Carotid scan reports

1. Intimal thickening of both distal CCA's. There are small calcified plaques noted at both bifurcations.

Normal flow velocities present in the bilateral CCA's, ICA's and proximal ECA's, with no haemodynamically significant stenosis.

The vertebral arteries of both sides were patent with antegrade flow.

1. Right:

Intimal thickening of CCA, the CCA was patent with normal flow velocities. Large mixed plaque (mostly soft) noted at the bifurcation extending to the branches, causing about 1.5cm long narrowing in the proximal ICA, the narrowest part was >90% (PSV>600cm/s, PSVR >9, St Mary's ratio>55). Distal ICA was patent with damped flow and reduced velocities (29-32cm/s).

Increased velocities also noted in the proximal ECA.

The vertebral artery was patent with antegrade flow.

Left:

Intimal thickening of CCA, the CCA was patent with normal flow velocities. Large mixed plaque (mostly soft) noted at the bifurcation extending to the branches, causing a ~90% (PSV 417cm/s, PSVR 5, St Mary's ratio 28) stenosis in the proximal ICA. Distal ICA was patent.

Increased velocities also noted in the proximal ECA.

The vertebral artery was patent with retrograde flow. Unable to visualise the subclavian artery origin due to patent's habitus and ultrasound limitation.

1. Mild intimal thickening of both bifurcations. The Right ICA was slightly tortuous.

Normal flow velocities present in the bilateral CCA's, ICA's and proximal ECA's, with no haemodynamically significant stenosis.

The vertebral arteries of both sides were patent with antegrade flow.

1. Right:

Intimal thickening and small calcified plaques noted in the CCA, the CCA was patent with normal flow velocities. There are modest plaques (mostly soft) noted at the bifurcation extending to the branches, however, no significant increased velocities noted. Normal flow velocities present in the ICA and proximal ECA, with no haemodynamically significant stenosis noted.

The vertebral artery was patent with antegrade flow.

Left:

Intimal thickening of CCA and modest calcified plaques noted at the bifurcation extending to the branches. Normal flow velocities present in the CCA, ICA and proximal ECA, with no haemodynamically significant stenosis.

The vertebral artery was patent with antegrade flow.

1. The "pulsatile mass" in the lower midline of the neck connects to a high-riding brachiocephalic trunk, with normal flow present. No other fluid collection noted.

Bilaterally, normal appearance of CCA's, ICA's and proximal ECA's, with normal flow velocities present, no haemodynamically significant stenosis.

The vertebral arteries of both sides were patent with antegrade flow.

1. Normal appearance and normal flow velocities present in the bilateral CCA's, ICA's and proximal ECA's, with no haemodynamically significant stenosis.

The vertebral arteries of both sides were patent with antegrade flow.

1. Right:

Intimal thickening of bifurcations. There are small calcified and homogenous plaques noted at the bifurcation.

Normal flow velocities present in the CCA, ICA and proximal ECA, with no haemodynamically significant stenosis.

The vertebral arteries of both sides were patent with antegrade flow.

Left:

Intimal thickening of bifurcations. There are small homogenous plaques noted at the bifurcation.

Normal flow velocities present in the CCA, ICA and proximal ECA, with no haemodynamically significant stenosis.

The vertebral arteries of both sides were patent with antegrade flow.

1. Enlarged thyroid noted.

Right:

The CCA was patent with normal flow velocities. Intimal thickening noted at the bifurcation. There is a suboptimal view of 1cm long section of the bifurcation/ICA origin, which might due to the interference of enlarged thyroid (?partial volume effect), it appeared patent on Colour Doppler view. The residual ICA was patent with no increased velocities present, no haemodynamically significant stenosis noted.

Normal flow presents in the proximal ECA.

The vertebral artery was patent with antegrade flow.

Left:

Slightly high bifurcation. Mild intimal thickening noted at the bifurcation. The CCA, ICA and proximal ECA were patent with normal flow velocities present, no haemodynamically significant stenosis noted.

The vertebral artery was patent with antegrade flow.

1. Intimal thickening of both bifurcations and small calcified plaque noted at the Right bifurcation. Both ICA's are tortuous.

Bilateral CCA's, ICA's and proximal ECA's were patent with normal flow velocities, no haemodynamically significant stenosis noted.

The vertebral arteries of both sides were patent with antegrade flow.

1. Right:

Intimal thickening and modest calcified plaques noted at the bifurcation extending to the branches.

The CCA was patent with normal flow velocities. Slightly increased velocities noted in the proximal ICA (PSV 163cm/s, PSVR 1.5, St Mary's ratio 12.5) indicating ~50% stenosis. Distal ICA was widely patent.

Increased velocities also noted in the proximal ECA.

Antegrade flow present in the vertebral artery.

Left:

Intimal thickening and mixed plaques noted at the bifurcation extending to the branches. The CCA was patent with slightly raised resistance flow. ICA was occluded as before. Slightly increased velocities present in the proximal ECA.

The vertebral artery was patent with antegrade flow.

1. Right:

Intimal thickening of CCA, the CCA was patent with normal flow velocities. There is a modest calcified plaque noted at the bifurcation extending to proximal ICA, slightly raised velocities noted (PSV 111cm/s, PSVR 1.8, St Mary's ratio 8), indicating <50% stenosis. Distal ICA was patent with normal flow.

The proximal ECA was patent with normal flow present.

Antegrade flow noted in the vertebral artery.

Left:

Intimal thickening of CCA and small calcified plaques noted in mid CCA. The CCA was patent with normal flow velocities. The bifurcation was calcified with small mixed plaques noted. The ICA and proximal ECA were patent with normal flow velocities present, no haemodynamically significant stenosis noted.

The vertebral artery was patent with antegrade flow.

1. Intimal thickening and small homogenous plaques noted at both bifurcations extending to the branches.

Bilateral CCA's, ICA's and proximal ECA's were patent with no increased velocities present, no haemodynamically significant stenosis noted.

The vertebral arteries of both sides were patent with antegrade flow.

1. Intimal thickening of both CCA and bifurcations. Small calcified plaques noted at both bifurcations extending to the branches.

Bilaterally, the CCA's, ICA's and proximal ECA's were patent with normal flow velocities, no haemodynamically significant stenosis noted.

The vertebral arteries of both sides were patent with antegrade flow.

1. Right:

Intimal thickening of CCA. There is a modest-large soft plaque noted in distal CCA, causing 60-70% stenosis (PSV 190.7cm/s, PSVR 2.9).

Slightly raised velocities also noted in proximal ICA, however, no haemodynamically significant stenosis noted. Mid and distal ICA were patent with normal flow velocities.

The proximal ECA was patent with normal flow velocities. Antegrade flow presents in the vertebral artery.

Left:

Intimal thickening of CCA, the CCA was patent with normal flow velocities. There is a modest soft plaque noted at the bifurcation extending to the branches. Increased velocities noted in the proximal ICA (PSV 172.2cm/s, PSVR 2.2, St Mary's ratio 9.6) indicating 50-60% stenosis. Distal ICA was patent.

Slightly increased velocities present in proximal ECA.

The vertebral artery was patent with antegrade flow.

1. Irregular heart rate noted.

Right:

Intimal thickening of CCA. Small-modest calcified plaques noted at the bifurcation extending to the branches.

The CCA and ICA were patent with normal flow velocities present, with no haemodynamically significant stenosis.

Slightly increased velocities noted in the proximal ECA.

The vertebral artery was patent with antegrade flow.

Left:

Intimal thickening of CCA. There are modest calcified plaques noted at the bifurcation extending to the branches.

The CCA was patent with normal flow velocities present. Slightly increased velocities noted in the proximal ICA (PSV 165cm/s, PSVR 2.2, St Mary's ratio 9.2) indicating 50-60% stenosis. Distal ICA was patent with normal flow.

Slightly raised velocities also noted in the proximal ECA.

The vertebral artery was patent with antegrade flow.

1. Mild intimal thickening of both CCA's. There is a small calcified plaque noted at the Right bifurcation extending to the proximal ICA.

Normal flow velocities present in the bilateral CCA's, ICA's and proximal ECA's, with no haemodynamically significant stenosis.

The vertebral arteries of both sides were patent with antegrade flow.

1. Mild intimal thickening of both distal CCA's and bifurcations. Small calcified plaques noted at both bifurcations.

Normal flow velocities present in the bilateral CCA's, ICA's and proximal ECA's with no haemodynamically significant stenosis noted.

The vertebral arteries of both sides were patent with antegrade flow.

1. On the Right:

The CCA was patent with normal flow velocities. Modest-large calcified plaques seen at the bifurcation extending to the branches, causing 60-69% stenosis in the proximal ICA (PSV=199.3cm/s, PSVR=2.4, St Mary's ratio=13.3). Distal ICA was patent with normal flow velocities.

The proximal ECA was patent with normal flow velocities.

The vertebral artery was patent with antegrade flow (velocity 50-70cm/s).

On the Left:

The CCA was patent with normal flow velocities. Modest-large calcified plaques seen at the bifurcation extending to the branches, causing 60-70% stenosis (closer to 70%) in the proximal ICA (PSV=211.3cm/s, PSVR=3.1, St Mary's ratio=14). Normal flow velocities present in the distal ICA.

The proximal ECA was patent with normal flow velocities.

The vertebral artery was patent with antegrade flow (velocity 21.6cm/s).

1. On the Right:

Intimal thickening noted in the CCA and at the bifurcation. The CCA was patent with normal flow velocities.

There is a 1cm long acoustic shadowing which might be caused by the calcification noted at the bifurcation extending to the proximal ICA, no increased velocities noted. The curvilinear probe was required to obtain the images. The ICA appeared patent with normal flow velocities, no haemodynamically significant stenosis.

The proximal ECA was patent with normal flow. Antegrade flow present in the vertebral artery.

On the Left:

Intimal thickening and small calcified plaques noted in distal CCA and at the bifurcation.

The CCA, ICA and proximal ECA were patent with normal flow velocities, no haemodynamically significant stenosis.

The vertebral artery was patent with antegrade flow.

1. Intimal thickening of both CCA's and at the bifurcations. Small calcified plaques noted in Right distal CCA and at both bifurcations.

Bilaterally, CCA's, ICA's and proximal ECA's were patent with normal flow velocities, no haemodynamically significant stenosis.

The vertebral arteries of both sides were patent with antegrade flow.

1. Intimal thickening and small calcified plaques noted at both bifurcations. Both ICA's are tortuous.

Normal flow velocities present in the CCA's, ICA's and proximal ECA's, with no haemodynamically significant stenosis.

The vertebral arteries of both sides were patent with antegrade flow.

1. On the Right:

Intimal thickening and small calcified plaques noted at the bifurcation. The ICA was tortuous.

Normal flow velocities present in the CCA, ICA and proximal ECA, with no haemodynamically significant stenosis.

The vertebral artery was patent with antegrade flow.

On the Left:

Intimal thickening of CCA. The CCA was patent with normal flow.

There is a modest plaque (mostly calcified) noted at the bifurcation extending to proximal ICA, however, no increase velocities noted. The ICA was patent with normal flow, no haemodynamically significant stenosis.

The proximal ECA was tortuous and patent with normal flow.

Antegrade flow present in the vertebral artery.

1. Mild intimal thickening of both bifurcations.

Normal flow velocities present in the bilateral CCA's, ICA's and proximal ECA's, with no haemodynamically significant stenosis.

The vertebral arteries of both sides were patent with antegrade flow.

1. On the Right:

Intimal thickening of CCA. The CCA was patent with high resistance flow. Modest mixed plaques noted at the bifurcation extending to the branches. The ICA was occluded.

Slightly increased velocities noted in the proximal ECA.

The vertebral artery was patent with antegrade flow.

On the Left:

Intimal thickening of CCA. The CCA was patent with normal flow velocities. Large calcified plaques noted at the bifurcation extending to the branches. There is a 1.5cm long calcification noted at the bifurcation extending to the proximal ICA, which caused heavy acoustic shadowing, it appeared patent but unable to tell the narrowing. Slightly raised velocities (127-139cm/s) noted in the proximal ICA (above this shadowing), however, no haemodynamically significant stenosis noted. Distal ICA was patent with normal flow.

Slightly increased velocities noted in the proximal ECA.

The vertebral artery was patent with antegrade flow.

1. On the Right:

Intimal thickening of CCA, the CCA was patent with normal flow velocities. Mixed plaque noted at the bifurcation extending to the branches. Large echolucent plaque noted at the ICA origin, causing >90% focal stenosis (PSV>500cm/s). Damped and reduced flow velocities present in the mid ICA. Distal ICA was patent.

The proximal ECA was patent with normal flow velocities.

The vertebral artery was patent with antegrade flow, raised velocities (132cm/s).

On the Left:

Intimal thickening of CCA and bifurcation. There is a modest mixed plaque noted at the bifurcation extending to the branches. Normal flow velocities present in the CCA, ICA and proximal ECA, with no haemodynamically significant stenosis.

The vertebral artery was patent with antegrade flow.