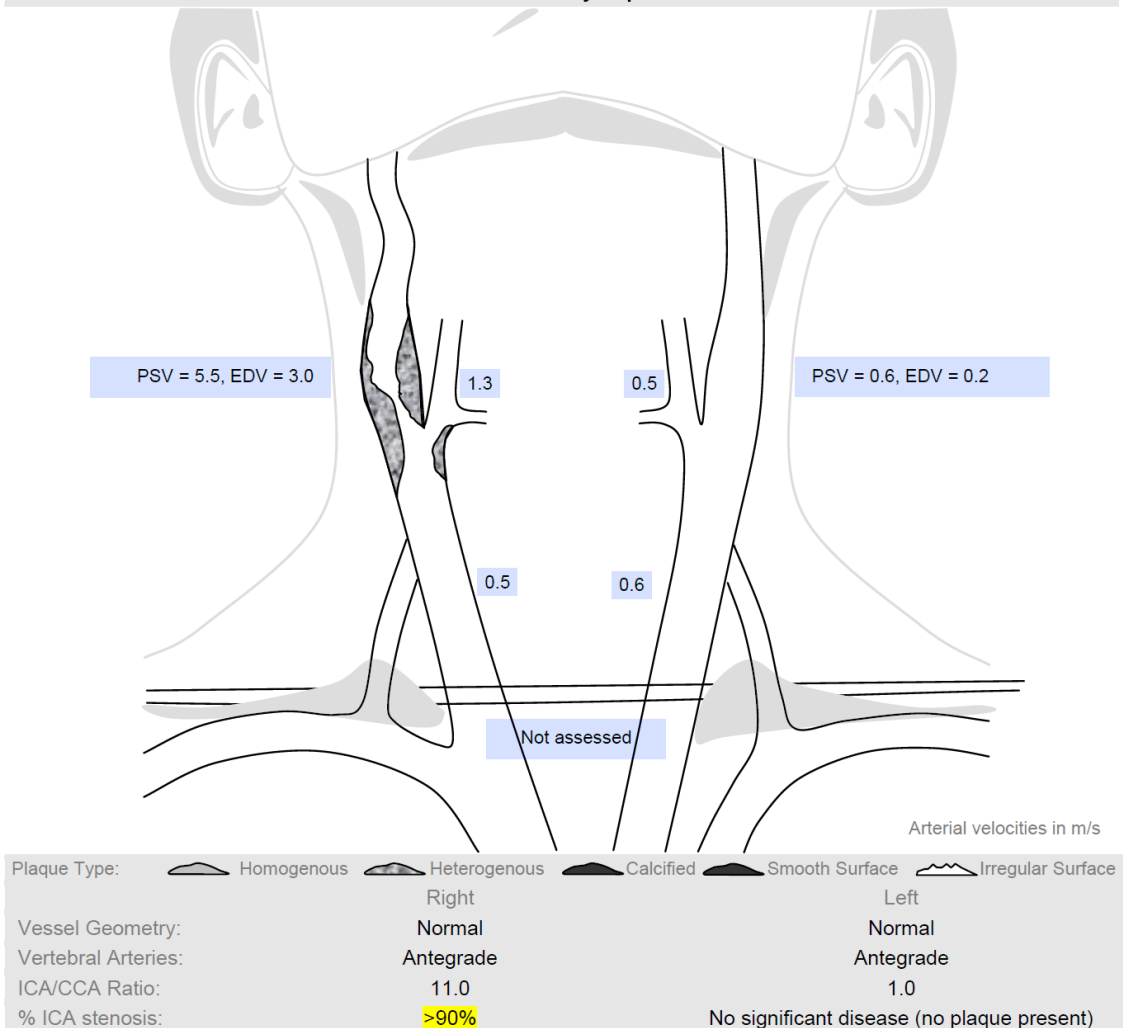


Patient:   
 CHI:   
 Date of Scan: 13.11.2019  
 Referring Consultant: Mrs P Burns  
 Urgent outpatient/inpatient, ward 105  
 Indications: R sided PACS with previous known R ICA stenosis. Left upper limb weakness. For next Wednesday 13/11 scan for possible surgery next Thursday.

**Carotid Artery Duplex**



**Comments:**

**RIGHT:**

- >90% ICA stenosis 1.5cm distal to the ICA origin. ICA plaque length approx 3cm (difficult to assess). Flow disturbance appears to extend for approx 3.3cm from the ICA origin. Distal ICA patent, and ? mildly tortuous. Carotid artery bifurcation marked on neck (approx 1.5 to 2cm below the jaw).
- ECA patent with no significant disease.

**LEFT:**

- ICA patent with no significant disease.
- ECA patent with no significant disease.

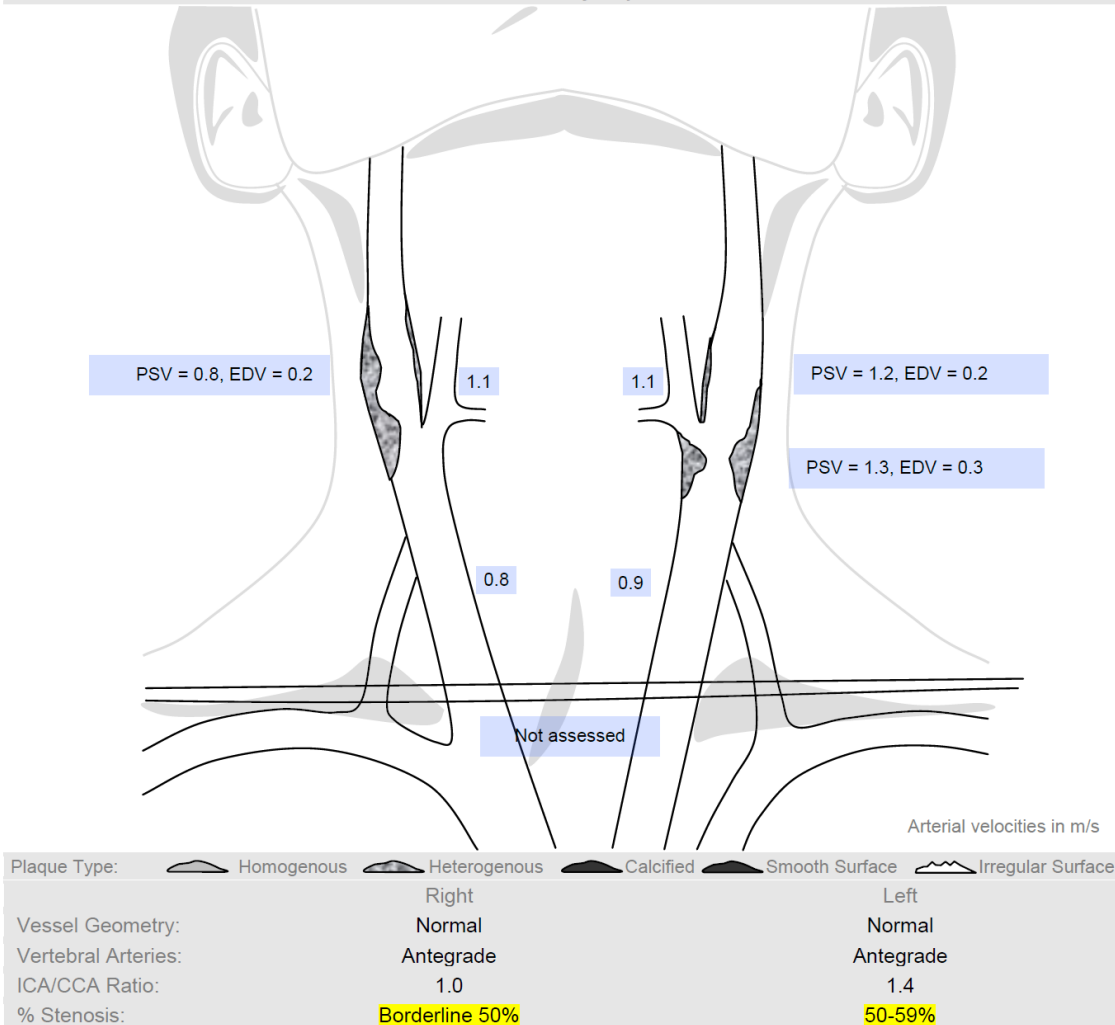
Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
CHI:   
Date of Scan: 15.11.2019

Dr Neil Hunter  
Inpatient, ward 201

Referring Consultant: 68 year old male, admitted with left arm weakness. mri shows dwi lesion on right hemisphere.could we get us carotid to assess for right stenosis thanks  
Indications:

**Carotid Artery Duplex**



Comments:

**RIGHT:**

- ICA patent with no elevated velocities, however, diameter reduction measurements suggest borderline 50% stenosis.
- ECA patent with no significant disease.

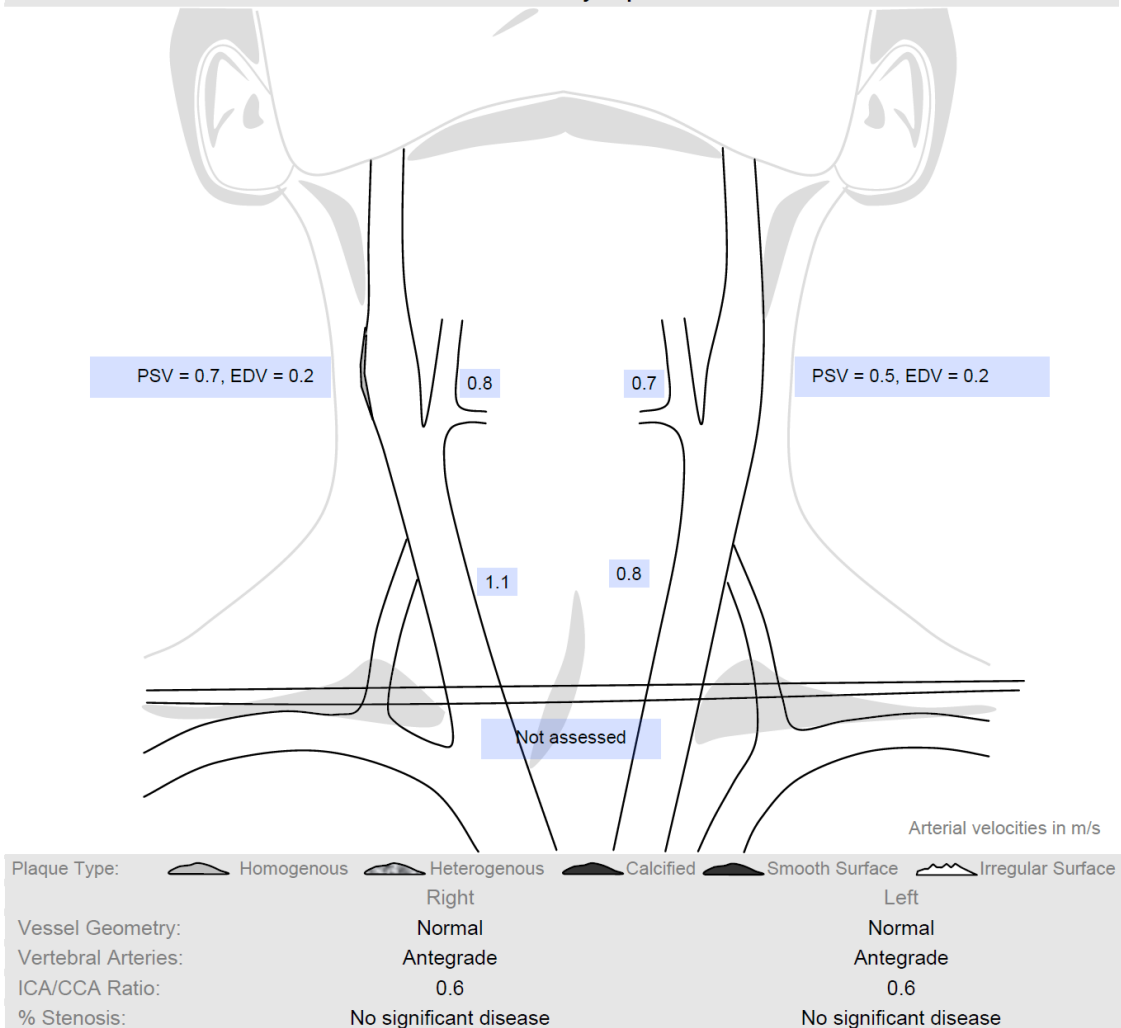
**LEFT:**

- ICA patent with 50-59% stenosis at the level of the bifurcation.
- ECA patent with no significant disease.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 18.11.2019  
 Referring Consultant: Dr Fergus Doubal  
 Urgent inpatient, ward 101  
 Indications: 43 years old lady, PMH: SLE, presented with left PACS post thrombolysis, mild residual weakness ? carotid stenosis ? dissection

**Carotid Artery Duplex**



Comments: No clear evidence of dissection noted in bilateral common carotid arteries, ICAs and ECAs.

**RIGHT:**

ICA patent with no significant disease – very minor fibrous thickening noted.  
 ECA patent with no significant disease.

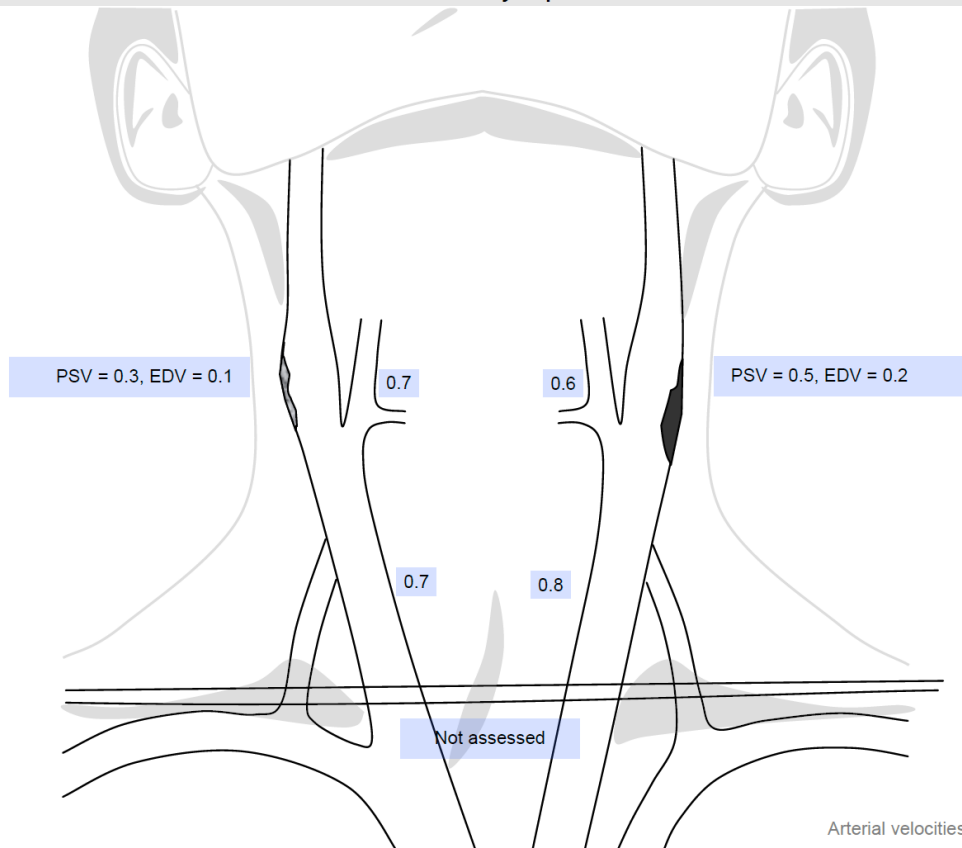
**LEFT:**

ICA patent with no significant disease – no plaque present.  
 ECA patent with no significant disease.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 22.11.2019  
 Referring Consultant: Dr Kenneth J Simpson  
 Indications: Urgent inpatient, ward 205  
 47 years male, smoker, presented with right LACI ? carotid stenosis

**Carotid Artery Duplex**



Plaque Type:	Homogenous	Heterogenous	Calcified	Smooth Surface	Irregular Surface
	Right			Left	
Vessel Geometry:	Normal			Normal	
Vertebral Arteries:	Antegrade			Antegrade	
ICA/CCA Ratio:	0.4			0.6	
% Stenosis:	<50%			<50%	

Comments:

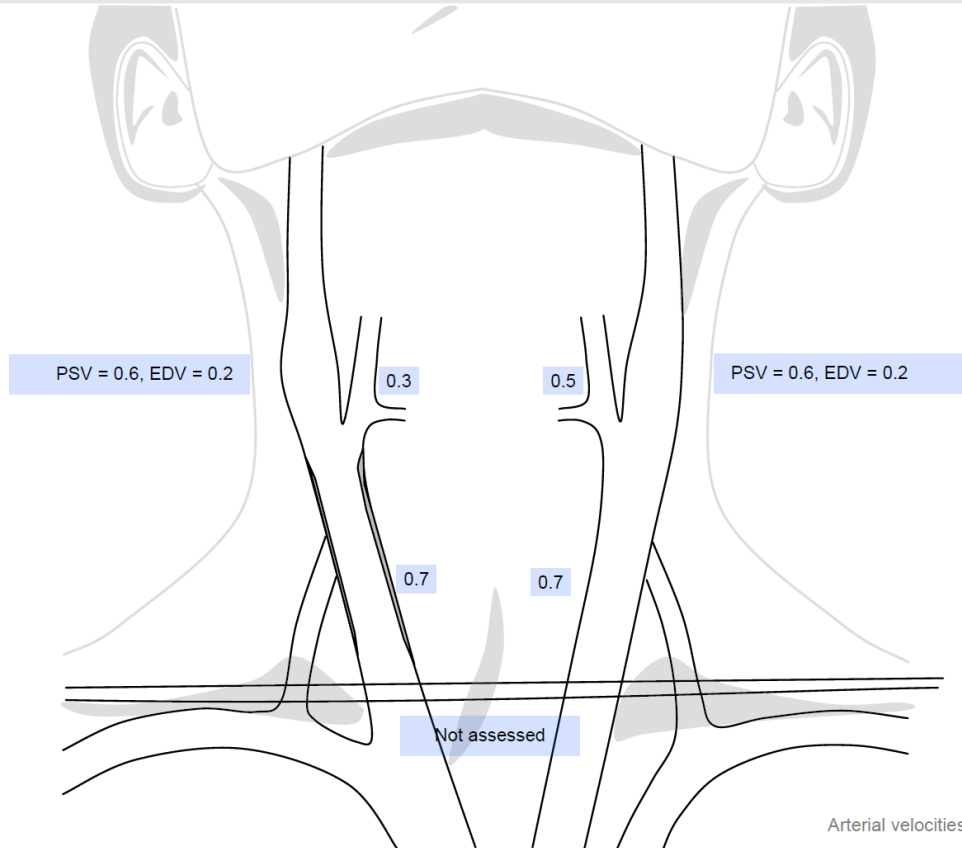
**RIGHT:**  
 ICA patent with well under 50% disease.  
 ECA patent with no significant disease.

**LEFT:**  
 ICA patent with <50% disease.  
 ECA patent with no significant disease.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 26.11.2019  
 Referring Consultant: Dr Neil Hunter  
 Indications: 65M with slurred speech and LSW. Dx R LACI, ECG sinus rhythm

**Carotid Artery Duplex**



Plaque Type:	Homogenous	Heterogenous	Calcified	Smooth Surface	Irregular Surface
	Right			Left	
Vessel Geometry:	Normal			Normal	
Vertebral Arteries:	Antegrade			Antegrade	
ICA/CCA Ratio:	0.9			0.9	
% Stenosis:	No significant disease (no plaque present)			No significant disease (no plaque present)	

Comments:

**RIGHT:**

ICA patent with no significant disease (no plaque present).  
 ECA patent with no significant disease.  
 Minor fibrous thickening in the common carotid artery, maximum thickness 1.4mm.

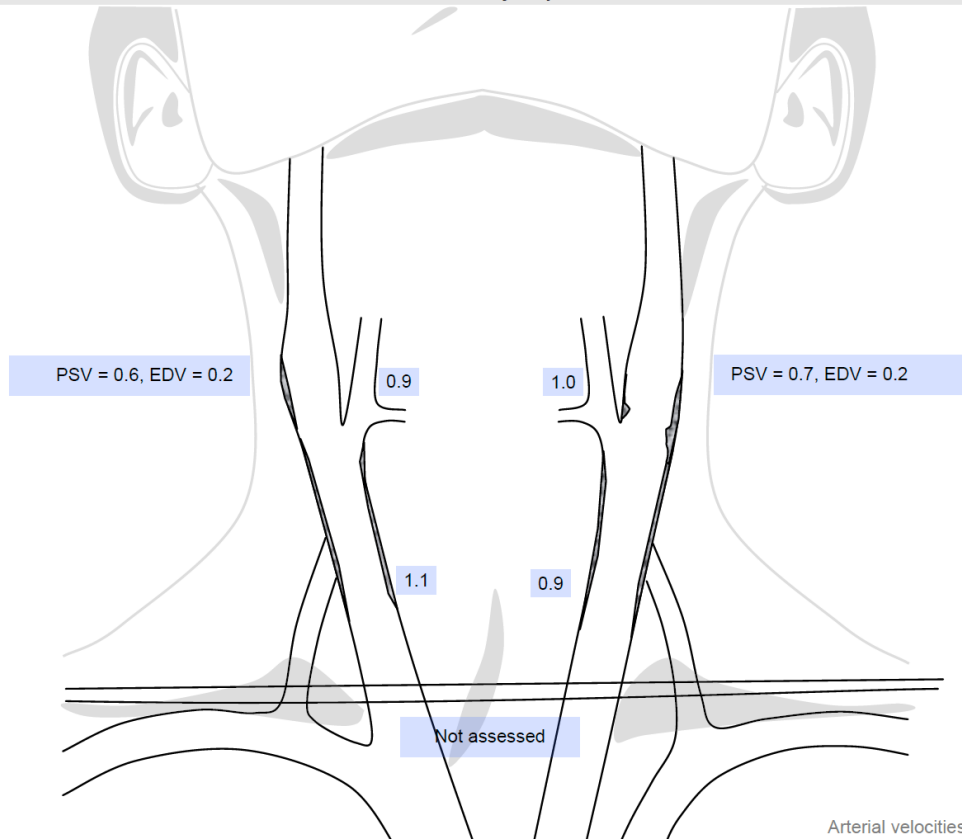
**LEFT:**

ICA patent with no significant disease (no plaque present).  
 ECA patent with no significant disease.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 27.11.2019  
 Referring Consultant: Prof M Dennis  
 Indications: Urgent inpatient, ward 101  
 Recurrent episodes of right sided leg weakness.

**Carotid Artery Duplex**



Plaque Type:	Homogenous	Heterogenous	Calcified	Smooth Surface	Irregular Surface
	Right			Left	
Vessel Geometry:	Normal			Normal	
Vertebral Arteries:	Antegrade			Antegrade	
ICA/CCA Ratio:	0.5			0.8	
% Stenosis:	Well under 50%			Well under 50%	

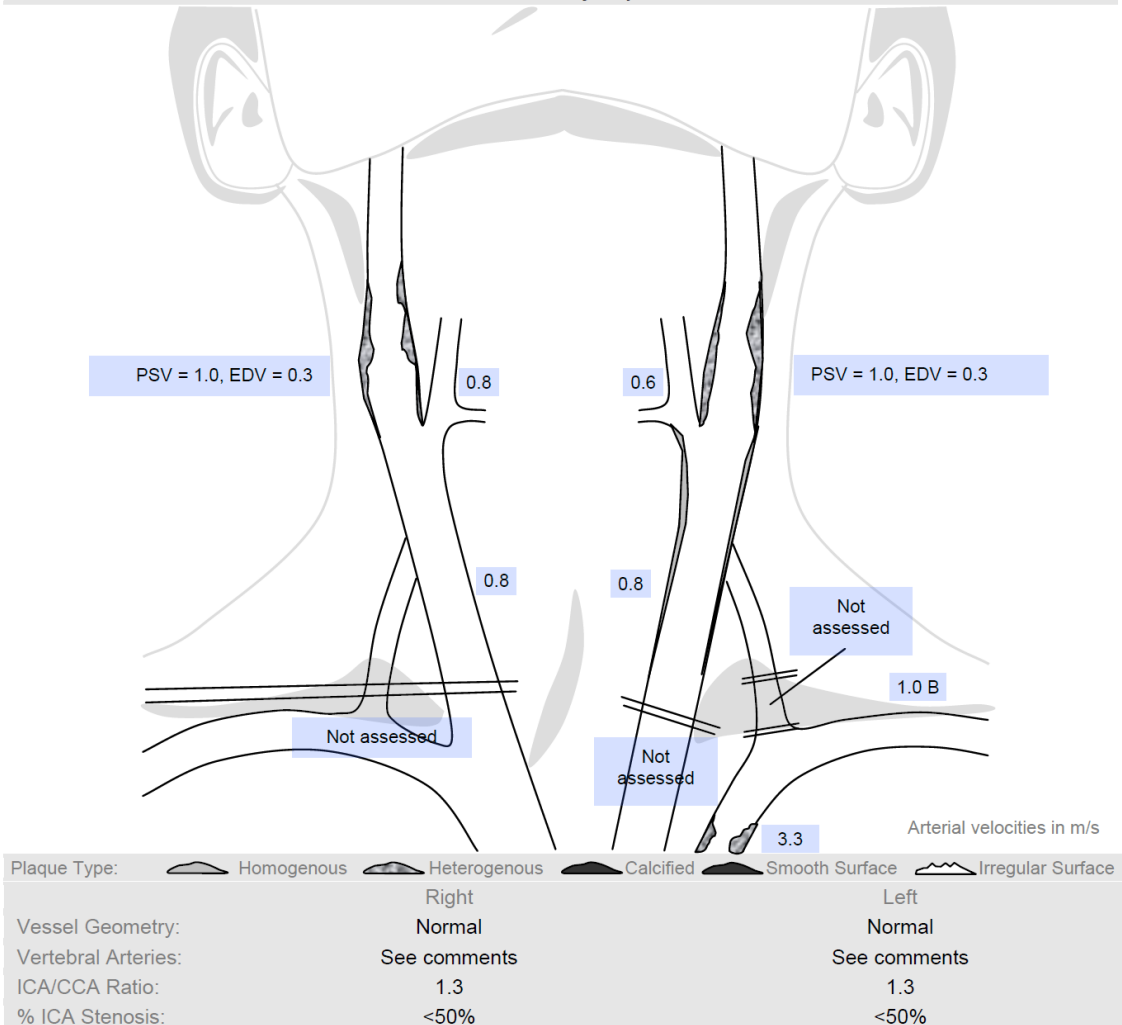
Comments: **RIGHT:**  
 ICA patent with well under 50% disease (very minor plaque noted).  
 ECA patent with no significant disease.  
 CCA patent with minor fibrous thickening, maximum thickness 1.6mm.

**LEFT:**  
 ICA patent with well under 50% disease.  
 ECA patent with no significant disease.  
 CCA patent with minor fibrous thickening, maximum thickness 1.4mm.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 29.11.2019  
 Referring Consultant: Mr A Tambyraja  
 Indications: 69 presents with 9-12 month history of funny turns and blurred vision in her left eye- no prodrome no triggers- last seconds at most- reviewed in TIA clinic 70% stenosis at left subclavian with ? focal stenosis at left vertebral but poorly visualised - duplex for ? subclavian steal syndrome on the left side many thanks

**Carotid Artery Duplex**



Comments: **BILATERAL VERTEBRAL ARTERIES:**  
 Pre-steal waveform noted in the left vertebral artery with no retrograde flow (PACS images 22, 23 and 27).  
 Asymmetry in vertebral artery velocities (right > left) in sections of the vertebral arteries assessed: left vertebral artery PSVs 0.5 to 0.8m/s and right vertebral artery PSVs 0.8 to 1.7m/s.

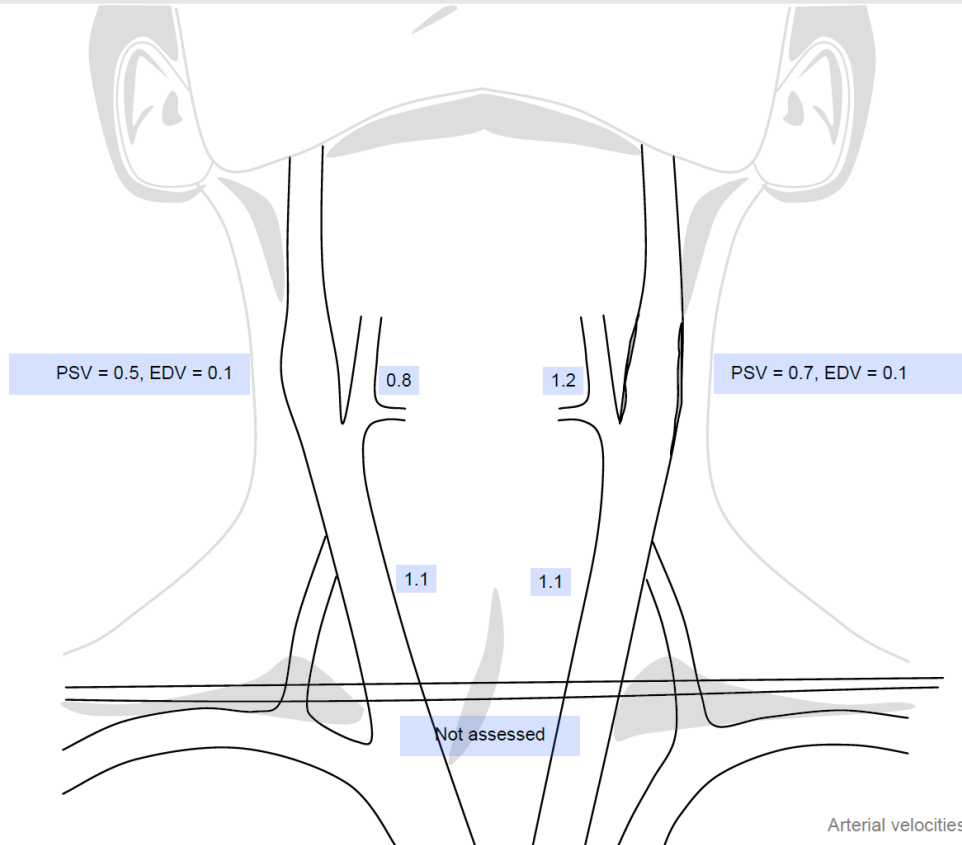
**LEFT SUBCLAVIAN ARTERY/ICA/ECA/CCA:**  
 Subclavian artery patent with elevated velocities at it's origin suggesting >50% stenosis - unable to grade the stenosis due to poor views. No significant disease in the remaining subclavian artery.  
 ICA patent with <50% disease.  
 ECA patent with no significant disease.  
 Fibrous thickening in the common carotid artery, maximum thickness 1.5 to 1.8mm.

**RIGHT ICA/ECA:**  
 ICA patent with <50% disease.  
 ECA patent with no significant disease.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 29.11.2019  
 Referring Consultant: Dr SR Hart  
 Urgent inpatient, ward 101  
 Indications: 51 year old male with clinical right PACS. For carotid Doppler ultrasound as part of stroke work up

**Carotid Artery Duplex**



Plaque Type:	Homogenous	Heterogenous	Calcified	Smooth Surface	Irregular Surface
	Right				Left
Vessel Geometry:	Normal				Normal
Vertebral Arteries:	Antegrade				Antegrade
ICA/CCA Ratio:	0.5				0.6
% ICA stenosis:	No significant disease - no plaque noted				Well under 50%

Comments: **RIGHT:**  
 ICA patent with no significant disease (no plaque noted)  
 ECA patent with no significant disease.

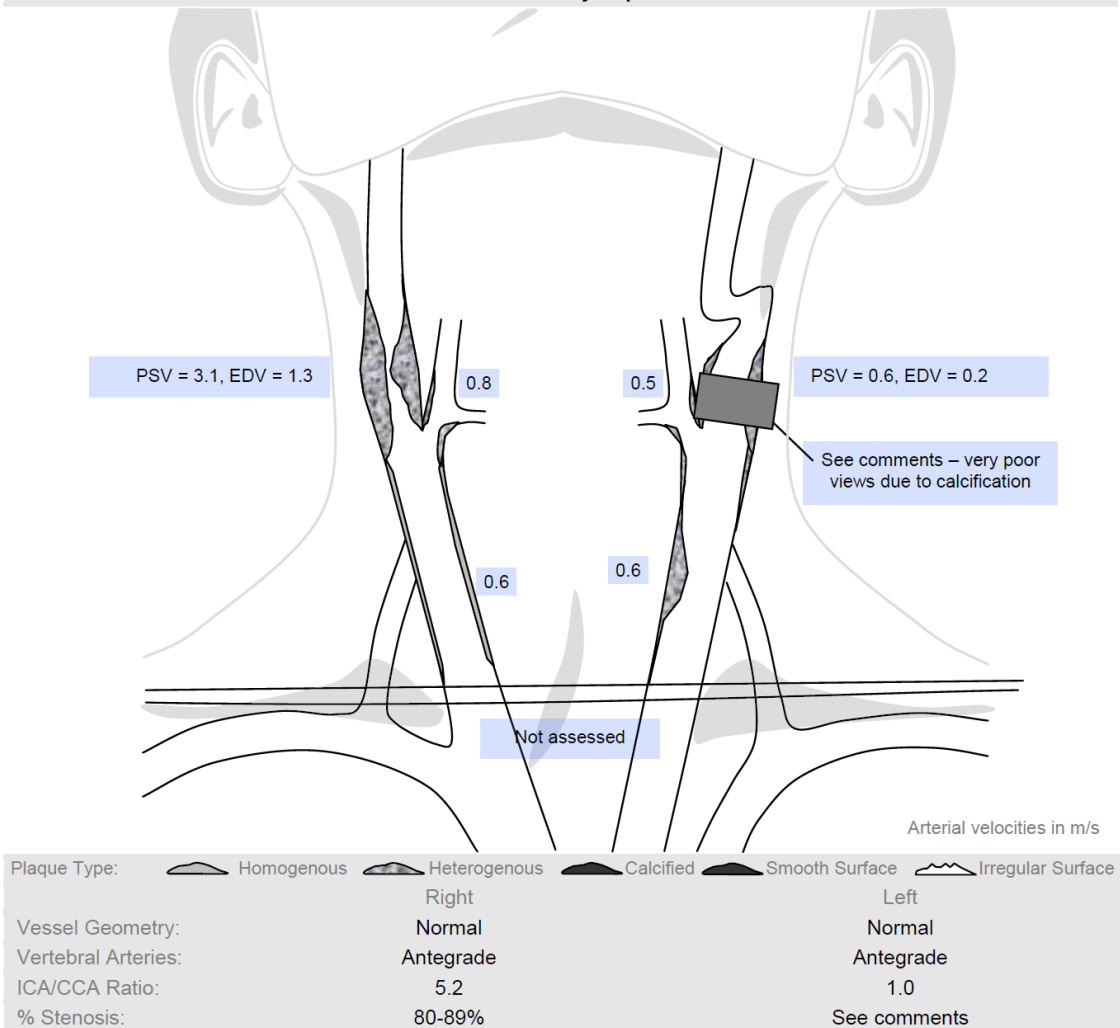
**LEFT:**  
 ICA patent with well under 50% disease - very very minor plaque noted.  
 ECA patent with no significant disease.

Scanned by: Beth Ness, Clinical Vascular Scientist.



Patient:   
 CHI:   
 Date of Scan: 04.12.2019  
 Referring Consultant: Mrs P Burns  
 Urgent inpatient, ward 105  
 Indications: 75 with R PACS 27/11 (L hand weakness). For duplex 04/12 afternoon please, planned for R CEA 05/12. TCI W 105 (from WGH) on Wed AM

**Carotid Artery Duplex**



**Comments:**

**RIGHT:**

- 80-89% ICA stenosis 0.8cm below the ICA origin. ICA plaque length approx 2.3cm. Bifurcation approx 1.5 to 2cm below the jaw (marked on neck).
- ECA patent with no significant disease.
- Common carotid artery patent with minor fibrous thickening, maximum thickness 1.6mm.

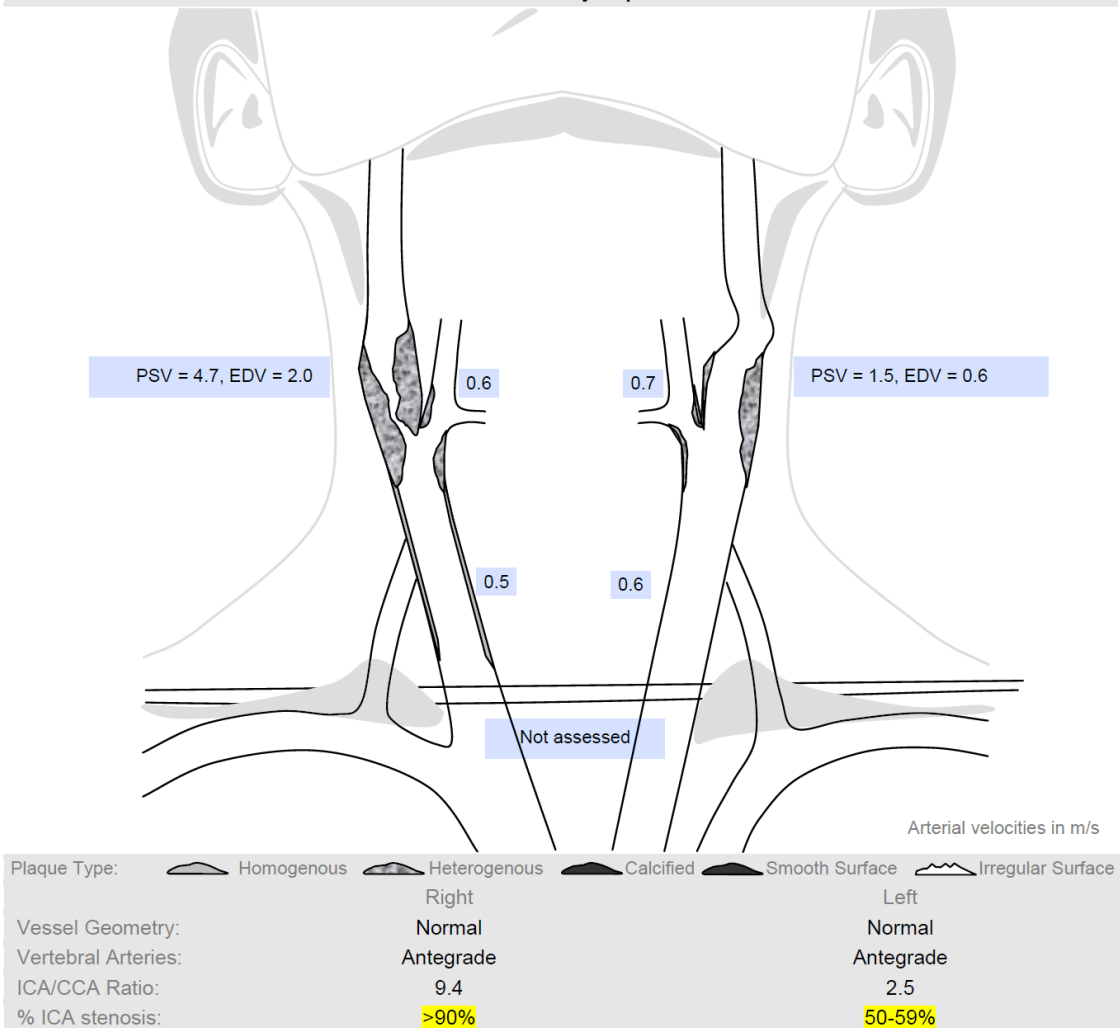
**LEFT:**

- Very poor views of section of the ICA origin (length 1cm) due to heavy vessel calcification, however, no clear evidence of turbulent flow or damped flow. No clear evidence of ICA disease >50%. Distal ICA tortuous.
- ECA patent with no significant disease.
- Smooth atheroma causing <50% disease noted in the common carotid artery.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 05.12.2019  
 Referring Consultant: Mrs P Burns  
 Urgent outpatient  
 Indications: Left weakness and facial weakness. Patient coming from Borders on Thursday. For clinical review in 105 after carotid scan please

**Carotid Artery Duplex**



Comments:

**RIGHT:**

- >90% ICA stenosis with irregular flow pattern at the ICA origin. ICA plaque length 1.4cm. Bifurcation approx 2.5 to 3cm below the jaw (marked on the neck).
- ECA patent with no significant disease.
- Minor fibrous thickening in the common carotid artery, maximum thickness 1.3mm.

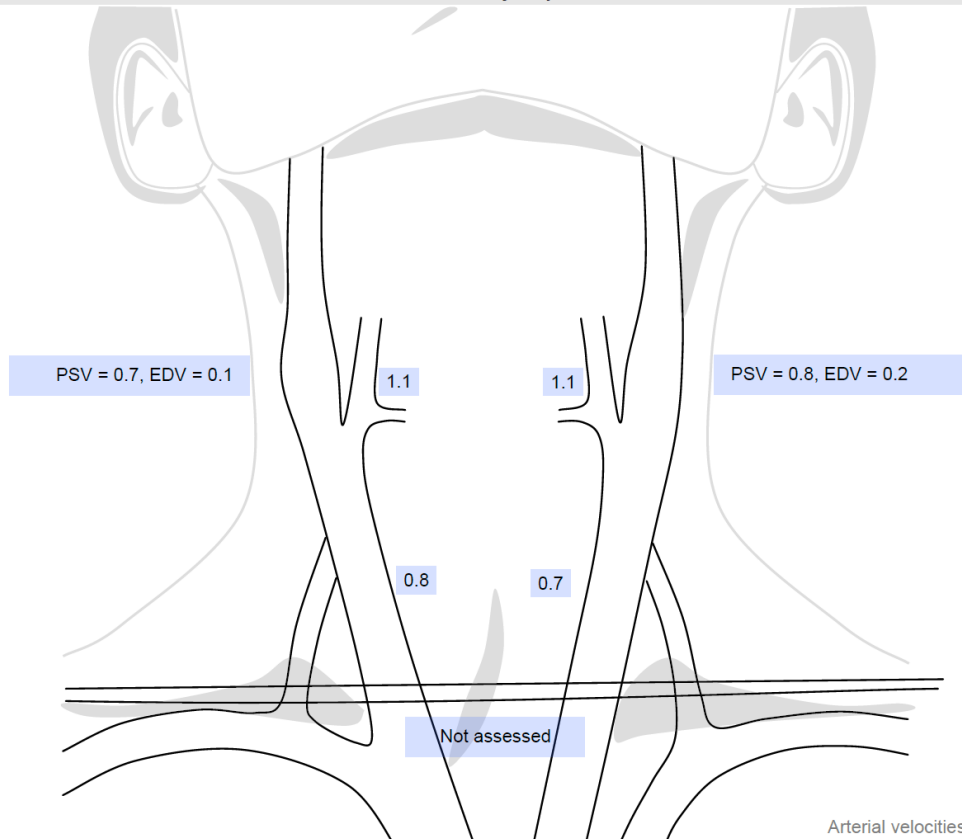
**LEFT:**

- 50-59% ICA stenosis. ICA plaque length 1.7cm. Mild tortuosity in the ICA 1.3cm below the bifurcation.
- ECA patent with no significant disease.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 06.12.2019  
 Referring Consultant: Prof M Dennis  
 Indications: Inpatient, ward 101  
 Expressive dysphasia. Right handed.

**Carotid Artery Duplex**



Plaque Type:	Homogenous	Heterogenous	Calcified	Smooth Surface	Irregular Surface
	Right				Left
Vessel Geometry:	Normal				Normal
Vertebral Arteries:	Antegrade				Antegrade
ICA/CCA Ratio:	0.9				1.1
% ICA stenosis:	No significant disease (no plaque noted)				No significant disease (no plaque noted)

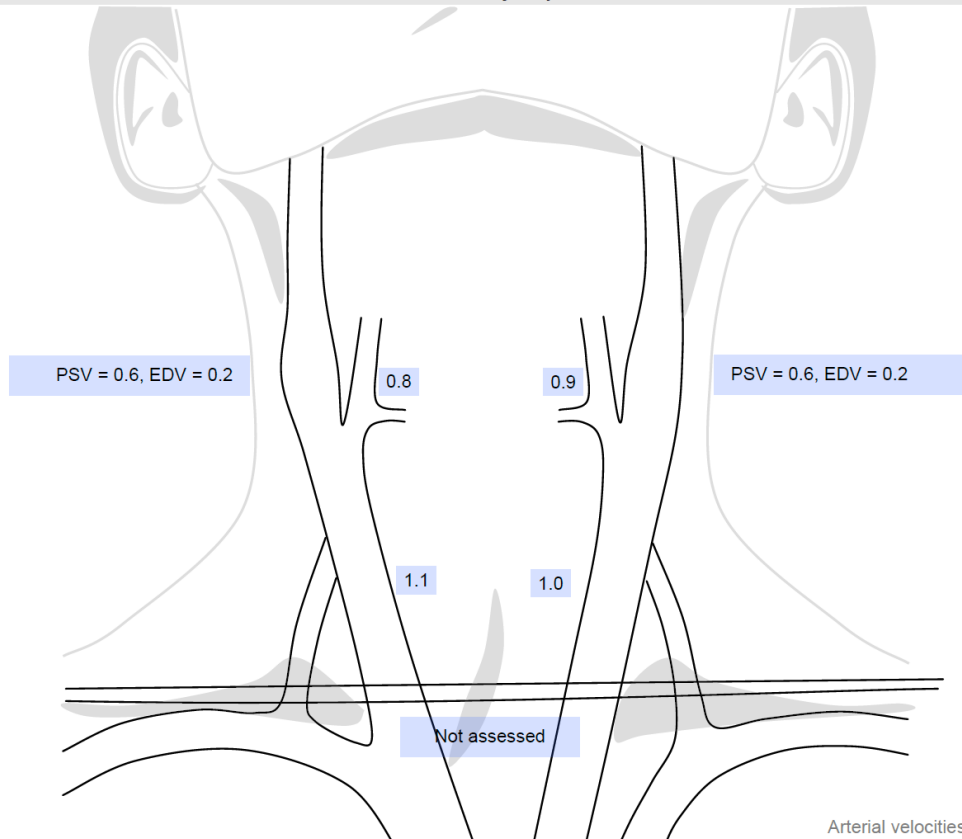
Comments: **RIGHT:**  
 ICA patent with no significant disease (no plaque noted).  
 ECA patent with no significant disease.

**LEFT:**  
 ICA patent with no significant disease (no plaque noted).  
 ECA patent with no significant disease.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 09.12.2019  
 Referring Consultant: Dr R O'Brien  
 Indications: Inpatient, ward 201  
 RSW. Bilateral symptoms. dysphasic. New stroke on MRI.

**Carotid Artery Duplex**



Plaque Type:	Homogenous	Heterogenous	Calcified	Smooth Surface	Irregular Surface
Vessel Geometry:	Right Normal			Left Normal	
Vertebral Arteries:	Antegrade			Antegrade	
ICA/CCA Ratio:	0.5			0.6	
% ICA stenosis:	No significant disease (no plaque noted)			No significant disease (no plaque noted)	

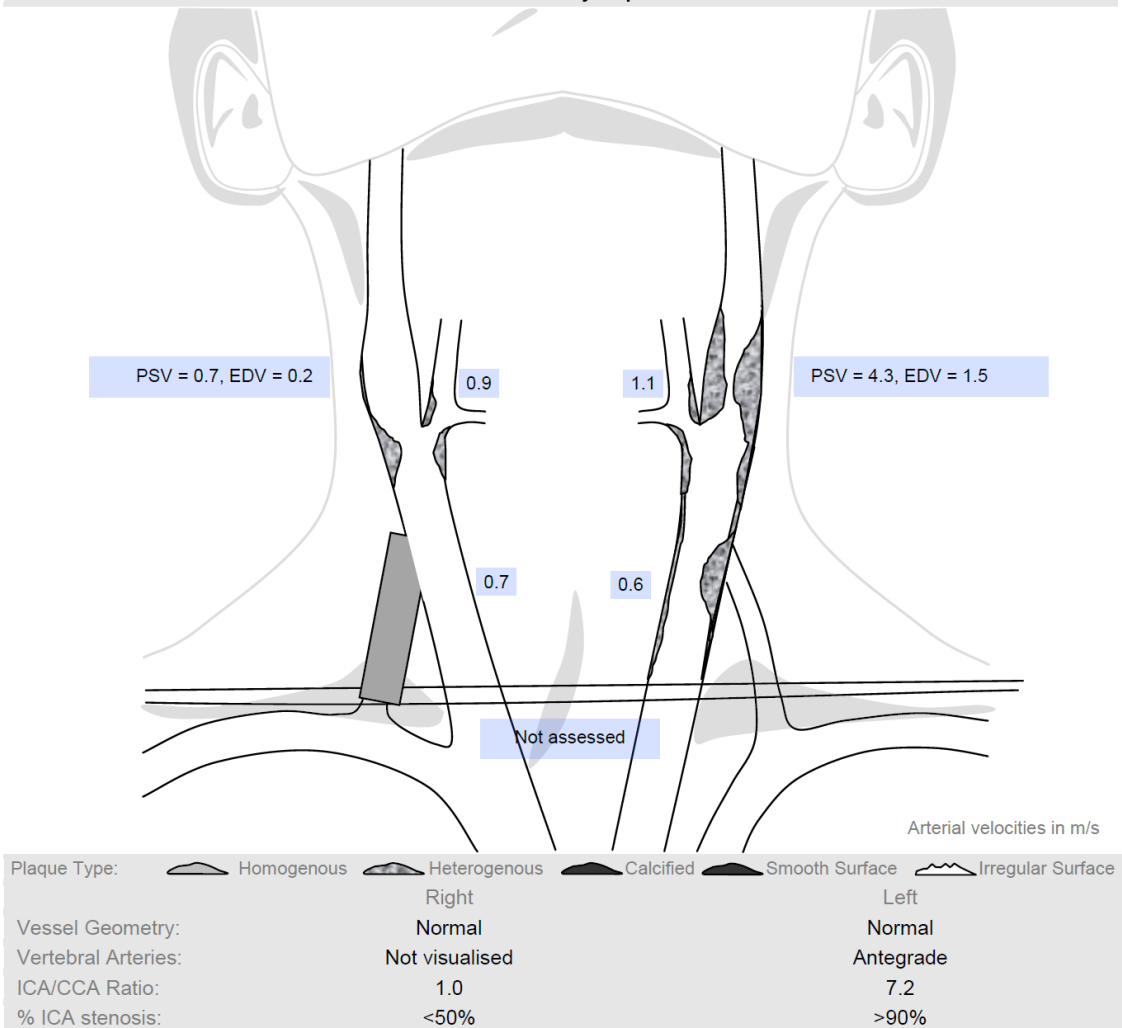
Comments: Bilateral ICAs patent with no significant disease (no plaque noted).  
 Bilateral ECAs patent with no significant disease.

Note: following the ultrasound scan, the patient was shaking quite violently for a minute or so – ward informed.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 10.12.2019  
 Referring Consultant: Vascular consultant  
 Indications: **Urgent outpatient, ? to be admitted to ward 105**  
 Provisionally for left carotid on 11/12/2019. Would be most grateful if you could confirm stenosis. Will be admitted to 105 on 10/12/2019 at 1300. Thank you.

**Carotid Artery Duplex**



**Comments:**

**LEFT:**

- >90% ICA stenosis.
- ICA plaque length approx 2.2cm.
- Carotid artery bifurcation approx 1.5cm below the jaw (marked on neck).
- ECA patent with no significant disease.
- Smooth atheroma noted in the common carotid artery. No elevated velocities in the common carotid artery, but visually disease appears at the upper limit of <50%.

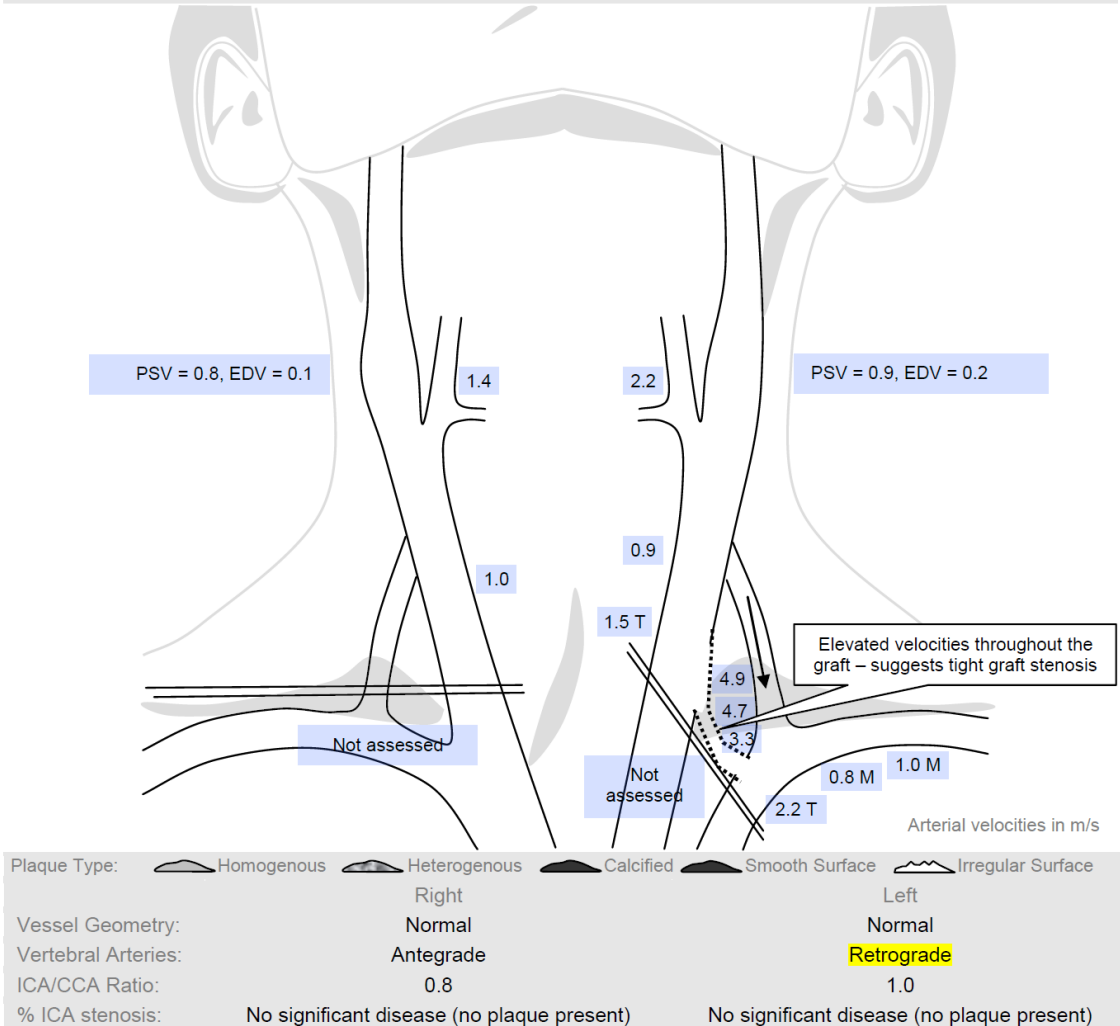
**RIGHT:**

- <50% ICA disease.
- ECA patent with no significant disease.
- Vertebral artery not visualised - ? patent or occluded.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 11.12.2019  
 Referring Consultant: Mr Z Raza  
 Indications: Left carotid-subclavian bypass in 2012. Further drop attacks ? exclude subclavian steal please.

**Carotid Artery Duplex**



Comments:

**LEFT:**

- Carotid artery-subclavian artery bypass patent with elevated velocities throughout (PSV 3.3-4.9m/s) - suggests graft stenosis. Difficult to grade the stenosis due to native artery-graft caliber mismatch and difficulty obtaining a proximal reference, however, visually the stenosis appears tight and greatest at the graft origin.
- Subclavian artery distal to the graft patent (not assessed proximal to the graft). Elevated velocities extend from the graft into the native subclavian artery, however, visually disease appears <50% at this level.
- Common carotid artery distal to the graft patent with no significant disease (common carotid artery not assessed proximal to the graft).
- ICA patent with no significant disease (no plaque present).
- Retrograde flow noted in the vertebral artery (also noted in June 2014 ultrasound scan).
- ECA patent with elevated velocities (PSV 2.2m/s), but visually there is no evidence of significant disease.

**RIGHT:**

- ICA patent with no significant disease (no plaque present).
- ECA patent with no significant disease.

Note: pacs image 32 represents the distal graft, and images 34 to 37 represent the proximal graft (images incorrectly labeled). Direction of colour is not representative in images 35, 36 and 37.






Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:	
CHI:	
Date of Scan:	11.12.2019
Referring Consultant:	Dr SR Hart
Indications:	Inpatient, ward 101 Right sided facial droop. ? significant stenosis left carotid artery

Diagram illustrating arterial velocity measurements (PSV and EDV) in the carotid and vertebral arteries, with a 'Not assessed' label for the subclavian arteries.

Artery	PSV	EDV
Left Carotid	0.5	0.2
Right Carotid	0.4	0.2
Left Vertebral	1.0	
Right Vertebral	0.8	
Left Subclavian	0.7	
Right Subclavian	0.6	

Arterial velocity

Plaque Type:	 Homogenous	 Heterogenous	 Calcified	 Smooth Surface	 Irregular Surface
	Right			Left	
Vessel Geometry:	Normal			Normal	
Vertebral Arteries:	Antegrade			Antegrade	
ICA/CCA Ratio:	0.7			0.7	
% ICA stenosis:	Well under 50%			<50%	

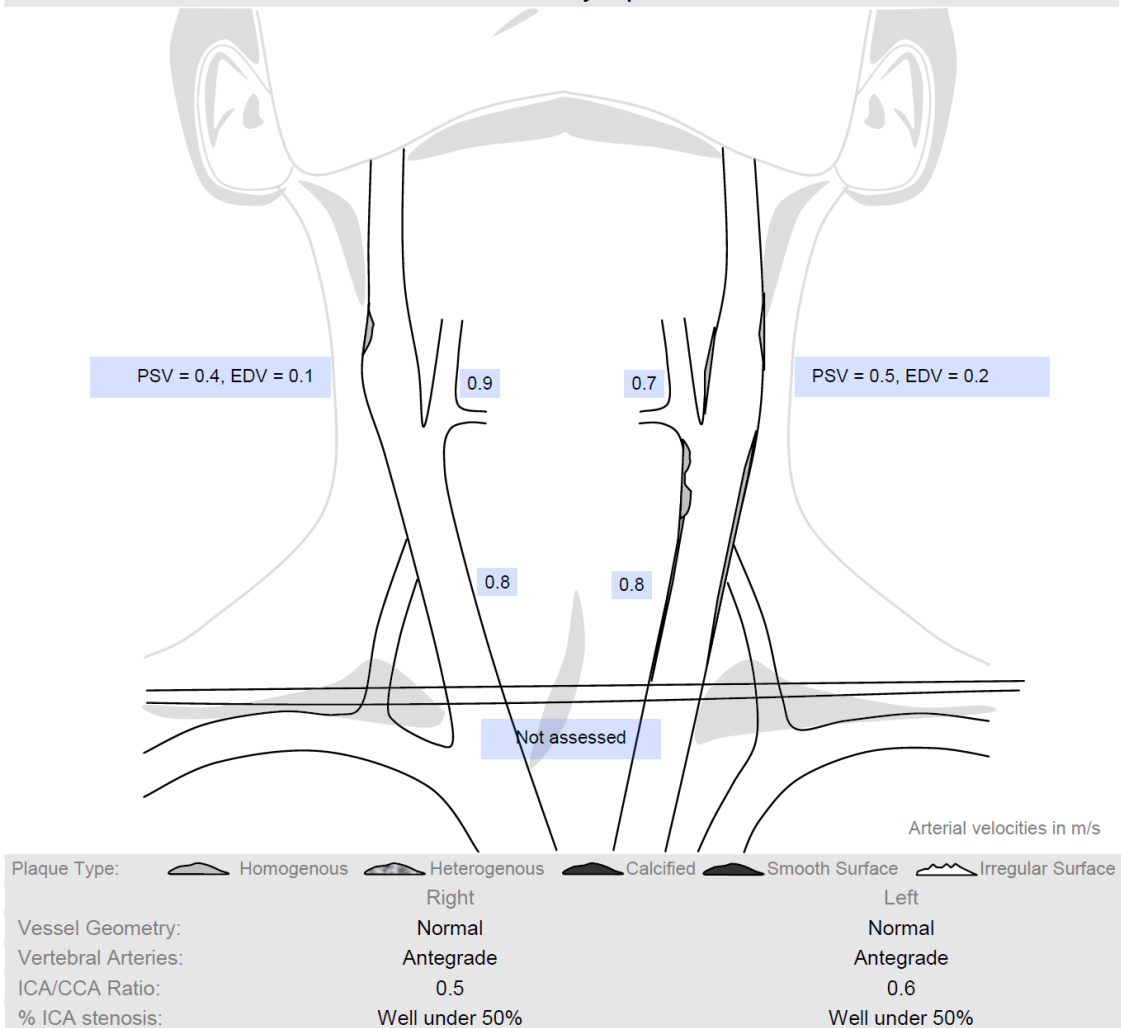
Comments:

<b>RIGHT:</b> ICA patent with well under 50% disease. ECA patent with no significant disease.
<b>LEFT:</b> ICA patent with <50% disease. ECA patent with no significant disease.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 16.12.2019  
 Referring Consultant: Dr F Doubal  
 Urgent inpatient, ward 101  
 Indications: Left PACS. Left cortical infarct and left occipital infarct on CT-head. ? significant stenosis left carotid artery

**Carotid Artery Duplex**



Comments: Slight asymmetry in the vertebral artery velocity waveforms (left PSV 0.6m/s > right PSV 0.3m/s).

**RIGHT:**

ICA patent with well under <50% disease.  
 ECA patent with no significant disease.

**LEFT:**

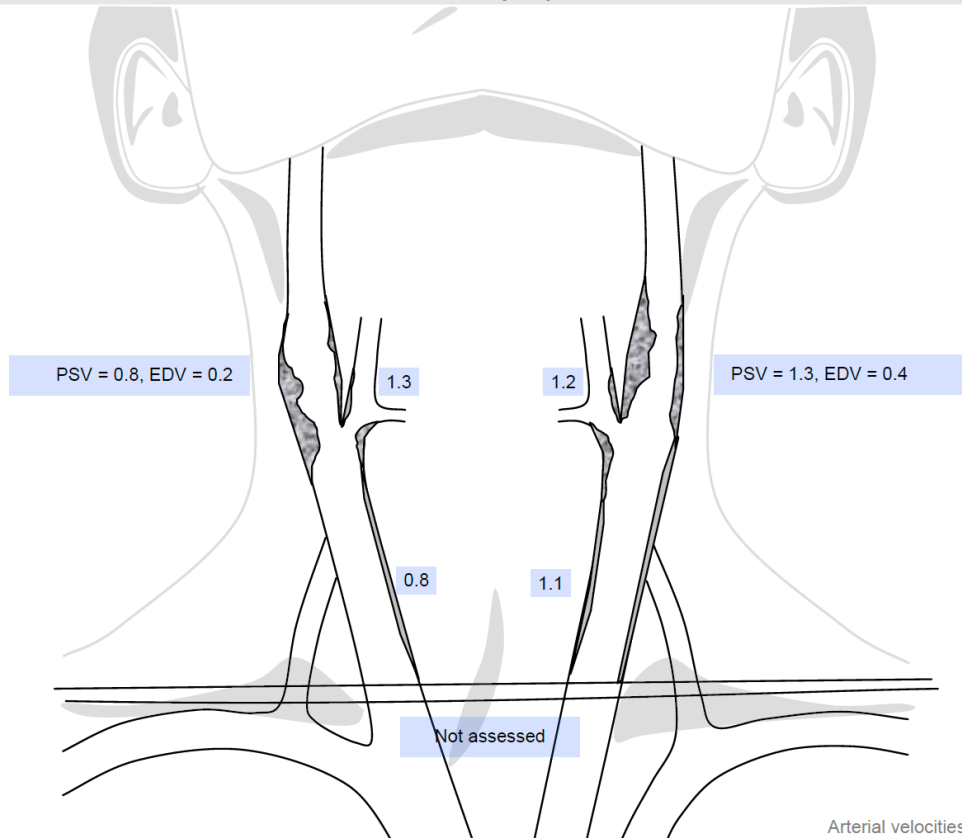
ICA patent with well under 50% disease.  
 ECA patent with no significant disease.  
 Minor fibrous thickening in the common carotid artery, maximum thickness 1.2mm.

Scanned by: Beth Ness, Clinical Vascular Scientist.



Patient:   
 CHI:   
 Date of Scan: 19.12.2019  
 Referring Consultant: Dr Alan G Japp  
 Inpatient, ward 103  
 Indications: Pt needs a CABG as inpatient. Carotid Doppler USS in 2011-Atheroma at the bulb and ICA which extends for approx 3-4cms and appears to be causing around 40% (NASCET) stenosis about 2cms from the bulb, Needs repeat Carotid dopplers pre-op

**Carotid Artery Duplex**



Plaque Type:	Homogenous	Heterogenous	Calcified	Smooth Surface	Irregular Surface
		Right			Left
Vessel Geometry:		Normal			Normal
Vertebral Arteries:		Antegrade			Antegrade
ICA/CCA Ratio:		1.0			1.2
% ICA stenosis:		<50%			50-59%

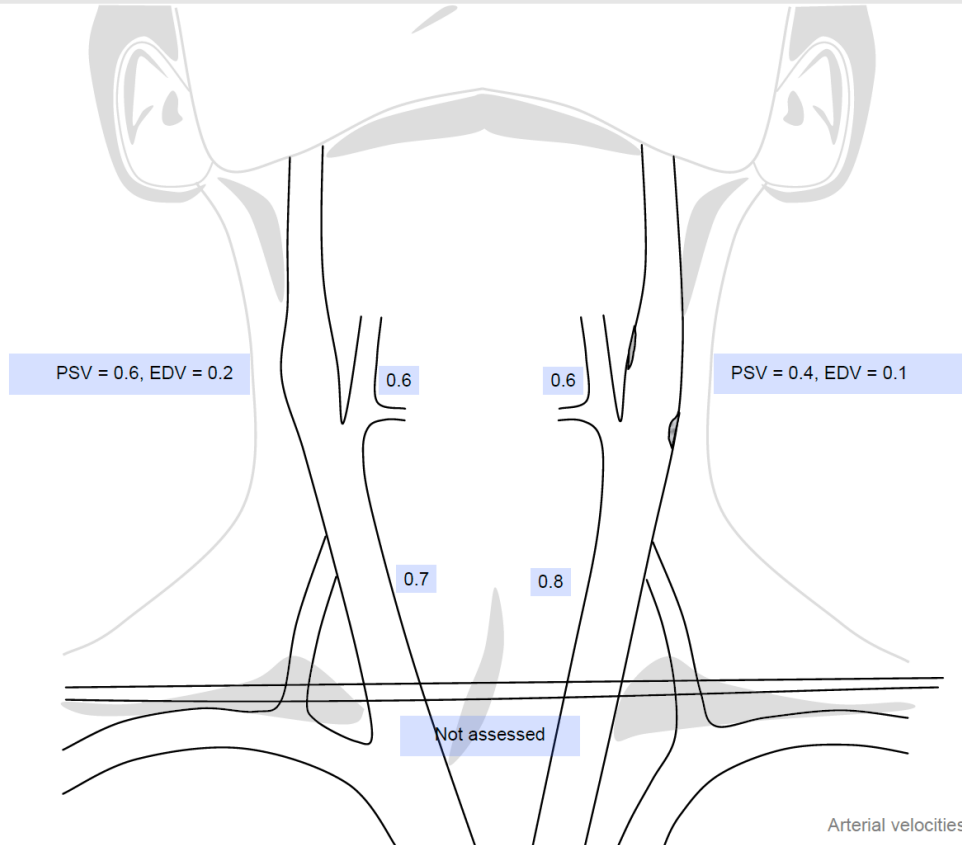
Comments: **LEFT:**  
 ICA patent with 50-59% stenosis approx 1.5cm below the ICA origin.  
 ECA patent with no significant disease.  
 Minor fibrous thickening in the common carotid artery, maximum thickness 1.4mm.

**RIGHT:**  
 ICA patent with <50% disease.  
 ECA patent with no significant disease.  
 Minor fibrous thickening in the common carotid artery, maximum thickness 1.4mm.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 20.12.2019  
 Referring Consultant: Prof M Dennis  
 Urgent inpatient, ward 201  
 Indications: 65 years old male, presented with left side hemisensory loss that has resolved ? carotid stenosis.

**Carotid Artery Duplex**



Plaque Type:	Homogenous	Heterogenous	Calcified	Smooth Surface	Irregular Surface
	Right				Left
Vessel Geometry:	Normal				Normal
Vertebral Arteries:	Antegrade				Antegrade
ICA/CCA Ratio:	0.9				0.5
% ICA stenosis:	No significant disease – no plaque noted				Well under 50%

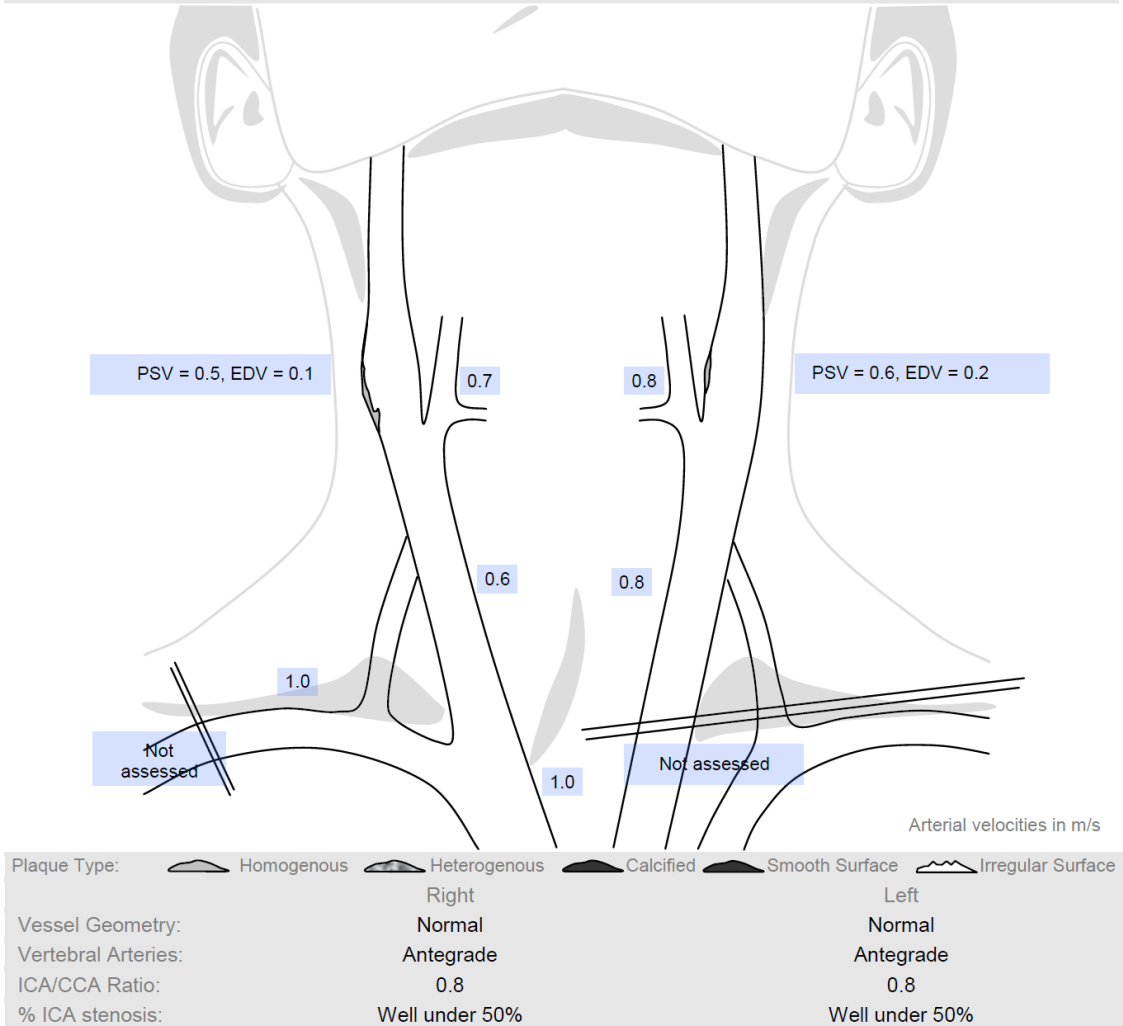
Comments: **RIGHT:**  
 ICA patent with no significant disease – no plaque noted.  
 ECA patent with no significant disease.

**LEFT:**  
 ICA patent with well under 50% disease – very minor plaque noted.  
 ECA patent with no significant disease.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 06.01.2020  
 Referring Consultant: Mr A Tambyraja  
 Indications: Headaches post RTA. ? traumatic carotid dissection.

**Carotid Artery Duplex**



Comments: No clear evidence on duplex ultrasound of dissection in bilateral ICAs, ECAs, common carotid arteries, the right subclavian artery above the clavicle, or the innominate artery.

**RIGHT:**

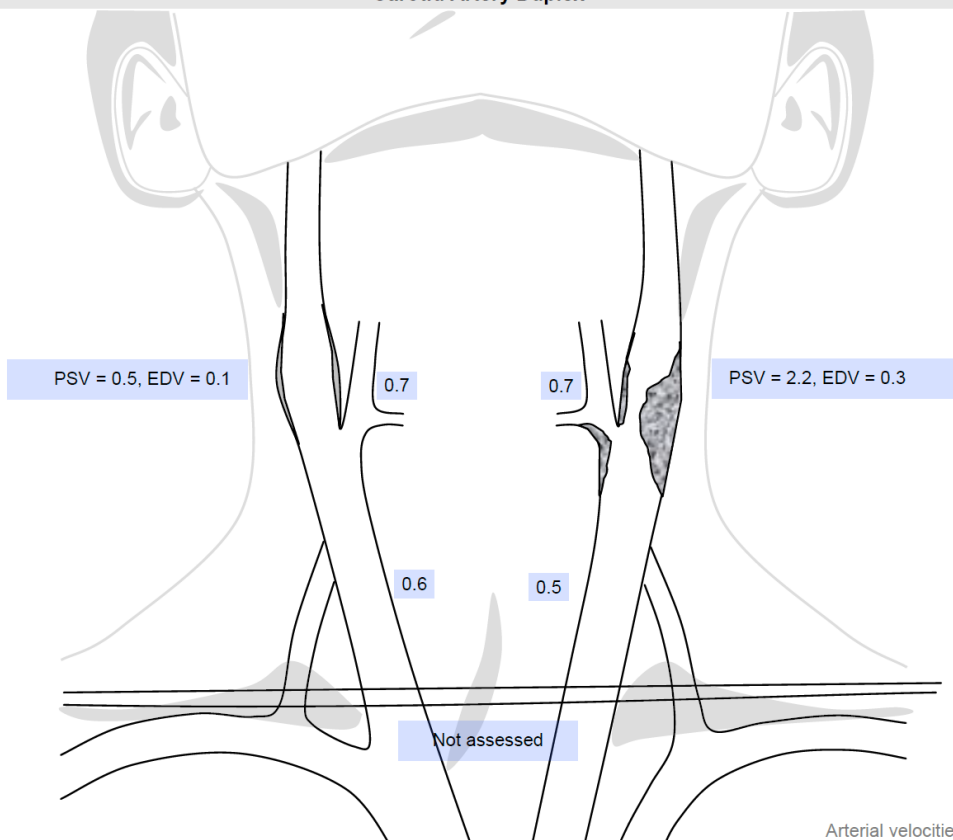
ICA patent with well under 50% disease (very very minor plaque noted).  
 ECA patent with no significant disease.






**LEFT:**

ICA patent with well under 50% disease (very very minor plaque noted).  
 ECA patent with no significant disease.

Scanned by: Beth Ness, Clinical Vascular Scientist.

### Carotid Artery Duplex



Plaque Type:	 Homogenous	 Heterogenous	 Calcified	 Smooth Surface	 Irregular Surface
	Right		Left		
Vessel Geometry:	Normal		Normal		
Vertebral Arteries:	Antegrade		Not assessed		
ICA/CCA Ratio:	0.8		4.4		
% ICA stenosis:	No significant disease, minor fibrous thickening			60-69%	

LEFT:

- 60-69% ICA stenosis.  
Colour flow suggests irregular ICA plaque surface - ? ulceration.  
ICA plaque length approx 1.8cm.  
ICA/ECA bifurcation approx 2.5cm below the jaw.
- ECA patent with <50% disease.
- Vertebral artery not assessed due to poor views (patient build).

**RIGHT:**

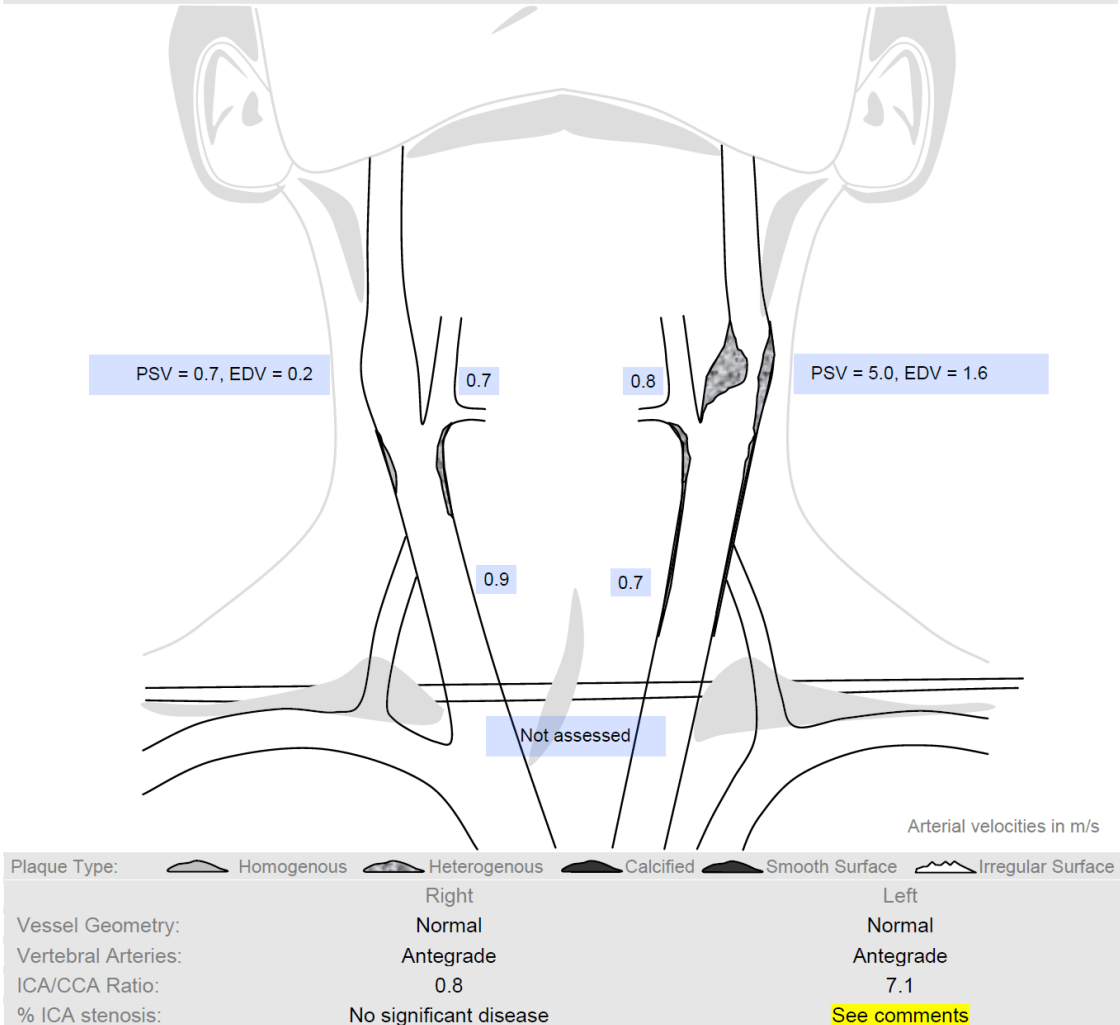
- ICA patent with no significant disease, but minor fibrous thickening.
- ECA patent with no significant disease.

Comment: result flagged with doctor on ward 201 Emma.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 07.01.2020  
 Referring Consultant: Mr R Jaimieson  
 Urgent outpatient  
 82 independent carer for autistic son so will require call on Monday am for scan on Tuesday if possible to arrange cover. Had Right sided arm and leg weakness - left hemispheric stroke-duplex demonstrated 75-80% Left ICA stenosis ? for CEA aiming for theatre Wednesday so Tuesday if possible - I am happy to call patient Monday am if need be thanks so much Eilidh  
 Indications:

**Carotid Artery Duplex**



Comments:

**LEFT:**

- PSV ratio and ICA PSV suggests ICA stenosis >90%, however, visually stenosis appears 80-89%.
- ICA stenosis approx 0.7cm distal to the ICA origin.
- ICA plaque length approx 1.7cm.
- ICA/ECA bifurcation approx 2cm below the jaw (marked on neck).
- ECA patent with no significant disease.
- Minor fibrous thickening in the common carotid artery, maximum thickness 1.5mm.

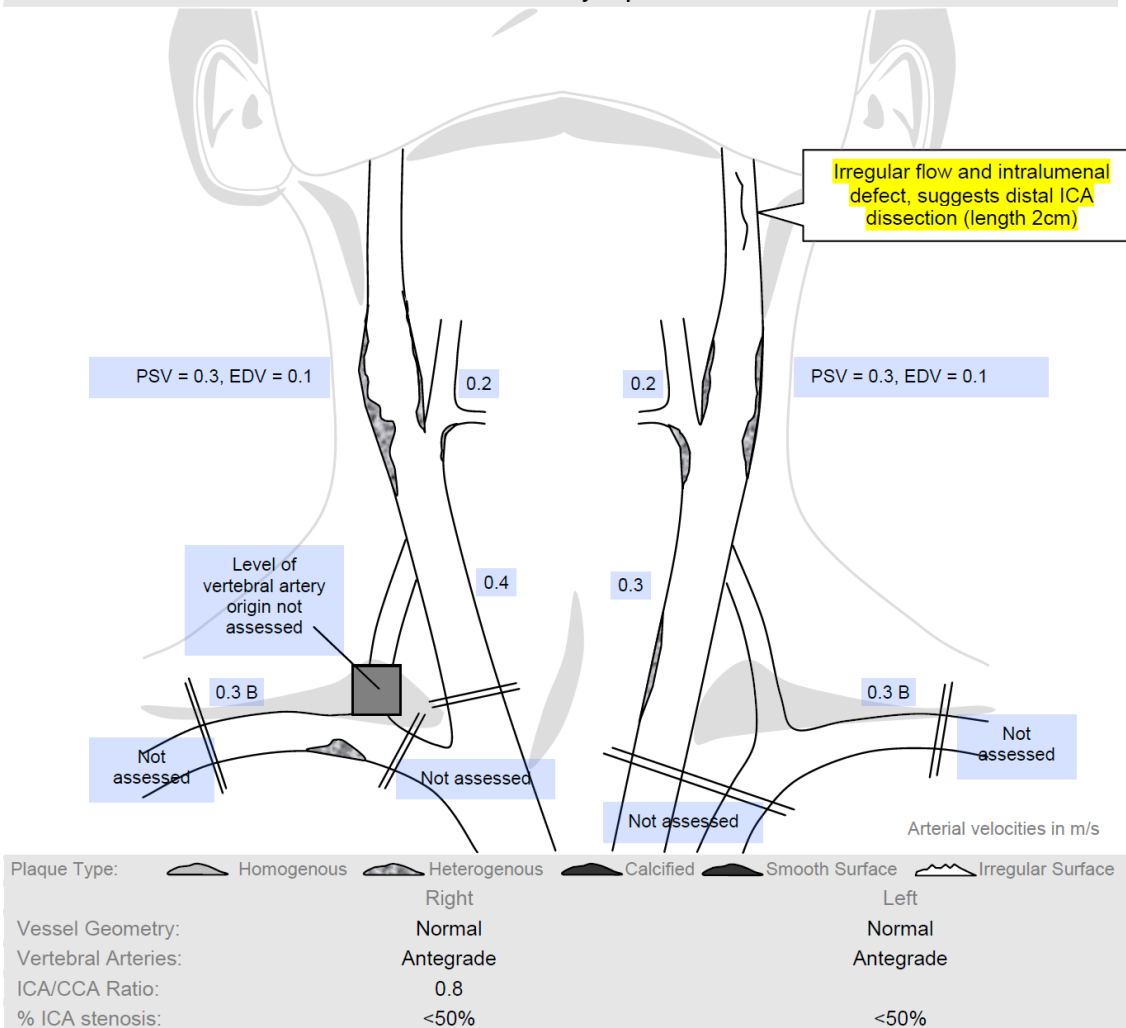
**RIGHT:**

- ICA patent with no significant disease (no plaque noted in the ICA).
- ECA patent with no significant disease.
- Mild atheroma/fibrous thickening noted in the distal common carotid artery at the level of the bifurcation.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 07.01.2020  
 Referring Consultant: Mr Z Raza  
 Urgent inpatient, ward 105  
 Indications: Type B dissection for left carotid subclavian by pass and TEVAR this Friday for carotid imaging please prior to procedure.

**Carotid Artery Duplex**



Comments:

**LEFT:**

- Irregular flow in the distal ICA with intraluminal defect noted on B-mode imaging - suggests distal ICA dissection (length 2cm). ICA diameter 8mm at this level.
- <50% disease in the proximal ICA.
- ECA patent with no significant disease.
- Mild atheroma noted in the mid common carotid artery.
- Subclavian artery origin and common carotid artery origin not assessed due to poor views. Remaining subclavian artery above the clavicle patent with no significant disease.

**RIGHT:**

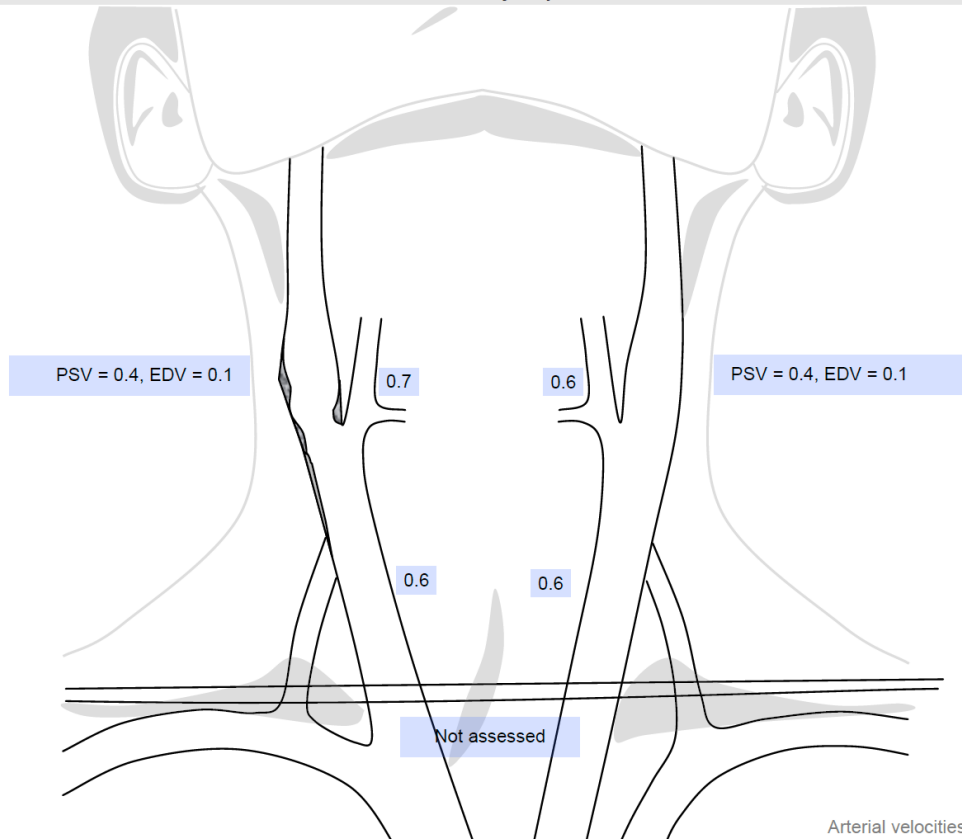
- <50% ICA disease. Poor views of the distal ICA.
- ECA patent with no significant disease.
- Proximal subclavian artery, innominate artery and common carotid artery origin not assessed due to poor views.
- Remaining subclavian artery above the clavicle patent with a mixed echo plaque noted in the mid subclavian artery causing <50% disease.

**NOTE:** Result flagged with Vascular Reg Dr D Pang, and Vascular Doctor on call Dr C Grossart.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 13.01.2020  
 Referring Consultant: Dr N Hunter  
 Indications: Urgent inpatient, ward 201  
 Acute left hemiparesis? any right carotid stenosis

**Carotid Artery Duplex**



Plaque Type:	Homogenous	Heterogenous	Calcified	Smooth Surface	Irregular Surface
	Right			Left	
Vessel Geometry:	Normal			Normal	
Vertebral Arteries:	Antegrade			Antegrade	
ICA/CCA Ratio:	0.7			0.7	
% ICA stenosis:	Well under 50%			No significant disease	

Comments:

**RIGHT:**

ICA patent with well under 50% disease – minor plaque noted.  
 ECA patent with no significant disease.  
 Minor fibrous thickening in the distal common carotid artery, maximum thickness 1.5mm.

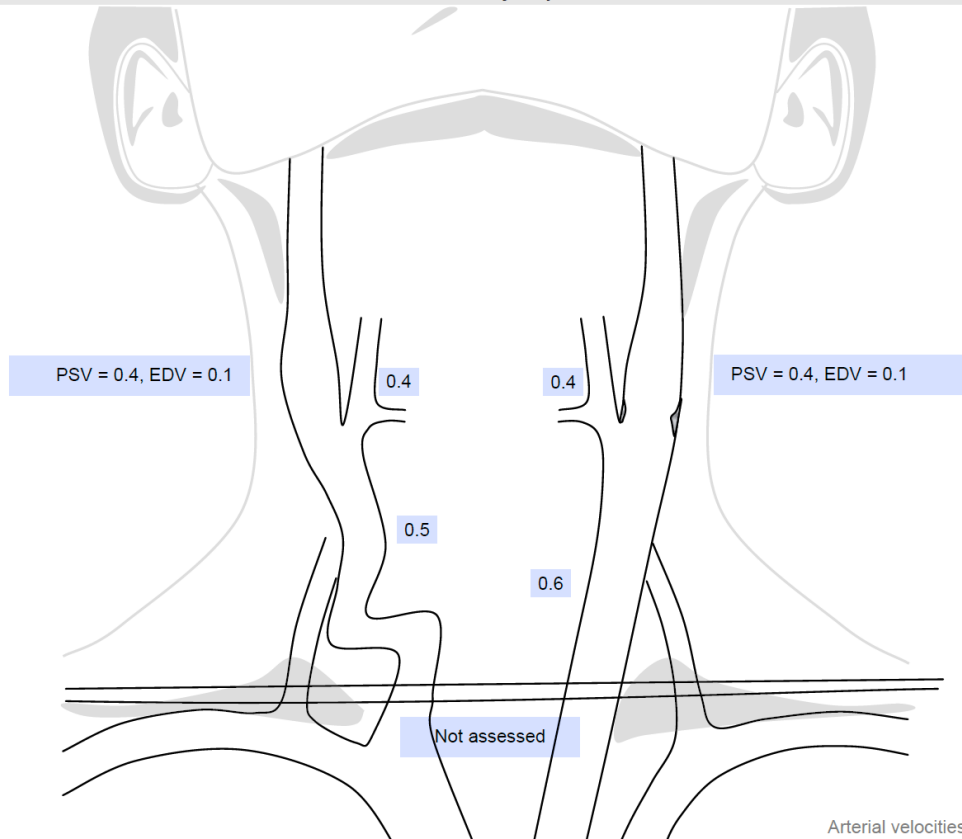
**LEFT:**

ICA patent with no significant disease (no plaque noted).  
 ECA patent with no significant disease.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 15.01.2020  
 Referring Consultant: Dr A Dover/ Prof Macleod  
 Indications: Urgent inpatient, ward AMU  
 Right sided facial weakness and slurred speech. TIA. Req by prof Macleod

**Carotid Artery Duplex**



Plaque Type:	Homogenous	Heterogenous	Calcified	Smooth Surface	Irregular Surface
	Right		Left		
Vessel Geometry:	Normal		Normal		
Vertebral Arteries:	Antegrade		Antegrade		
ICA/CCA Ratio:	0.8		0.7		
% ICA stenosis:	No significant disease (no plaque noted)		Well under 50% disease		

Comments:

**RIGHT:**  
 ICA patent with no significant disease (no plaque noted).  
 ECA patent with no significant disease.  
 Common carotid artery patent with tortuosity/a kink noted in the proximal common carotid artery (no clear evidence of elevated velocities or narrowing at this level).

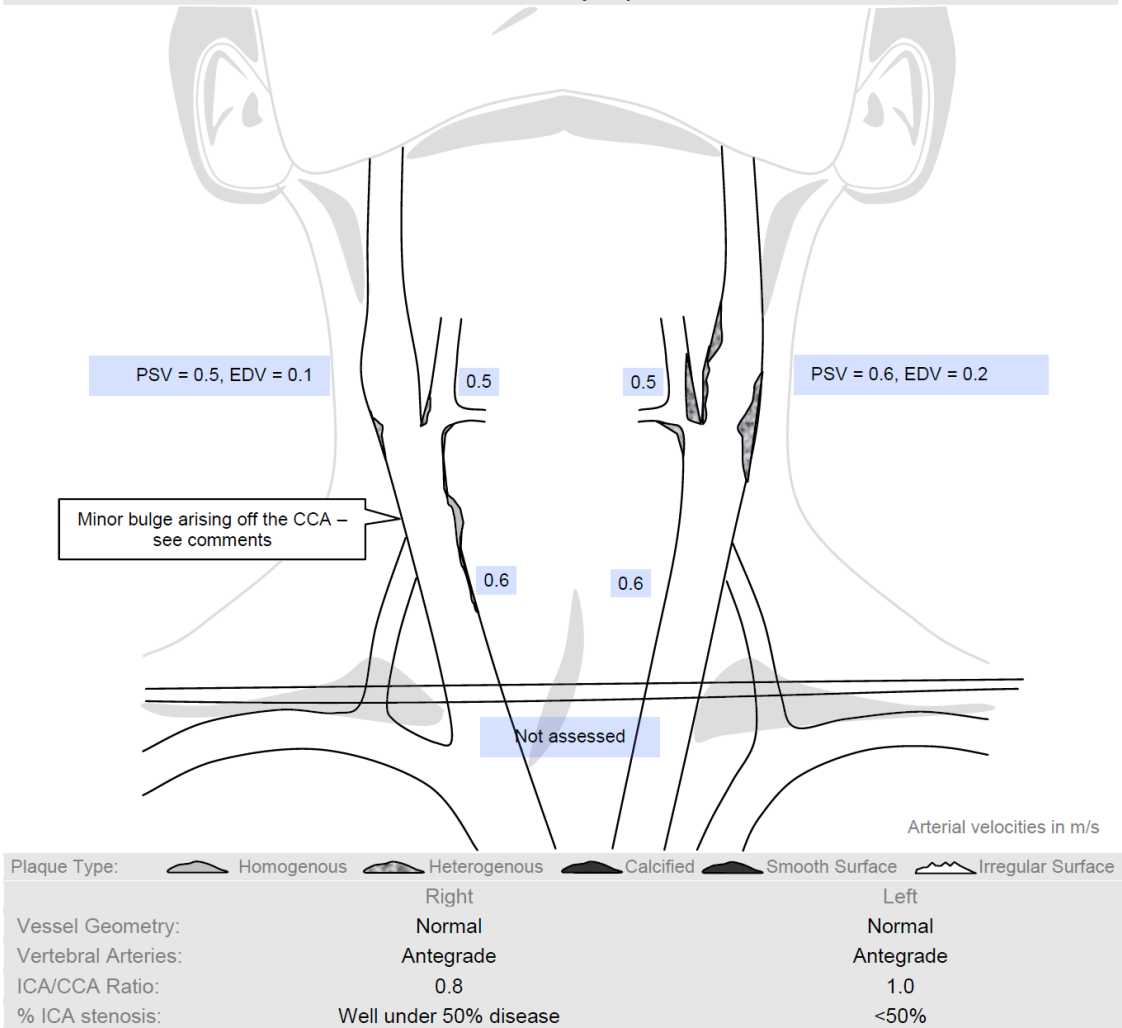
**LEFT:**  
 ICA patent with well under 50% disease (very very minor plaque noted).  
 ECA patent with no significant disease.

Scanned by: Beth Ness, Clinical Vascular Scientist.



Patient:   
 CHI:   
 Date of Scan: 17.01.2020  
 Referring Consultant: Mrs P Burns  
 Indications: Lightheadedness and dizziness possibly related to neck movement. Need to exclude steal although I think unlikely. We will write to her with result.

**Carotid Artery Duplex**



Comments:

**RIGHT:**

- Minor bulge (length 0.8cm) noted arising off the in the common carotid artery (see PACS image 3) 1.4cm proximal to the carotid artery bifurcation. Bulge contains fibrous thickening/smooth atheroma. Common carotid artery diameter change from 6.9mm to 8.3mm.
- ICA patent with well under 50% disease – very very minor plaque noted.
- ECA patent with no significant disease.
- Antegrade flow in the vertebral artery.

**LEFT:**

- ICA patent with <50% disease.
- ECA patent with atheroma noted at the origin – no clear evidence of elevated velocities, suggests no significant disease.
- Antegrade flow in the vertebral artery.

Scanned by: Beth Ness, Clinical Vascular Scientist.