

?Subclavian steal syndrome

### Carotid Artery Duplex Examination

#### On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 1.06 m/s (normal < 1.25m/s).

Mild calcification noted in the bifurcation extending to proximal ICA.

The vertebral artery is patent with normal antegrade flow.

#### On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.97 m/s (normal < 1.25m/s).

Mild calcification noted in the bifurcation extending to proximal ICA.

The vertebral artery is patent with normal antegrade flow.

#### Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

No subclavian steal syndrome noted.

The bilateral vertebral arteries and subclavian arteries are patent with antegrade flow and normal velocities.

Incidental finding of cardiac arrhythmia.

#### Reported by:

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 232869/11; 2023-09

Clinell Batch number and expiry date: UB3014420A

US Gel Batch number and expiry date: UG16100220; 16/10/2023

Event Number : E-78190863

Examination Date : **01-May-2021**

Ref. Source : Dr Tiago Teodoro, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Che

Examinations : **US Doppler carotid artery Both,US Doppler vein map upper limb Both**

**Clinical History :**

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

asymmetric diabetic changes, retinopathy

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid is noted with intima media thickening and with no haemodynamically significant disease.

The internal carotid artery is with calcified and heterogenous plaque however with no haemodynamically significant disease.

ICA peak systolic velocity = 0.65 m/s (normal < 1.25m/s).

The external carotid artery is with calcified and heterogenous plaque causing 50-75% stenosis.

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid is noted with intima media thickening and with no haemodynamically significant disease.

The internal carotid artery is with calcified and heterogenous plaque causing ~90% stenosis. Irregular cavity noted indicative of plaque ulceration.

ICA peak systolic velocity = 5.26 m/s (normal < 1.25m/s).

The external carotid artery is with calcified and heterogenous plaque causing 50-75% stenosis.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

Rt: 50-75% ECA stenosis

Lt: ~90% ICA stenosis

Lt: 50-75% ECA stenosis

Lt: Irregular cavity noted in the proximal ICA , alternate mode of imaging is suggested to rule out plaque ulceration.

The patient needs to be referred to Vascular Team urgently. Patient is asymptomatic.

"Code 5 Priority Report"

Event Number : E-79558399

Examination Date : **25-Apr-2021**

Ref. Source : MEYER-BOTHLING U, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road,

Examinations : **US Doppler carotid artery Both**

Pre CABG

### Carotid Artery Duplex Examination

On the Right:

The common carotid and external carotid are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 1.38 m/s (normal < 1.25m/s).

There are heterogeneous plaques noted in the bifurcation and ECA.

The ICA is noted with small irregular calcified plaques and not causing haemodynamically significant disease however ~ 1.4cm from the ICA origin the segment is narrowed and slightly kinked causing raised velocities suggestive of 50-59% stenosis.

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid is patent with no haemodynamically significant disease.

ICA peak systolic velocity = 1.55m/s (normal < 1.25m/s).

There are small irregular calcified plaques in the ICA and ECA causing 50% ECA stenosis and 50-59% ICA stenosis.

The vertebral artery is patent with normal antegrade flow.

Conclusion:

Rt: Raised velocities suggestive of 50-59% stenosis noted in the ICA ( narrowed and with mild kink no obvious focal disease)

Lt: 50-59% ICA stenosis

Lt: 50% ECA stenosis

Reported by:

Tara Roberto ( Trainee Vascular Sonographer)

Julie Andrews Unit

Batch number and expiry date for Cleanisept wipes:

232869/52    2023-09

Event Number : E-79461974

Examination Date : **10-Apr-2021**

Ref. Source : ID BEETON, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler carotid artery Both**

**Clinical History :**

Previous vein patch CEA  
? thrombosed pseudoaneurysm

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid and external carotid are patent with no haemodynamically significant disease.

The internal carotid artery is noted with raised velocities suggestive of 60-69% stenosis, this is due to sudden change of calibre.

ICA peak systolic velocity = 2.68 m/s (normal < 1.25m/s).

Distal CCA PSV 0.72m/sec

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.89 m/s (normal < 1.25m/s).

Irregular calcified plaques noted in the bifurcation extending to ICA and ECA causing 50% ECA stenosis.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

Rt: Heterogenous density noted in the anterior aspect of the bifurcation extending to proximal ICA (? thrombosed pseudoaneurysm) no flow noted within , irregular in shape technically difficult to get accurate measurement.

Rt: Raised velocities noted in the ICA suggestive of 60-69% stenosis, this appears due to sudden change of calibre (previously measured 0.79m/sec last July 2020).

Lt: 50% ECA stenosis

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Event Number : E-79438630

Examination Date : **31-Mar-2021**

Ref. Source : ALI T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Surrey

Examinations : **US Doppler carotid artery Both**

Surveillance

### **Carotid Artery Duplex Examination**

#### **On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.44 m/s (normal < 1.25m/s).

Mild calcification noted in the bifurcation.

The vertebral artery is patent with normal antegrade flow.

#### **On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.50 m/s (normal < 1.25m/s).

Mild calcification noted in the bifurcation.

The vertebral artery is patent with normal antegrade flow.

#### **Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

#### **Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 229357/41; 2023-06

Clinell Batch number and expiry date: UBV1032720A; 2025-06-28

US Gel Batch number and expiry date: UG28080319; 28/08/2022

Event Number : E-79449332

Examination Date : **23-Mar-2021**

Ref. Source : GULLI G, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Su

Examinations : **US Doppler carotid artery Both**

**Clinical History :**

bluury vision, dizziness, vertigo on and off , CT head-  
NAD(final report awaited)  
?occlusion/stenosis

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.43 m/s (normal < 1.25m/s).

Mild calcification noted n the bifurcation.

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.40 m/s (normal < 1.25m/s).

Mild calcification noted n the bifurcation.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date:232869/11; 2023-09

Event Number : E-79380947

Examination Date : **06-Mar-2021**

Ref. Source : MANSOOR U, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertse

Examinations : **US Doppler carotid artery Both**

**Clinical History :**

Please can this be done as an outpatient in a 2-3 weeks time

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.88 m/s (normal < 1.25m/s).

Mild calcification noted in the ICA.

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid and external carotid are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 1.58 m/s (normal < 1.25m/s).

Mild calcification and hypoechoic homogenous plaque noted in the ICA causing 50-59% ICA stenosis.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

Lt: 50-59% ICA stenosis

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 229357/42; 2023-06

Clinell Batch number and expiry date: UBV1032720A; 2025-06-28

US Gel Batch number and expiry date: UG26020120; 26/02/2023

Event Number : E-79413505

Examination Date : **31-Mar-2021**

Ref. Source : KABA R, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Sur

Examinations : **US Doppler carotid artery Both**

**Clinical History :**

2/7 hx of RSW+ peripheral visual loss in right eye.  
PMH: TIA+HTN. ?stroke.

**Carotid Artery Duplex Examination**

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.46 m/s (normal < 1.25m/s).

Mild calcification noted in the bifurcation , ECA and ICA.

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.57 m/s (normal < 1.25m/s).

Mild calcification noted in the bifurcation , ECA and ICA.

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Reported by:

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 229357/42; 2023-06

Clinell Batch number and expiry date: UBV1032720A; 2025-06-28

US Gel Batch number and expiry date: UG26020120; 26/02/2023

Event Number : E-79475695

Examination Date : **28-Mar-2021**

Ref. Source : CANNON H, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler carotid artery Both**



**Clinical History :**

6/12 Carotid Duplex Surveillance

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid is patent with no haemodynamically significant disease.

The ECA and ICA are noted with calcified plaques causing 50-75% ECA stenosis and 70-79% ICA stenosis.

ICA peak systolic velocity = 2.7 m/s (normal < 1.25m/s).

The bifurcation is noted ~2cm below the angle of mandible, the patient have high bifurcation, unable to measure the disease free segment distal to stenosis.

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid artery is patent with no haemodynamically significant disease.

The ICA is occluded.

The ECA is noted with high velocities suggestive of 50-75% stenosis, no obvious focal disease noted.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

Rt: 70-79% ICA stenosis

Rt: 50-75% ECA stenosis

Lt: Occluded ICA

Lt: Raised velocities in ECA suggestive of 50-75% stenosis, no focal disease noted.

Patient to be scanned in a year time unless advised otherwise.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date:229357/42; 2023-06

Event Number : E-79433919

Examination Date : **28-Mar-2021**

Ref. Source : DAWSON KJP, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler carotid artery Both**

**Clinical History :**

1/7 history of expressive dysphasia. PMH: DM. ?stroke

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.63 m/s (normal < 1.25m/s).

Intima media thickening noted in the CCA.

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.71 m/s (normal < 1.25m/s).

Small calcified plaques noted in the proximal ICA.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date:229357/42; 2023-06

Clinell Batch number and expiry date: UBV1032720A; 2025-06-28

US Gel Batch number and expiry date: UG26020120; 26/02/2023

Event Number : E-79475567

Examination Date : **28-Mar-2021**

Ref. Source : CANNON H, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler carotid artery Both**

**VERIFIED**    Verified By : Tara Lorena Roberto    23-Mar-2021  
Typed By : Tara Lorena Roberto    23-Mar-2021

**Clinical History :**

78 yr ols male with dizziness, ul ataxia. pmh t2dm, htn.  
lacunar infarxt on ct. us doppler carotid to look for  
?stenosis

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.49 m/s (normal < 1.25m/s).

Small irregular calcified plaques noted in the bifurcation , ICA and ECA.

Intima media thickening noted in the CCA.

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.50 m/s (normal < 1.25m/s).

Small calcified plaques noted in the bifurcation and ICA .

Intima media thickening noted in the CCA.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 229357/41; 2023-06

Clinell Batch number and expiry date: UBV1032720A; 2025-06-28

US Gel Batch number and expiry date: UG28080319; 28/08/2022

Event Number : E-79453631

Examination Date : **23-Mar-2021**

Ref. Source : Obaid Mudhar, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertse

Examinations : **US Doppler carotid artery Both**

**Clinical History :**

TIA CLINIC 23/03/21- episode of speech disturbance. ?TIA.  
Thanks.

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.70 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.87 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 229357/41; 2023-06

Clinell Batch number and expiry date: UBV1032720A; 2025-06-28

US Gel Batch number and expiry date: UG28080319; 28/08/2022

Event Number : E-79449331

Examination Date : **23-Mar-2021**

Ref. Source : GULLI G, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Su

Examinations : **US Doppler carotid artery Both**

**Clinical History :**

TIA CLINIC 23/03/21- episode of speech disturbance lasting for 5 minutes. Thanks.

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.48 m/s (normal < 1.25m/s).

Calcified plaque noted in the bifurcation extending to ECA.

Intima media thickening noted in the CCA.

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.56 m/s (normal < 1.25m/s).

Calcified plaque noted in the bifurcation extending to ICA.

Intima media thickening noted in the CCA.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 229357/41; 2023-06

Clinell Batch number and expiry date: UBV1032720A; 2025-06-28

US Gel Batch number and expiry date: UG28080319; 28/08/2022

Event Number : E-79449333

Examination Date : **23-Mar-2021**

Ref. Source : GULLI G, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Su

Examinations : **US Doppler carotid artery Both**

**Clinical History :**

RFD, SLURRED SPEECH, DIZZINESS, BLURRED VISION, ALL RESOLVED  
AFTER 3 HOURS.?TIA

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid and internal carotid arteries are patent with no  
haemodynamically significant disease.

ICA peak systolic velocity = 0.66 m/s (normal < 1.25m/s).

Calcified plaques noted in the ICA and ECA causing 50-75% ECA stenosis.

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no  
haemodynamically significant disease.

ICA peak systolic velocity = 0.68 m/s (normal < 1.25m/s).

Mild calcified plaques noted in the bifurcation , ECA and ICA.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

Rt: 50-75% ECA stenosis.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date:232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144

Event Number : E-79444652

Examination Date : **21-Mar-2021**

Ref. Source : ADDO JK, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, S

Examinations : **US Doppler carotid artery Both**

**VERIFIED**    Verified By : Tara Lorena Roberto    20-Mar-2021  
Typed By : Tara Lorena Roberto    20-Mar-2021

**Clinical History :**

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.79 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.76 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144; 05-23

Event Number : E-79422662

Examination Date : **20-Mar-2021**

Ref. Source : MEYER-BOTHLING U, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road,

Examinations : **US Doppler carotid artery Both**

**Clinical History :**

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

asymmetric diabetic changes, retinopathy

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid is noted with intima media thickening and with no haemodynamically significant disease.

The internal carotid artery is with calcified and heterogenous plaque however with no haemodynamically significant disease.

ICA peak systolic velocity = 0.65 m/s (normal < 1.25m/s).

The external carotid artery is with calcified and heterogenous plaque causing 50-75% stenosis.

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid is noted with intima media thickening and with no haemodynamically significant disease.

The internal carotid artery is with calcified and heterogenous plaque causing ~90% stenosis. Irregular cavity noted indicative of plaque ulceration.

ICA peak systolic velocity = 5.26 m/s (normal < 1.25m/s).

The external carotid artery is with calcified and heterogenous plaque causing 50-75% stenosis.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

Rt: 50-75% ECA stenosis

Lt: ~90% ICA stenosis

Lt: 50-75% ECA stenosis

Lt: Irregular cavity noted in the proximal ICA , alternate mode of imaging is suggested to rule out plaque ulceration.

The patient needs to be referred to Vascular Team urgently. Patient is asymptomatic.

"Code 5 Priority Report"

Event Number : E-79558399

Examination Date : **25-Apr-2021**

Ref. Source : MEYER-BOTHLING U, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road,

Examinations : **US Doppler carotid artery Both**



**VERIFIED**    Verified By : Tara Lorena Roberto    20-Mar-2021  
Typed By : Tara Lorena Roberto    20-Mar-2021

**Clinical History :**

hypercholesterolaemia - carotid doppler to assess for carotid artery stenosis

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.73 m/s (normal < 1.25m/s).

Mild heterogenous plaque noted in the bifurcation.

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.70 m/s (normal < 1.25m/s).

Mild heterogenous plaque noted in the bifurcation.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Large heterogenous density noted in the right neck with the appearance of enlarge thyroid.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144; 05-23

Event Number : E-79379892

Examination Date : **20-Mar-2021**

Ref. Source : Lim CW, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Sur

Examinations : **US Doppler carotid artery Both**

**VERIFIED**    Verified By : Tara Lorena Roberto    17-Mar-2021  
Typed By : Tara Lorena Roberto    17-Mar-2021

**Clinical History :**

expected in TIA clinic, previous TIA, acute episode of confusion lasting 1 hour, to rule out stenosis please

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.71m/s (normal < 1.25m/s).

Intima media thickening noted in the CCA.

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.60 m/s (normal < 1.25m/s).

Intima media thickening noted in the CCA.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144; 05-23

Event Number : E-79423914

Examination Date : **17-Mar-2021**

Ref. Source : GULLI G, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Su

Examinations : **US Doppler carotid artery Both**

**VERIFIED**    Verified By : Tara Lorena Roberto    16-Mar-2021  
Typed By : Tara Lorena Roberto    16-Mar-2021

**Clinical History :**

Sudden onset of speech disturbance lasting less than an hour. Rule out TIA/Stroke.

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.77 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.45 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144; 05-23

Event Number : E-79418079

Examination Date : **16-Mar-2021**

Ref. Source : GULLI G, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Su

Examinations : **US Doppler carotid artery Both**

**Clinical History :**

Sudden onset of slurred speech and dizziness lasting 30 mins, rule out TIA/Stroke.

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.61 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.67 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144; 05-23

Event Number : E-79418058

Examination Date : **16-Mar-2021**

Ref. Source : GULLI G, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Su

Examinations : **US Doppler carotid artery Both**

**Clinical History :**

? dissection and ICA aneurysm

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.60 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.70 m/s (normal < 1.25m/s).

Intima media thickening noted in the CCA.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Batch number and expiry date for Cleanisept wipes:

232889    2323-09

Clinell Wipes    UBV10519208    2023/05/03

Event Number : E-79325008

Examination Date : **13-Mar-2021**

Ref. Source : KAUR A, Orchard Practice, 107 Feltham Hill Road, Ashford, TW15 1HH

Examinations : **US Doppler carotid artery Both**

**Clinical History :**

High cholesterol  
Strong family history of cardiovascular disease.

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.88 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.60 m/s (normal < 1.25m/s).

Mild calcification noted in the bifurcation.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Batch number and expiry date for Cleanisept wipes:

232889    2323-09

Clinell Wipes UBV10519208    2023/05/03

Event Number : E-79081337

Examination Date : **13-Mar-2021**

Ref. Source : DAS Gautam, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

**Clinical History :**

Sudden onset of speech disturbance lasting less than an hour, rule out TIA/Stroke

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid and external carotid are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 1.36 m/s (normal < 1.25m/s).

Irregular calcified plaques noted in the bifurcation and ICA causing 50-59% ICA stenosis.

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.76 m/s (normal < 1.25m/s).

Irregular calcified plaques noted in the bifurcation and ICA , however not causing bloodflow stenosis.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

Rt: 50-59% ICA stenosis

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

Event Number : E-79383773

Examination Date : **09-Mar-2021**

Ref. Source : Obaid Mudhar, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

**Clinical History :**

Right hand numbness and weakness, rule out TIA/CVA.

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.79 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.89 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144; 05-23

Event Number : E-79385992

Examination Date : **09-Mar-2021**

Ref. Source : Obaid Mudhar, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**



**Clinical History :**

Male presenting with 2 episodes of slurred speech and facial droop which resolved after 15 seconds. ?TIA ?Carotid stenosis

Male presenting with 2 episodes of slurred speech and facial droop which resolved after 15 seconds. ?TIA ?Carotid stenosis

**Carotid Artery Duplex Examination**

**On the Right:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.54 m/s (normal < 1.25m/s).

Mild calcification noted in the bifurcation.

The vertebral artery is patent with normal antegrade flow.

**On the Left:**

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.44 m/s (normal < 1.25m/s).

Mild calcification noted in the bifurcation.

The vertebral artery is patent with normal antegrade flow.

**Conclusion:**

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Event Number : E-79389605

Examination Date : **09-Mar-2021**

Ref. Source : Dr RJ Williams, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler carotid artery Both**