Consultant/GP	Dr Bourke	**Location**	OUR LADYS HOSPITAL
Technologist	Michelle O Hare Chief 1 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 CAROTID AND VERTEBRAL ARTERIES

Indication:Coronary artery disease

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	BRANNIGAN MS. ANN	**Location**	GSUBRANNAGEN
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	REORDERED AS OP - SEE IP ORDER		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX CAROTID AND VERTEBRAL ARTERIES

Indication:Query carotid artery stenosis.

The common carotid arteries and external carotid arteries are patent with no significant stenosis detected.
The internal carotid arteries (ICA) demonstrate mild atheroma causing a 0-29% stenosis bilaterally. The left ICA is a tortuous vessel.
No haemodynamically significant stenosis is detected.
Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow up arranged

NOT FOR PRESCRIPTION PURPOSES - 06/01/2020 08:16 - IMC418607

Technologist Michelle O Hare Chief I Vascular Physiologist **Episode Type** Inpatient
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason recent admission with MCA stroke,left ICA occluded,represented with fluctuating sx-on recent CT
Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: MCA stroke, left ICA occluded?

Right side: The common carotid artery demonstrates mild atheroma. The external carotid artery demonstrates mild atheroma and no significant stenosis. The internal carotid artery demonstrates mild atheroma causing a 0-29% stenosis. The Vertebral artery is patent with antegrade flow.

Left side: The common carotid artery demonstrates mild atheroma and a peripheral type signal throughout. The external carotid artery demonstrates mild atheroma and no significant stenosis. The internal carotid artery demonstrates occlusive predominantly echolucent material throughout with a mobile element proximally. The Vertebral artery is patent with antegrade flow.

Conclusion:
Right ICA Stenosis =0-29%
Left ICA Stenosis =Occluded

Suggest further imaging

Follow-Up: No follow up arranged

NOT FOR PRESCRIPTION PURPOSES - 06/01/2020 08:11 - IMC418607

Consultant/GP	Emergency Department	**Location**	Emergency Department
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Emergency Department
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Occipital stroke		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX CAROTID AND VERTEBRAL ARTERIES

Indication:Occipital stroke

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

NOT FOR PRESCRIPTION PURPOSES - 06/01/2020 08:13 - IMC418607

Consultant/GP	Dr Anwar	**Location**	OUR LADYS HOSPITAL
Technologist	Michelle O Hare Chief 1 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 CAROTID AND VERTEBRAL ARTERIES

Indication: Loss of vision

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

NOT FOR PRESCRIPTION PURPOSES - 06/01/2020 08:06 - IMC418607

Technologist Michelle O Hare Chief I Vascular Physiologist **Episode Type** Consultant Referral
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason follow up 6 weeks
Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES:

Indication: 6weeks post CEA left

Right side: The common carotid artery is patent with no significant stenosis. The internal carotid artery demonstrates echogenic plaque proximally causing a 0-29% stenosis. 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 no significant stenosis detected. The internal carotid artery is widely patent post CEA with no significant abnormalities detected. The external carotid artery demonstrates a >95% stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: Follow up 6 months

Technologist Michelle O Hare Chief 1 Vascular Physiologist **Episode Type** Inpatient
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason ** works as doctor in the hospital** 6th nerve palsy in the context of poorly contorlled diabetes. Seen b
Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX CAROTID AND VERTEBRAL ARTERIES

Indication:Diabetic. 6th nerve palsy

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

Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Prior MI - cartoid bruit - assess for occlusive carotid disease, history of TIA x 2		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX CAROTID AND VERTEBRAL ARTERIES

Indication:Carotid bruit

The common carotid arteries and external carotid arteries are patent with no significant stenosis detected.
The internal carotid arteries demonstrate mixed echogenic plaque 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

Technologist Michelle O Hare Chief 1 Vascular Physiologist **Episode Type** Outpatient
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason left eye retinal emboli
Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: Left eye retinal emboli

Right side: The common carotid artery demonstrates mild atheroma. The external carotid artery demonstrates mild atheroma and no significant stenosis. The internal carotid artery demonstrates a calcific plaque causing velocities in keeping with a 0-29% stenosis. The Vertebral artery is patent with antegrade flow.

Left side: The common carotid artery demonstrates mild atheroma. The external carotid artery demonstrates mild atheroma and no significant stenosis. The internal carotid artery demonstrates an irregular mixed echogenic ulcerated plaque extending for ~2.2cm from its origin causing velocities in keeping with a 50-69% stenosis. The Vertebral artery is patent with antegrade flow.

Conclusion:
Right ICA Stenosis =0-29%
Left ICA Stenosis =50-69%

Follow up 6 months and vascular SOPD due to nature of plaque

Follow-Up: Follow up 6 months and SOPD

Consultant/GP	MCDONNELL PROF. CIARAN	**Location**	Consultant Referral
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Consultant Referral
Authorised By	Prof. Ciaran McDonnell Consultant General/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=0-29%. Unchanged today.

Difficult examination due to depth of vessels bilaterally.

Right side: The common and external carotid arteries are patent with no significant stenosis detected. The internal carotid artery demonstrates mixed echogenic plaque causing a 50-69% stenosis (PSV=147cm/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 is patent with no significant stenosis detected. The vertebral artery is patent with antegrade flow.

Follow-Up: Follow up 1 year

Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Consultant Referral
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Follow-up December 2019 please		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Previously (01/19)RICA 80-90% LICA 50-69%

Difficult scan due to patient respiration

Right side: The common carotid artery demonstrates mild atheroma (PSV = 31cm/s). The external carotid artery demonstrates mild atheroma and no significant stenosis. The internal carotid artery demonstrates irregular mixed echogenic plaque causing velocities in keeping with an 80-90% stenosis ~1.5cm from the origin of the vessel (PSV = 311cm/s, EDV = 141cm/s). The Vertebral artery is patent with antegrade flow.

Left side: The common carotid artery demonstrates echogenic plaque causing no significant stenosis. The external carotid artery demonstrates mild atheroma and no significant stenosis. The internal carotid artery demonstrates a mixed echogenic plaque causing velocities in keeping with a 30-49% stenosis. This is a tortuous vessel. The Vertebral artery is patent with antegrade flow.

Conclusion:
Right ICA Stenosis = 80-90%
Left ICA Stenosis = 30-49%

Follow-Up: Follow up 1 year

Technologist Michelle O Hare Chief I Vascular Physiologist **Episode Type** Inpatient
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason post CVA, please carry out dopplers to assess for carotid disease. Afib
Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX CAROTID AND VERTEBRAL ARTERIES

Indication:Post CVA

Scan performed with patient on bed

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	O DONOHOE PROFESSOR MARTIN	**Location**	Consultant Referral
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Consultant Referral
Authorised By	Prof. Martin O'Donohoe 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 (12/2018): RICA = 50-69%, LICA = Patent. No significant change today.

Right side: The common and external carotid arteries demonstrate mild atheroma and no significant stenosis (CCA PSV = 64cm/s). The internal carotid artery demonstrates a mixed echogenic plaque causing a 50-69% stenosis (PSV = 141cm/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 is patent with no significant abnormalities detected (previous CEA). The vertebral artery is patent with antegrade flow.

Follow-Up: Follow up 1 year

Consultant/GP	MULKERN MR. EDWARD	**Location**	GVSMULKERGEN
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	3 month follow up with SOPD same day as per GP letter		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX OF CAROTID AND VERTEBRAL ARTERIES

Previously (09/19): RICA=50-69%, LICA=90-99%. No significant change today.

Right side: The common carotid artery demonstrates mild atheroma causing no significant stenosis. The internal carotid artery demonstrates calcific plaque proximally causing a region of acoustic shadowing extending for ~0.4cm. Velocities recorded distal to the shadowing are in keeping with a 50-69% stenosis (PSV=175cm/sec, EDV=63cm/sec), however cannot out rule a higher grade stenosis behind the shadowing. The external carotid artery demonstrates a greater than 50% stenosis. 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 irregular surfaced, mixed, predominantly echolucent plaque extending for ~2.4cm from the origin causing a 90-99% stenosis (PSV=560cm/sec, EDV=246cm/sec). The distal ICA is patent where imaged. The external carotid artery demonstrates a greater than 50% stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: Follow up 6 months and SOPD same day

Technologist Michelle O Hare Chief 1 Vascular Physiologist **Episode Type** Inpatient
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason for consideration for heart transplant. as part of work-up please. many thanks.
Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX CAROTID AND VERTEBRAL ARTERIES

Indication: Transplant work up

Diffcult scan as performed in CCU at patients bedside

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.

Note: Irregular waveforms detected throughout due to presence of balloon pump

Follow-Up: No follow up arranged

Consultant/GP	MAHON PROFESSOR NIALL	**Location**	CARMAHON GEN
Technologist	Michelle O Hare Chief I Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Prior MI - cartoid bruit - assess for occlusive carotid disease, history of TIA x 2		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX CAROTID AND VERTEBRAL ARTERIES

Indication:Carotid bruit

The common carotid arteries and external carotid arteries are patent with no significant stenosis detected.
The internal carotid arteries demonstrate mixed echogenic plaque 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

Technologist Michelle O Hare Chief 1 Vascular Physiologist **Episode Type** GP Referral
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason hISTORY OF PLAQUE
Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX CAROTID AND VERTEBRAL ARTERIES

Indication: Query carotid artery stenosis.

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**	Consultant Referral
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Consultant Referral
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	CAROTID SCAN BEFORE APT 4.3.2020		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX CAROTID AND VERTEBRAL ARTERIES

Indication: Query carotid stenosis. Carotid bruit.

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

Left side: The common carotid artery demonstrates mild atheroma. The external carotid artery demonstrates mild atheroma and no significant stenosis. The internal carotid artery demonstrates a mixed echogenic plaque causing a 30-49% stenosis. The vertebral artery is patent with retrograde flow.

Conclusion:
Right ICA Stenosis =0-29%
Left ICA Stenosis =30-49%

Follow-Up: SOPD 03/20. No follow up arranged.

Consultant/GP	MCDONNELL PROF. CIARAN	**Location**	GVSMCDONNGEN
Technologist	Michelle O Hare Chief I Vascular Physiologist	**Episode Type**	Outpatient
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 Carotid and Vertebral Arteries

Previously (09/19) RICA occluded distally LICA 50-69%

Significant change in RICA Today

Right side: The common carotid artery demonstrates mild atheroma causing no significant stenosis (PSV=57cm/sec). The internal carotid artery appears patent today with irregular calcific plaque and echolucent plaque extending 2.2cm from the origin and causing a 90-99% stenosis (PSV=485m/sec, EDV=203cm/sec). The external carotid artery demonstrates a greater than 95% stenosis. 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 velocities in keeping with a 50-69% stenosis (PSV=135cm/sec). The external carotid artery demonstrates a >50% stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: Follow up 3 months. SOPD today

Consultant/GP	KEEGAN MR. DAVID	**Location**	OPHKEEGANDRT
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	left retinal emboli		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX CAROTID AND VERTEBRAL ARTERIES

Indication: Left 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	O DONOHOE PROFESSOR MARTIN	**Location**	Consultant Referral
Technologist	Michelle O Hare Chief I Vascular Physiologist	**Episode Type**	Consultant Referral
Authorised By	Prof. Martin O'Donohoe 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 RICA 70-80% LICA 0-29%. Unchanged today.

Right Side: The common carotid artery is patent with mild atheroma imaged. The internal carotid artery is patent with echogenic plaque imaged extending ~2.3cm from the origin of the vessel causing a 70-80% stenosis. The external carotid artery demonstrates a >75% 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 demonstrates a mixed echogenic plaque with calcific elements extending from the origin of the vessel causing multiple regions of acoustic shadowing. Velocities recorded distal to the shadowing are inkeeping with a 0-29% stenosis, however cannot out rule a higher grade stenosis behind shadowing. The vertebral artery is patent with antegrade flow.

Follow-Up: Follow up 1 year

Consultant/GP	MURPHY PROFESSOR SEAN	**Location**	Consultant Referral
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Consultant Referral
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	reordered as OP		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX CAROTID AND VERTEBRAL ARTERIES

Indication: Episode of slurred speech and ataxia

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	KEEGAN MR. DAVID	**Location**	OPHKEEGANDRT
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Outpatient
Authorised By			
Referral Reason	RIGHT RETINAL EMBOLI		
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Technologist Report		

VUS CAROTID VERTEBRAL ARTERIES BOTH - Technologist Report

Duplex Carotid and Vertebral Arteries

Indication: Right retinal emboli

Right side: The common carotid artery demonstrates mild atheroma (PSV = 88cm/sec). The external carotid artery demonstrates mild atheroma and no significant stenosis. The internal carotid artery demonstrates a predominately smooth echolucent plaque extending for ~2.2cm from its origin causing a velcoities in keeping with a 0-29% stenosis (PSV = 62cm/sec, EDV = 16cm/sec).The Vertebral artery is patent with antegrade flow.

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

Conclusion:
Right ICA Stenosis =0-29% stenosis (predominately echolucent plaque)
Left ICA Stenosis =0-29%

Follow up 6 months and vascular SOPD due to nature of plaque

Follow-Up: Follow up 6 months and SOPD

Technologist Michelle O Hare Chief 1 Vascular Physiologist **Episode Type** Outpatient
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason Workup ahead of CABG
Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

DUPLEX CAROTID AND VERTEBRAL ARTERIES

Indication: Pre op CABG

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	MCSHARRY DR. DAVID	**Location**	RAPH
Technologist	Michelle O Hare Chief 1 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 CAROTID AND VERTEBRAL ARTERIES

Indication:New stroke on MRI

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