

Consultant/GP	MCDONNELL PROF. CIARAN	Ordered By	SACLARKE
Technologist	Sorcha Murray Senior Vascular Physiologist	Location	Consultant Referral
Authorised By		Episode Type	Consultant Referral

Referral Reason follow up 18 months

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Technologist Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Technologist Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Previously (10/17) RICA=Patent, LICA=Normal.

Right side: The common, external and internal carotid arteries are widely patent with no significant plaque formation or flow abnormalities detected 2 years post CEA. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries demonstrate mild atheroma and no significant stenosis. The internal carotid artery demonstrates mild atheroma causing no significant stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: 2 year surveillance complete, please dictate GP letter

Consultant/GP	Dr Mazen	Location	OUR LADYS HOSPITAL
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Hospital Referral
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Navan Inpatient		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		
	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Indication: Right arm weakness

The common carotid arteries and external carotid arteries are patent with no significant stenosis detected.

The internal carotid arteries demonstrate mild atheroma causing a 0-29% stenosis bilaterally.

No haemodynamically significant stenosis is detected.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow up arranged

Consultant/GP	DR ANVER AMOD	Ordered By	EQUILTY
Technologist	Sorcha Murray Senior Vascular Physiologist	Location	GP Referral
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon	Episode Type	GP Referral
Referral Reason	1 year follow up please.		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES

Previously (12/18) RICA=50-69%, LICA=Patent (previous CEA).

Right side: The common carotid artery is patent with no significant stenosis detected. The internal carotid artery demonstrates calcific plaque proximally causing 0.6cm of acoustic shadowing. Velocities recorded distal to the shadowing are in keeping with a 50-69% stenosis (PSV=127cm/s), however cannot out rule a higher grade stenosis behind the shadowing. The external carotid artery appears occluded proximally and refills distally via branches. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries are patent with no significant stenosis detected. The internal carotid artery is widely patent (previous CEA) with no significant plaque formation or blood flow abnormality detected. The vertebral artery is patent with antegrade flow.

Follow-Up: 1 year

Consultant/GP	EGAN PROFESSOR JIM	Location	HLTW
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Inpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason			
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Indication: Transplant work up

No significant plaque formation or flow abnormality is detected of either extra cranial carotid system.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow up arranged

Technologist Sorcha Murray Senior Vascular Physiologist **Episode Type** Inpatient
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason Fast Call ? Carotod Stenosis
Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Indication: Fast call

The common carotid arteries and external carotid arteries are patent with mild atheroma and no significant stenosis detected.

The internal carotid arteries demonstrate mild atheroma causing a 0-29% stenosis bilaterally.

No haemodynamically significant stenosis is detected.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow up arranged

Consultant/GP	MCDONNELL PROF. CIARAN	Location	GVSMCDONNELL
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Outpatient
Authorised By	Prof. Ciaran McDonnell Consultant General/Vascular Surgeon		
Referral Reason	follow up 6 months		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES

Previously (06/2019): RICA = 70-80%, LICA = 30-49%.

Right side: The common carotid artery is patent with mild atheroma imaged (PSV = 70cm/s). The internal carotid artery demonstrates irregular mixed echogenic plaque extending ~1.7cm from the bifurcation causing a 70-80% stenosis (PSV = 198cm/s). The external carotid artery demonstrates a greater than 75% stenosis. The vertebral artery is patent with antegrade flow.

Left side: The common carotid artery is patent with mild atheroma imaged. The internal carotid artery demonstrates echogenic plaque proximally causing a 0-29% stenosis, velocities inkeeping with a 30-49% stenosis were not obtained on this occasion. The external carotid artery demonstrates a greater than 75% stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: 6 months

Consultant/GP KEEGAN MR. DAVID
Technologist SORCHA MURRAY Senior Vascular Physiologist
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Ordered By IMC426404
Location OPHKEEGANDRT
Episode Type Outpatient

Referral Reason RIGHT RETINAL EMBOLI

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Indication: Right retinal emboli

The common carotid arteries and external carotid arteries are patent with no significant stenosis detected.

The internal carotid arteries demonstrate mild atheroma causing a 0-29% stenosis bilaterally.

No haemodynamically significant stenosis is detected.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow up arranged

Consultant/GP	MCGREEVY DR. CORA	Location	RAPH
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Inpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Left superior homonymous quadratonopia		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Indication: Left superior homonymous quadratonopia

No significant plaque formation or flow abnormality is detected of either extra cranial carotid system.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow up arranged

Consultant/GP	O MEARA PROFESSOR YVONNE	Location	DIADP
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Inpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Many thanks for urgent carotid doppler for this 86yo lady with transient dysarthria last week and		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

The common carotid arteries and external carotid arteries are patent with no significant stenosis detected.

The internal carotid arteries demonstrate mild atheroma causing a 0-29% stenosis bilaterally

No haemodynamically significant stenosis is detected

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow up arranged

Consultant/GP	MULKERN MR. EDWARD	Location	GVSMULKERGEN
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Follow-up in 1 year.		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Previously (12/2018) RICA = Patent stent, LICA = 0-29%

Right side: The common carotid artery demonstrates mild atheroma. The external carotid artery demonstrates a greater than 50% stenosis. The internal carotid artery stent is widely patent with no significant plaque formation or blood flow abnormalities detected. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries demonstrate mild atheroma and no significant stenosis. The internal carotid artery demonstrates echogenic plaque causing a 0-29% stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: 1 year

Technologist Sorcha Murray Senior Vascular Physiologist **Episode Type** Hospital Referral
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason 1 year follow up
Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Previously (12/18) RICA=0-29%, LICA=50-69%

Right side: The common and external carotid arteries are patent with no significant stenosis detected. The internal carotid artery demonstrates mild echogenic plaque in the proximal and mid vessel causing a 0-29% stenosis. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries are patent with no significant stenosis detected. The internal carotid artery demonstrates irregular surface mixed echogenic plaque extending ~3cm from the origin of the vessel causing a 50-69% stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: 1 year

Consultant/ST CHUGHAI MK. ZEB Location CTSCHUGHAI GEN

Technologist Sorcha Murray Senior Vascular Physiologist

Episode Type Outpatient

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason Preop

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Indication: Pre op AVR

No significant plaque formation or flow abnormality is detected of either extra cranial carotid system.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow up arranged

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sorcha Murray Senior Vascular Physiologist

Authorised By

Referral Reason 6/12

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Technologist Report

Location

Episode Type

Consultant Referral

Consultant Referral

VUS CAROTID VERTEBRAL ARTERIES BOTH - Technologist Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Previously (01/2019) RICA = 0-29%, LICA = Patent post CEA.

Right side: The common and external carotid arteries are patent with no significant stenosis detected. The internal carotid artery demonstrates echogenic plaque causing 0-29% stenosis. The vertebral artery is patent with antegrade flow.

Left side: The common carotid artery is patent with mild atheroma imaged in the carotid endarterectomy patch site not causing any significant stenosis. The internal carotid artery demonstrates smooth atheroma proximally causing a 0-29% stenosis. The external carotid artery demonstrates a >75% stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: 6 months

Technologist Sorcha Murray Senior Vascular Physiologist
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason follow up 1 year

Location NEUOROURKKGEN
Episode Type Outpatient

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Previously (12/18) RICA=0-29% LICA=50-69%. Unchanged today.

Right side: The common and external carotid arteries are patent with no significant stenosis. The internal carotid artery demonstrates mild echogenic plaque proximally causing a 0-29% stenosis. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries are patent with no significant stenosis. The internal carotid artery demonstrates irregular surfaced mixed echogenic plaque proximally causing a 50-69% stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: 1 year

Consultant/GP MCDONNELL PROF. CIARAN
Technologist Sorcha Murray Senior Vascular Physiologist
Authorised By

Location
Episode Type Consultant Referral
Consultant Referral

Referral Reason 1 year follow up.

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Technologist Report
VUS CAROTID VERTEBRAL ARTERIES BOTH - Technologist Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES

Indication: 1 year follow up.

Previously (12/18): RICA=30-49%, LICA=50-69%.

Right side: The common carotid artery demonstrates mild atheroma causing no significant stenosis. The internal carotid artery demonstrates mixed echogenic plaque causing a 50-69% stenosis. The external carotid artery is patent with no significant stenosis detected. The vertebral artery is patent with antegrade flow.

Left side: The common carotid artery demonstrates mild atheroma causing no significant stenosis. The internal carotid artery demonstrates mixed echogenic plaque causing a 50-69% stenosis. The external carotid artery is patent with no significant stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: 1 year

Consultant	KEEGAN MR. DAVID	Location	OPHKEEGANFLA
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	RIGHT EYE RETINAL EMBOLI		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Indication: Right eye retinal emboli

Right side: The common and external carotid arteries are patent with no significant stenosis detected. The internal carotid artery demonstrates irregular surfaced echogenic plaque at the origin of the vessel causing a 50-69% stenosis. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries are patent with no significant stenosis detected. The internal carotid artery demonstrates mild atheroma causing a 0-29% stenosis. The vertebral artery is patent with antegrade flow.

Note: The ICAs are deep and tortuous in nature bilaterally.

Follow-Up: Suggest vascular consultant referral. 1 year follow up.

Consultant/GP	MULKERN MR. EDWARD	Location	GVSMULKERLUC
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Follow-up in 1 year please.		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Previously (01/2018): RICA = 50-69%, LICA = 0-29%

Right side: The common carotid artery demonstrates mild atheroma (PSV = 38cm/s). The external carotid artery demonstrates a greater than 75% stenosis. The internal carotid artery demonstrates calcific plaque causing 0.6cm of acoustic shadowing. Velocities recorded distal to the shadowing are in keeping with a 50-69% stenosis (PSV = 156cm/s, EDV = 31cm/s). The Vertebral artery is patent with antegrade flow.

Left side: The common carotid artery demonstrates mild atheroma (PSV = 65cm/s). The external carotid artery demonstrates a greater than 50% stenosis. The internal carotid artery demonstrates mixed echogenic plaque proximally causing a 0-29% stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: 1 year

Consultant/GP	KEEGAN MR. DAVID	Location	OPHKEEGANDRI
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	RIGHT RETINAL EMBOLI		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Indication: Right retinal emboli

Right side: The common and external carotid arteries are patent with no significant stenosis detected. The internal carotid artery demonstrates predominantly echolucent plaque extending ~3.5cm from the bifurcation and causing an ~50% stenosis (PSV = 127cm/s). The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries are patent with no significant stenosis detected. The internal carotid artery demonstrates predominantly echolucent plaque extending ~3.0cm from the bifurcation and causing a 0-29% stenosis. The vertebral artery is patent with antegrade flow.

Suggest vascular consult

Follow-Up: 6 months due to nature of plaque

Consultant/GP	MCDONNELL PROF. CIARAN	Location	GVSMCDONNGEN
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Outpatient
Authorised By			
Referral Reason	6 MONTH FOLLOW-UP PLEASE .		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Technologist Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Technologist Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Previously (06/19) RICA=0-29%, LICA=80-90%

Right side: The common and external carotid arteries are patent with mild atheroma imaged. The internal carotid artery demonstrates echogenic plaque causing a 30-49% stenosis (PSV = 121cm/s). The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries are patent with mild atheroma imaged. The internal carotid artery demonstrates mixed echogenic plaque extending ~1.8cm from the bifurcation and causing an ~80% stenosis (PSV = 423cm/s, EDV = 134cm/s). The vertebral artery is patent with antegrade flow.

Follow-Up: 6 months

Consultant/GP	MCDONNELL PROF, CIARAN	Location	Consultant Referral
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Consultant Referral
Authorised By	Prof. Ciaran McDonnell Consultant General/Vascular Surgeon		
Referral Reason	follow up 1 year		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		
	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Previously (12/18) RICA= Patent post CEA, LICA= 50-69%

Right side: The common carotid artery is patent with no significant stenosis detected. The internal carotid artery is widely patent with no significant stenosis or blood flow abnormality detected. The vertebral artery appears occluded as before.

Left side: The common carotid artery is patent with no significant stenosis detected. The internal carotid artery demonstrates echogenic plaque causing a 50-69% stenosis (PSV = 164cm/s). The external carotid artery demonstrates a >50% stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: 1 year

Technologist Sorcha Murray Senior Vascular Physiologist **Episode Type** GP Referral
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason 1 year follow up please.
Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES

Previously (12/18) RICA=50-69%, LICA=Patent (previous CEA).

Right side: The common carotid artery is patent with no significant stenosis detected. The internal carotid artery demonstrates calcific plaque proximally causing 0.6cm of acoustic shadowing. Velocities recorded distal to the shadowing are in keeping with a 50-69% stenosis (PSV=127cm/s), however cannot rule out a higher grade stenosis behind the shadowing. The external carotid artery appears occluded proximally and refills distally via branches. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries are patent with no significant stenosis detected. The internal carotid artery is widely patent (previous CEA) with no significant plaque formation or blood flow abnormality detected. The vertebral artery is patent with antegrade flow.

Follow-Up: 1 year

Technologist SORCHA MURRAY Senior Vascular Physiologist Episode Type Inpatient
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason x2 episodes of expressive dysphasia 2/7 ago, in TIA clinic this am.
Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Indication: x2 episodes of expressive dysphasia.

Right side: The common, external and internal carotid arteries are widely patent with no significant stenosis detected. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries are patent with no significant stenosis detected. The internal carotid artery demonstrates mild echogenic plaque proximally causing a 0-29% stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: No follow up arranged

Consultant/Dr. MICHAEL
Technologist Sorcha Murray Senior Vascular Physiologist **Episode Type** Consultant Referral
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason needs repeat ultrasound carotids as follow up on stenosis in 6 months to check for progression thanks
Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Indication: Assess stenosis. 50-69% stenosis bilaterally previously.

Right side: The common carotid artery demonstrates echogenic plaque causing a >50% stenosis. The internal carotid artery demonstrates irregular surfaced mixed echogenic plaque proximally causing a 50-69% stenosis (PSV = 228cm/s, EDV = 47cm/s). The external carotid artery demonstrates a >95% stenosis. The vertebral artery is patent with antegrade flow.

Left side: The common carotid artery is patent with mild atheroma imaged. The internal carotid artery demonstrates echogenic plaque proximally causing a 50-69% stenosis (PSV = 164cm/s, EDV = 39cm/s). The external carotid artery demonstrates a >95% stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: Follow up already scheduled

Consultant/CT	MULKERN MR. EDWARD	Location	ST. JOHN'S HOSPITAL
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	follow up 1 year		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Previously (10/18) RICA = 50-69%, LICA = Patent.

Right side: The common carotid artery demonstrates mild atheroma (PSV = 70cm/s). The external carotid artery demonstrates mild atheroma and no significant stenosis. The internal carotid artery demonstrates mixed echogenic plaque proximally causing a 50-69% stenosis (PSV = 266cm/s, EDV = 54cm/s; CCA/ICA ratio >60% stenosis). The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries are patent with mild atheroma imaged. The internal carotid artery is patent with no significant abnormalities detected (previous CEA). The vertebral artery is patent with antegrade flow.

Follow-Up: 1 year

Consultant/GP MURPHY PROFESSOR SEAN
Technologist Sorcha Murray Senior Vascular Physiologist
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Ordered By IMC406389
Location MELS
Episode Type Inpatient

Referral Reason right vision loss for 30 minutes, ?carotid stenosis

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Indication: Right visual disturbance.

The common carotid arteries and external carotid arteries are patent with no significant stenosis detected.

The internal carotid arteries demonstrate mild atheroma causing a 0-29% stenosis bilaterally. No haemodynamically significant stenosis is detected.

The right vertebral artery was not adequately imaged, query occluded.

The left vertebral artery is patent with antegrade flow.

Follow-Up: No follow up arranged