Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 15/04/2021 08:24  
  
INDICATIONS: GP referral. Had previous carotid surgery done in 2017. Not reviewed since. Needs review by team after that. Carotid duplex please   
  
COMPARISON: August 2017; Right distal CCA/ICA site of endarterectomy no significant stenosis, left ICA less than 15% stenosis.  
  
FINDINGS: The right proximal common carotid artery demonstrates no significant stenosis.   
The Right CEA site demonstrates a small mixed density plaque, query intimal hyperplasia? which causes spectral broadening in keeping with a less than 15% stenosis.  
The right external carotid artery demonstrates no significant stenosis.   
The right internal carotid artery demonstrates turbulent flow in keeping with a less than 30% stenosis.  
  
The left common carotid artery demonstrates a normal Doppler shift.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery demonstrates a small mixed density plaque, which cause spectral broadening in keeping with a less than 15% stenosis.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right CEA site patent, less than 15% stenosis.  
Right ICA less than 30% stenosis.  
Left ICA less than 15% stenosis.  
  
IMPRESSION: Evidence of mild disease progression of right CEA site and Right ICA since previous examination.  
Left extracranial carotid system essentially unchanged.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 15/04/2021 08:34

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 19/04/2021 08:40  
  
INDICATIONS: Recent scan right ICA 70-80% stenosis, left ICA less than 50% stenosis. Recent right CEA for follow up please   
  
COMPARISON: September 2020:Right ICA 70-80% stenosis, left ICA less than 50% stenosis  
  
FINDINGS: The right proximal common carotid artery demonstrates no significant stenosis. What is taken to be the Right CEA site demonstrates no significant plaque formation or flow abnormality.  
The right external carotid artery demonstrates a greater than 50% stenosis.  
The right internal carotid artery demonstrates turbulent flow at the origin in keeping with a less than 30% stenosis.  
  
The left common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery demonstrates an eccentric mixed density plaque which causes spectral broadening in keeping with a less than 50% stenosis (however appears greater on image).  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA less than 30% stenosis, left ICA less than 50% stenosis ( however appears greater on image).  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 19/04/2021 08:46  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 20/04/2021 12:01

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 19/04/2021 14:31  
  
INDICATIONS: LEFT ICA TIGHT STENOSIS ON SCAN IN CAVAN   
  
COMPARISON: No previous Duplex in Beaumont.  
  
FINDINGS: An irregular heart rate is demonstrated throughout exam.  
The right common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The right external carotid artery demonstrates calcific plaque at the origin which causes an increase in PSV of 2.04 m/s in keeping with greater than 70% stenosis.  
The right internal carotid artery demonstrates 2 small calcific plaques which cause an increase in PSV of 1.26 m/s in keeping with a 50-70% stenosis.  
  
The left distal common carotid artery demonstrates an irregular calcific plaque which extends for approximately 3 cm into the left ICA.   
The left ICA calcific plaque causes an increase in PSV of 4.83 m/s, end diastolic velocity 1.77 m/s in keeping with an 80-90% stenosis. This is a tortuous vessel distally.  
The left external carotid artery demonstrates calcific plaque at the origin which causes an increase in PSV of 3.4 m/s in keeping with a greater than 80% stenosis.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA 50-70% stenosis, left ICA calcific plaque, 80-90% stenosis.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 19/04/2021 14:36  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 20/04/2021 11:48

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 21/04/2021 11:39  
  
INDICATIONS: 60M severe CAD being worked up for inpatient CABG. B/G smoker, previous PCI TO LAD, hypercholesterolaemia, T2DM, HTN. For carotid dopplers please   
  
COMPARISON: No previous Duplex in Beaumont.  
  
FINDINGS: The right common carotid artery demonstrates a peripheral type signal.  
The right external carotid artery demonstrates no significant stenosis.  
The right internal carotid artery demonstrates a mixed density plaque along the anterior wall which extends for approximately 1.38 cm. This plaque causes spectral broadening in keeping with a less than 30% stenosis. This is an extremely tortuous vessel.  
  
The left common carotid artery demonstrates a peripheral type signal.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery demonstrates mixed density plaque at the origin predominately on the anterior wall. This plaque extends for approximately 1.42 cm and causes spectral broadening in keeping with a less than 30% stenosis. This is a tortuous vessel distally.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA less than 30% stenosis, left ICA less than 30% stenosis.  
  
IMPRESSION: No significant stenosis detected bilaterally.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 21/04/2021 11:42  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 22/04/2021 10:41

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 26/04/2021 11:34  
  
INDICATIONS: RICA- Patent ICA post RCEA. LICA - 50-70% stenosis, duplex carotids in 1 year please   
  
COMPARISON: January 2020 Right ICA no significant plaque formation, left ICA 50-70% stenosis.  
  
FINDINGS: The right proximal common carotid artery demonstrates no significant stenosis despite atheromatous changes. What is taken to be the Right CEA site demonstrates no significant plaque formation or flow abnormality.  
The right external carotid artery demonstrates mixed density plaque at the origin which causes a greater than 50% stenosis.  
The right internal carotid artery demonstrates a small mixed density plaque at the origin which causes spectral broadening in keeping with a less than 30% stenosis.  
  
The left common carotid artery demonstrates a peripheral type signal.  
The left external carotid artery demonstrates a greater than 50% stenosis.  
The left internal carotid artery demonstrates mixed density plaque which extends for approximately 3.99 cm. This plaque reduces the lumen of the vessel to 0.12 cm (image 28) and causes an increase in PSV of 1.52 m/s in keeping with a 50-70% stenosis (although appears greater on image).  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Patent Right CEA site, no significant stenosis.  
Patent Right ICA, less than 30% stenosis.  
Left ICA 50-70% stenosis, however appears greater on image.   
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 26/04/2021 13:01  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/04/2021 13:02

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 27/04/2021 12:40  
  
INDICATIONS: 50 TO 70% LEFT ICA stenosis on surveillance   
  
COMPARISON: January 2020; R ICA less than 50% stenosis. LICA 50-70% stenosis origin of range.  
  
FINDINGS: The right common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The right external carotid artery demonstrates a peak systolic velocity of 1.46 m/s however in the absence of plaque query secondary to angulation of vessel.   
The right internal carotid artery demonstrates an eccentric calcific plaque which extends for approximate 2.4 cm. This plaque causes spectral broadening in keeping with a less than 50% stenosis.  
  
The left common carotid artery demonstrates a peripheral type signal.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery demonstrates mixed density plaque, predominately on the anterior wall. This plaque extends for approximate 2.97 cm and causes spectral broadening in keeping with a less than 50% stenosis. No increase in Doppler shift is detected.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA less than 50% stenosis, left ICA less than 50% stenosis.  
  
IMPRESSION: Evidence of disease regression of left ICA since previous examination.  
Right extracranial Carotid system essentially unchanged.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 27/04/2021 12:47  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/04/2021 12:57

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 05/05/2021 13:34  
  
INDICATIONS: RIGHT CEA 23/03. To assess carotid flow post op and extent of contralateral disease please. Before OPD in 6/52 please   
  
COMPARISON: March 2021 R ICA 50-70% stenosis (lower end of range). LICA less than 30% stenosis.  
  
FINDINGS: The right proximal common carotid artery demonstrates no significant stenosis. What is taken to be the Right CEA site demonstrates no significant plaque formation or flow abnormality.  
The right external carotid artery demonstrates mixed density plaque which causes a peak systolic velocity of 3.06 m/s in keeping with a greater than 80% stenosis.  
The right internal carotid artery demonstrates a small mixed density plaque approximately 2.5 cm distal to the origin. This plaque causes spectral broadening in keeping with less 30% stenosis.  
  
The left common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The left external carotid artery demonstrates a greater than 50% stenosis.  
The left internal carotid artery demonstrates turbulent flow at the origin in keeping with a less than 30% stenosis.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right CEA site patent, no significant stenosis.  
Right ICA less than 30% stenosis.  
Left ICA less than 30% stenosis.  
  
IMPRESSION: Evidence of significant disease regression post Right CEA.  
Left extracranial carotid system essentially unchanged since previous examination.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 05/05/2021 13:37  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 11/05/2021 10:06

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 07/05/2021 13:08  
  
INDICATIONS: Patient reporting occasional dizziness on exertion, HX of balloon angioplasty to LICA prior to bypass in 2017, us carotids to assess please   
  
COMPARISON: May 2019 Right ICA less than 30% stenosis, left ICA less than 15% stenosis  
  
FINDINGS: The right common carotid artery demonstrates a peripheral type signal.  
The right external carotid artery demonstrates no significant stenosis.  
The right internal carotid artery demonstrates mixed density plaque at the origin which causes spectral broadening in keeping with less than 50% stenosis. This is a tortuous vessel distally.  
  
The left common carotid artery demonstrates peripheral type signal.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery is patent and can be visualised for approximately 2.5 cm only. A low volume peripheral type signal is demonstrated with velocities in the region of 0.14 m/s detected. This is in keeping with some distal pathology, query left ICA occluded distally?  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA less than 50% stenosis.  
Left ICA visualise for 2.5 cm only a low volume peripheral type signal is demonstrated in keeping with distal pathology, query left ICA occluded distally?  
  
IMPRESSION: Recommend CT Angio arch carotids to determine if distal left ICA is occluded.  
\*Clinically significant/unexpected finding, recorded in PeerVue\*  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 07/05/2021 13:20  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 11/05/2021 11:32

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 10/05/2021 10:28  
  
INDICATIONS: RICA occlusion and LICA stenosis. No active symptoms of TIA, still smoking, request to asses if stenosis has progressed   
  
COMPARISON: October 2019 Right ICA occluded as previously documented.  
Left ICA mixed density plaque, 50-70% stenosis (higher end of range).  
  
FINDINGS: The right common carotid artery demonstrates a peripheral type signal.  
The right external carotid artery demonstrates no significant stenosis.  
The right internal carotid artery is occluded as previously documented.  
  
The left common carotid artery demonstrates a peripheral type signal.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery demonstrates mixed density plaque at the origin which causes an increase in PSV of 1.70 m/s in keeping with a 50-70% stenosis.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA occluded, left ICA 50-70% stenosis.  
  
IMPRESSION: Essentially unchanged since previous examination.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 10/05/2021 13:57  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 11/05/2021 10:06

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 13/05/2021 10:01  
  
INDICATION:Renal hd patient admitted wit NSTEMI. Extensive coronary vessel disease. For CABG. Requires carotid dopplers as part of pre op workup. Many thanks  
  
COMPARISON: No previous Duplex in Beaumont.  
  
FINDINGS: The right common carotid artery demonstrates a peripheral type signal.  
The right external carotid artery demonstrates no significant stenosis.  
The right internal carotid artery demonstrates calcific plaque at the origin which extends for approximately 1.3 cm and causes spectral broadening in keeping with a less than 50% stenosis.  
  
The left common carotid artery demonstrates a peripheral type signal.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery demonstrates calcific plaque at the origin predominately on the anterior wall. This plaque extends for approximately 1.37 cm and cause spectral broadening in keeping with a less than 30% stenosis.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA less than 50% stenosis, left ICA less than 30% stenosis.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 13/05/2021 10:03  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/05/2021 15:24

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH

Exam Completion Date: 13/05/2021 12:43  
  
INDICATIONS: POST RT CEA. Last scan shows minimal atheromatous change present RIGHT CEA site. For f/u in 6/12 please thanks   
  
COMPARISON: October 2020 Minimal atheromatous changes present at right CEA site. Left ICA less than 50% stenosis.  
  
FINDINGS:The right proximal common carotid artery demonstrates no significant stenosis. What is taken to be the Right CEA site demonstrates atheroma which reduces the lumen of the vessel from 0.82 cm to 0.40 cm. However no increase in Doppler shift is detected in keeping with a less than 30% stenosis.   
The right external carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The right internal carotid artery demonstrates a low density plaque which causes spectral broadening in keeping with a less than 30% stenosis.  
  
The left common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The left external carotid artery demonstrates a greater than 50% stenosis.  
The left internal carotid artery demonstrates mixed density plaque at the origin which causes turbulent flow in keeping with a less than 50% stenosis.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right CEA site less than 30% stenosis. Right ICA (low density plaque) less than 30% stenosis.  
Left ICA less than 50% stenosis.  
  
IMPRESSION: Evidence of disease progression of right CEA and right ICA since previous examination.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 13/05/2021 12:59 Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/05/2021 15:25

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 25/05/2021 11:39  
  
INDICATIONS:Bilateral 70-80 % stenosis of ICA, for follow up duplex, DNA last apt. 3 months please  
  
COMPARISON: March 2020; Right ICA 70-80% stenosis, left ICA 70-80% stenosis (however appears greater on image).  
  
FINDINGS: The right common carotid artery demonstrates no significant stenosis despite atheromatous changes (distal PSV 0.57 m/s).  
The right external carotid artery demonstrates a greater than 70% stenosis.  
The right internal carotid artery demonstrates mixed density plaque at the origin which extends for approximately 2.6cm and causes an increase in PSV of 4.19 m/s, end diastolic velocity 0.98 m/s keeping with a 70-80% stenosis.  
  
The left common carotid artery demonstrates no significant stenosis (distal PSV 0.59 m/s).  
The left external carotid artery demonstrates a greater than 70% stenosis.  
The left internal carotid artery demonstrates an irregular mixed density plaque which extends for at least 2.99 cm and reduces the AP lumen of the vessel to 0.08 cm. This plaque causes an increase in PSV of 3.34 m/s, end diastolic velocity 0.66 m/s in keeping with a 70-80% stenosis (however appears greater on image).   
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA 70-80% stenosis, left ICA 70-80% stenosis (however appears greater on image).  
  
IMPRESSION: Essentially unchanged since previous examination.   
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 25/05/2021 11:46  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/05/2021 16:46

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 25/05/2021 12:36  
  
INDICATIONS: Patient with HX of CVA 2016, carotid stenosis. LICA 50-70% stenosis, RICA 50% stenosis. On BMT. Stable. Last duplex march 2020. Please do carotid duplex for surveillance prior to OPD in net 3/12  
  
COMPARISON: Mar 2020; Right ICA less than 50% stenosis, left ICA 50-70% stenosis (a high-grade stenosis cannot be out ruled due to acoustic shadowing).  
  
FINDINGS: The right common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The right external carotid artery demonstrates no significant stenosis.  
The right internal carotid artery demonstrates mixed density plaque at the origin which causes spectral broadening in keeping with a less than 50% stenosis.  
  
The left common carotid artery demonstrates a peripheral type signal (distal PSV of 0.71m/s).  
The left external carotid artery demonstrates a PSV of 1.29m/s in keeping with a greater than 50% stenosis.  
The left internal carotid artery demonstrates high density calcific plaque at the origin which causes a PSV of 2.06 m/s in keeping with a 50-70% stenosis.   
  
Both vertebral arteries are patent.  
  
CONCLUSION: RICA less than 50% stenosis, LEFT ICA 50-70% stenosis.  
  
IMPRESSION: Essentially unchanged since previous examination.   
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 25/05/2021 12:43  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/05/2021 16:25

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 25/05/2021 12:34  
  
INDICATIONS: Patient had posterior circulation stroke, work up.  
  
COMPARISON: None in Beaumont.  
  
FINDINGS: No haemodynamically significant plaque formation or flow abnormality is demonstrated in either extracranial carotid systems, despite atheroma.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA no significant stenosis, left ICA no significant stenosis.  
  
IMPRESSION: No haemodynamically significant extracranial carotid embolic source is identified, despite atheroma.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 25/05/2021 12:35  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/05/2021 17:14

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 02/06/2021 11:43  
  
INDICATIONS: To evaluate RIGHT ICA STENOSIS. Admitted due to r hemisphere infarct NIHSS 8, thrombolysed and NIHSS improved to 2. For ICA evaluation. Many thanks   
  
COMPARISON: No previous Duplex in Beaumont.  
CT Angio arch: May 2021; there is a focal greater than 70% stenosis at the ICA origin on the right. Vertebral arteries are patent bilaterally, the right is hypoplastic  
  
FINDINGS: An irregular heart rate is demonstrated throughout exam.  
The right common carotid artery demonstrates a peripheral type signal.  
The right external carotid artery demonstrates no significant stenosis.  
The right internal carotid artery demonstrates an irregular mixed density plaque which extends for approximate 2.25 cm. This plaque causes a peak systolic velocity of 1.21 m/s in keeping with approximately 50% stenosis.  
  
The left common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery demonstrates a small mixed density plaque which causes spectral broadening in keeping with a less than 30% stenosis.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA approximately 50% stenosis, left ICA less than 30% stenosis.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 02/06/2021 11:48  
  
Signed by: Dr. Daragh Moneley, Cons. Vascular, Statutory Registration No. 020227 on 02/06/2021 12:10

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 03/06/2021 11:21  
  
INDICATIONS: 69M severe MR for mitral valve replacement. For carotid dopplers as part of work-up please   
  
COMPARISON: No previous Duplex in Beaumont.  
  
FINDINGS: Episodes of irregular heart rate demonstrated throughout exam.  
The right common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The right external carotid artery demonstrates no significant stenosis.  
The right internal carotid artery demonstrates a small mixed density plaque which causes spectral broadening in keeping with a less than 30% stenosis.  
  
The left common carotid artery demonstrates a normal Doppler shift.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery demonstrates no significant plaque formation or flow abnormality. This is a tortuous vessel distally.  
  
Conclusion: Right ICA less than 30% stenosis, left ICA no significant stenosis.  
  
IMPRESSION: No significant stenosis detected bilaterally.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 03/06/2021 12:28  
  
Signed by: Dr. Daragh Moneley, Cons. Vascular, Statutory Registration No. 020227 on 03/06/2021 19:05

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 08/06/2021 09:00  
  
INDICATIONS: RECENT RICA STENTING (20/01/20)FOR SYMPTOMATIC 3X TIA EPISODES   
  
COMPARISON: October 2020; Right ICA stent no significant stenosis. Left ICA less than 30% stenosis  
  
FINDINGS:The right proximal common carotid artery demonstrates no significant stenosis. The right CCA/ICA stent is patent and demonstrates no significant stenosis proximal, within or distal to the stent.  
The right external carotid artery demonstrates no significant stenosis.  
  
The left common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery demonstrates a small mixed density plaque which causes turbulent flow in keeping with a less than 30% stenosis. This is a tortuous vessel distally.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right CCA/ICA stent patent, no significant stenosis detected.  
Left ICA, less than 30% stenosis.  
  
IMPRESSION: Essentially unchanged since previous examination.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 08/06/2021 09:04  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 10/06/2021 14:10

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 08/06/2021 12:54  
  
INDICATIONS: ?NEW CVA. For vus doppler please. Prior CVA no known aetiology. Many thanks stroke team   
  
COMPARISON: May 2018; No haemodynamically significant stenosis detected.  
  
FINDINGS: Episodes of irregular heart rate demonstrated during exam.  
The right common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The right external carotid artery demonstrates no significant stenosis.  
The right internal carotid artery demonstrates a mixed density plaque at the origin which causes spectral broadening in keeping with a less than 30% stenosis.  
  
The left common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery demonstrates a small mixed density plaque which causes spectral broadening in keeping with a less than 15% stenosis. This is a tortuous vessel distally.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA less than 30% stenosis, left ICA less than 15% stenosis.  
  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 08/06/2021 12:57  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 10/06/2021 14:05

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 09/06/2021 12:09  
  
INDICATIONS: Referral from Cavan. RICA 70% stenosis. LICA 100% stenosis. MRI - bilateral acute infarctions. ?Embolic. For repeat duplex on day of opd 09/06/21 please   
  
COMPARISON: No Previous Duplex in Beaumont.  
  
FINDINGS: The right common carotid artery demonstrates a peripheral type signal.  
The right external carotid artery demonstrates mixed density plaque at the origin which cause an increase in PSV of 1.65 m/s in keeping with a greater than 50% stenosis.  
The right internal carotid artery is patent for approximately 0.25 cm. Distal to this the right is ICA appears occluded.  
  
The left common carotid artery demonstrates a peripheral signal.  
The left internal carotid artery is patent and demonstrates mixed density plaque which extends for approximately 2 cm. This plaque reduces the lumen of the vessel to approximately 0.15 cm and causes an increase in PSV of 4.52 m/s, end diastolic velocity 2.55 m/s in keeping with a 90-99% stenosis. Distally the left ICA is patent and demonstrates turbulent flow.  
What is taken to be the left external carotid artery appears patent.  
  
Both vertebral arteries are patent. The right vertebral artery appears dominant.  
  
Conclusion: Right ICA is patent for approximately 0.25 cm. Distal to this the right ICA appears occluded.  
Left ICA 90-99% stenosis.  
  
IMPRESSION: Recommend CT Carotid and vertebral arteries if clinically indicated  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 09/06/2021 12:18  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 12:52

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 09/06/2021 14:16  
  
INDICATIONS: RIGHT ICA 99% stenosis, LEFT ICA 50% stenosis, DNA appointment on 23/11/2020. For repeat duplex please   
  
COMPARISON: November 2019 R ICA occluded. LICA less than 50% stenosis  
  
FINDINGS: Difficult examination due to patient's respiratory function.  
The right common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The right external carotid artery demonstrates mixed density plaque at the origin which cause an increase in PSV of 3.8 m/s in keeping with a greater than 80% stenosis.  
The right internal carotid artery appears occluded as previously documented.  
  
The left common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The left external carotid artery demonstrates high density plaque at the origin which causes an increase in PSV of 2.29 m/s in keeping with a greater than 70% stenosis.  
The left internal carotid artery demonstrates mixed density plaque which causes spectral broadening in keeping with a less than 50% stenosis.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA occluded, left ICA less than 50% stenosis.  
  
IMPRESSION: Essentially unchanged since previous examination.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 09/06/2021 14:22  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 10/06/2021 14:21

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 11/06/2021 14:27  
  
INDICATIONS: 70Y/O ESRD on HD, AFIB on DOAC. Acute l-hemisphere stroke, CTA IN OLOL showed ICA STENOSI. Carotid doppler for further assessment please. Thanks   
  
COMPARISON: No previous Duplex in Beaumont.  
  
FINDINGS: Patient demonstrating 130 bpm.  
The right common carotid artery demonstrates no significant stenosis despite atheromatous changes (distal PSV 0.47 m/s).  
The right external carotid artery demonstrates no significant stenosis.  
The right internal carotid artery demonstrates a calcific plaque which extends for approximately 0.94 cm and reduces the lumen of the vessel to 0.20cm. This plaque causes causes an increase in PSV of 2.39 m/s, end diastolic velocity 0.74 m/s keeping with a 70-80% stenosis.  
  
The left common carotid artery demonstrates a peripheral type signal (distal PSV 0.48 m/s).  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery demonstrates mixed density plaque at the origin which causes a peak systolic velocity 1.61 m/s in keeping with a 50-70% stenosis. This is a tortuous vessel.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Patient demonstrating 130 bpm, Query tachycardic?  
Right ICA 70-80% stenosis, left ICA 50-70% stenosis.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 11/06/2021 14:41  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 13:10

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 15/06/2021 10:12  
  
INDICATIONS: US carotids please as part of work up for CABG in the mater for treatment of triple vessel disease   
  
COMPARISON: No previous Duplex in Beaumont  
  
FINDINGS:The right common carotid artery demonstrates no significant stenosis.  
The right external carotid artery demonstrates no significant stenosis.  
The right internal carotid artery demonstrates turbulent flow at the origin which is in keeping with a less than 30% stenosis.  
  
The left common carotid artery demonstrates a normal Doppler shift.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery can be visualised for approximately 2.2 cm only. No significant plaque formation or flow abnormality is detected.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA less than 30% stenosis, left ICA no significant stenosis.  
  
IMPRESSION: No significant stenosis detected bilaterally.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 15/06/2021 10:16  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 12:38

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 16/06/2021 11:23  
  
INDICATIONS: PRE OP CABG and MVR need carotid dopplers urgent for pre op evaluation   
  
COMPARISON: No previous Duplex in Beaumont.  
  
FINDINGS: The right common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The right external carotid artery demonstrates no significant stenosis.  
The right internal carotid artery demonstrates mixed density plaque at the origin predominately on the posterior wall. This plaque extends for approximately 1.14 cm and causes spectral broadening in keeping with a less than 50% stenosis.  
  
The left common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery demonstrates a small mixed density plaque at the origin which causes turbulent flow in keeping with a less than 30% stenosis.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA less than 50% stenosis, left ICA less than 30% stenosis.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 16/06/2021 11:31  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 12:42

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 17/06/2021 10:29  
  
INDICATIONS: Bilateral ICA stenosis, BG post circulation stroke, please 6 monthly carotid US   
  
COMPARISON: January 2020 Right ICA 70-80% stenosis, left ICA 50-70% stenosis.  
Right vertebral artery peripheral type flow.  
  
FINDINGS: The right common carotid artery demonstrates no significant stenosis despite atheromatous changes (distal PSV 0.60 m/s.).  
The right external carotid artery demonstrates a greater than 50% stenosis.  
The right internal carotid artery demonstrates mixed density plaque with calcific elements. This plaque extends for approximately one centimetre and causes an increase in PSV of 2.81 m/s, end diastolic velocity 0.82 m/s in keeping with a 70-80% stenosis.  
  
The left common carotid artery demonstrates a peripheral type signal.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery demonstrates mixed density plaque predominately on the anterior wall. This plaque extends for approximately 1.76 cm and causes a PSV of 1.29 m/s in keeping with a 50-70% stenosis. This is a tortuous vessel distally.  
  
Both vertebral arteries are patent. The right vertebral artery demonstrates a peripheral type signal as previously documented.  
  
CONCLUSION: Right ICA 70-80% stenosis, left ICA 50-70% stenosis.  
Right vertebral artery peripheral type flow.  
  
IMPRESSION: Essentially unchanged since previous examination.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 17/06/2021 10:37  
  
Signed by: Dr. Daragh Moneley, Cons. Vascular, Statutory Registration No. 020227 on 17/06/2021 12:42

Examination Performed: VUS CAROTID VERTEBRAL ARTERIES BOTH  
Exam Completion Date: 24/06/2021 09:57  
  
INDICATION:BG TAVI 2019;PCI W/ LAD stents x 2. Adm/w progressive dyspnoea worsening over 6/12, awaiting echo to assess. For carotid u/s please assess ? Stenosis  
  
COMPARISON: September 2019 R ICA no significant stenosis. LICA less than 50% stenosis..  
Both ICAs are tortuous.  
  
FINDINGS: The right common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The right external carotid artery demonstrates no significant stenosis.  
The right internal carotid artery demonstrates turbulent flow at the origin in keeping with a less than 30% stenosis. This is an extremely tortuous vessel.  
  
The left common carotid artery demonstrates no significant stenosis despite atheromatous changes.  
The left external carotid artery demonstrates no significant stenosis.  
The left internal carotid artery demonstrates mixed density plaque at the origin which causes spectral broadening in keeping with a less than 50% stenosis. Distally Velocities increased to 1.25 m/s however query secondary to tortuosity of vessel rather than plaque formation. This is a tortuous vessel distally.  
  
Both vertebral arteries are patent.  
  
CONCLUSION: Right ICA less than 30% stenosis, left ICA less than 50% stenosis.  
  
IMPRESSION: Evidence of disease progression of right ICA since previous examination.   
Both ICAs are extremely tortuous vessels.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 24/06/2021 10:02  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 24/06/2021 12:35