



Patient	NHS No
D.O.B.	Patient Ref

Reason	TIA
Outcome	Widely patent

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>			0.84		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			0.80		< 25%
Plaque	Normal				
Disease length from BIF					
		<b>Pk ICA/Pk CCA = 1.0</b>			
<b>External</b>			0.55		< 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>			1.12		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			0.85		< 25%
Plaque	Normal				
Disease length from BIF					
		<b>Pk ICA/Pk CCA = 0.8</b>			
<b>External</b>			0.56		< 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 ASSESSMENT**

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

The right and left vertebral arteries appear widely patent with orthograde flow, bilaterally.

Assessed by      Lukasz Koprowski

Checked by      \_\_\_\_\_