Reason	TIA clinic
Outcome	Stenosis mild, disease - mild

6/7/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common					
Plaque	Dense Mixed		0.71	0.20	**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 40%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed Calcified		1.14	0.45	**50% - 59%**
Disease length from BIF	1.40cm		**Pk ICA/Pk CCA = 1.6**	**Pk ICA/End CCA = 5.7**	
External					
Plaque	Dense Mixed		0.60		**< 40%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common					
Plaque	Dense Mixed		0.70	0.21	**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 40%**
Disease length from BIF					
Internal					
Plaque	Mixed		0.51	0.18	**< 40%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**	**Pk ICA/End CCA = 2.4**	
External					
Plaque	Dense Mixed		0.78		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

RIGHT
Mixed, dense and calcified plaques identified in the internal carotid artery indicating a 50-59% stenosis based on diameter reduction, velocities and grey scale imaging. Disease extends for approximately 1.4 cm distal to the bifurcation into the internal.

LEFT
Patent endarterectomy site.

Assessed by Rebecca Patton

Printed on 06/07/2021 at 12:57 pm

Checked by _____

- SUGGEST REFERRAL FOR VASCULAR OPINION, IF APPROPRIATE.
- SUGGEST REFERRAL FOR ALTERNATIVE IMAGING MODALITY, IF APPROPRIATE.

Reason	TIA clinic
Outcome	Intimal thickening

1915121

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.86	0.20	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Mixed				
Disease length from BIF					
Internal			0.75	0.36	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**	**Pk ICA/End CCA = 3.8**	
External			1.20		**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.17	0.28	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			0.76	0.30	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF			**Pk ICA/Pk CCA = 0.6**	**Pk ICA/End CCA = 2.7**	
External			0.83		**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

Internal thickening identified in the internal carotid arteries bilaterally.

Assessed by Rebecca Patton

Printed on 04/07/2021 at 5:11 pm

Checked by _____

Reason	TIA clinic
Outcome	Intimal thickening, disease - mild

15/6/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.65	0.13	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Mixed				
Disease length from BIF					
Internal			0.42	0.20	**< 30%**
Plaque	Mixed				
Disease length from BIF			**Pk ICA/Pk CCA = 0.6**	**Pk ICA/End CCA = 3.2**	
External			1.02		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.72	0.14	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.61	0.18	**< 30%**
Plaque	Mixed				
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**	**Pk ICA/End CCA = 4.4**	
External			1.28		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

Minimal plaques identified in the internal carotid arteries indicating a less than 30% stenosis

Assessed by Rebecca Patton

Printed on 04/07/2021 at 5:03 pm

Checked by _____

Reason	TIA clinic
Outcome	Stenosis moderate, Stenosis severe

11/6/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.93	0.27	**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			2.18	0.68	**60% - 69%**
Plaque	Mixed Soft				
Disease length from BIF			**Pk ICA/Pk CCA = 2.3**	**Pk ICA/End CCA = 8.1**	
External			1.05		**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.61	0.15	**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			4.66	2.40	**90% - 95%**
Plaque	Mixed Soft				
Disease length from BIF			**Pk ICA/Pk CCA = 7.6**	**Pk ICA/End CCA = 31.1**	
External			1.22		**< 50%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

RIGHT
Mixed and soft (?thrombus) plaques identified in the internal carotid artery indicating a 60-69% stenosis based on velocities and colour Doppler imaging. Disease extends for approximately 2 cm distal to the bifurcation into the internal. ICA appears patent distally.

LEFT
Mixed and soft (?thrombus) plaques identified in the internal carotid artery indicating a 90-95 % stenosis

Assessed by Rebecca Patton

Printed on 04/07/2021 at 5:06 pm

Checked by _____

based on velocities and colour Doppler imaging. Disease extends for approximately 2.8 cm distal to the bifurcation into the internal. ICA appears patent distally.

- SUGGEST REFERRAL FOR VASCULAR OPINION, IF APPROPRIATE.
- SUGGEST REFERRAL FOR ALTERNATIVE IMAGING MODALITY, IF APPROPRIATE.

Reason	TIA clinic
Outcome	Intimal thickening, disease - mild

25/5/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.20	0.28	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Calcified				
Disease length from BIF					
Internal			1.44	0.56	**< 30%**
Plaque	Dense Calcified				
Disease length from BIF			**Pk ICA/Pk CCA = 1.2**	**Pk ICA/End CCA = 5.1**	
External			1.30		**< 30%**
Plaque	Dense Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.10	0.32	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Calcified				
Disease length from BIF					
Internal			1.36	0.47	**< 30%**
Plaque	Dense Calcified				
Disease length from BIF			**Pk ICA/Pk CCA = 1.2**	**Pk ICA/End CCA = 4.3**	
External			1.39		**< 30%**
Plaque	Dense Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

Dense and calcified plaques identified in the internal carotid arteries indicating a less than 30 % stenosis bilaterally

Assessed by Rebecca Patton

Printed on 04/07/2021 at 5:10 pm

Checked by _____

Reason	TIA clinic
Outcome	Widely patent, Intimal thickening

11/6/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.00	0.23	**< 25%**
Plaque	Normal				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			0.89	0.40	**< 25%**
Plaque	Normal				
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**	**Pk ICA/End CCA = 3.9**	
External			1.15		**< 25%**
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.89	0.25	**< 25%**
Plaque	Normal				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			1.00	0.30	**< 25%**
Plaque	Normal				
Disease length from BIF			**Pk ICA/Pk CCA = 1.1**	**Pk ICA/End CCA = 4.0**	
External			0.85		**< 25%**
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX
*Irregular heart rate noted

Minimal plaques identified at the carotid bifurcations indicating a less than 30% stenosis bilaterally.

Assessed by Rebecca Patton
Printed on 04/07/2021 at 5:05 pm

Checked by _____

Reason	Pre-op
Outcome	Widely patent, Intimal thickening

66/5121

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.64	0.32	**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Normal				**< 25%**
Disease length from BIF					
Internal					
Plaque	Normal		0.47	0.29	**< 25%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**	**Pk ICA/End CCA = 1.5**	
External					
Plaque	Normal		0.53		**< 25%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Left

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Normal		0.50	0.21	**< 25%**
Disease length from BIF					
Bifurcation					
Plaque	Intimal Thickening				**< 30%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.33	0.20	**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**	**Pk ICA/End CCA = 1.6**	
External					
Plaque	Intimal Thickening		0.53		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

Minimal disease identified in the carotid arteries bilaterally.

Assessed by Rebecca Patton

Printed on 04/07/2021 at 5:14 pm

Checked by _____

Reason	TIA clinic
Outcome	Intimal thickening, disease - mild

25/5/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.85	0.28	**< 25%**
Plaque	Normal				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.52	0.23	**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF			**Pk ICA/Pk CCA = 0.6**	**Pk ICA/End CCA = 1.9**	
External			0.65		**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.67	0.23	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.72	0.32	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF			**Pk ICA/Pk CCA = 1.1**	**Pk ICA/End CCA = 3.1**	
External			0.72		**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

Minimal plaques identified in the internal carotid arteries bilaterally indicating a less than 30 % stenosis bilaterally

Assessed by Rebecca Patton

Printed on 04/07/2021 at 5:10 pm

Checked by _____

Reason	TIA clinic
Outcome	Intimal thickening, disease - mild

30/4/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.79	0.29	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.68	0.31	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**	**Pk ICA/End CCA = 2.3**	
External			0.78		**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.66	0.30	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.51	0.21	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**	**Pk ICA/End CCA = 1.7**	
External			0.91		**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

Mixed and dense plaques identified in the internal carotid arteries bilaterally indicating a less than 30 % stenosis.

Assessed by Rebecca Patton

Printed on 04/07/2021 at 5:16 pm

Checked by _____

Reason	TIA clinic
Outcome	Intimal thickening, disease - mild

1317121

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.08	0.18	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.65	0.19	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF		**Pk ICA/Pk CCA = 0.6**		**Pk ICA/End CCA = 3.6**	
External			1.43		**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Not Identified				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.85	0.13	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.79	0.23	**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 0.9**		**Pk ICA/End CCA = 6.1**	
External			1.59		**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

RIGHT
Mixed and dense plaques identified in the internal carotid artery indicating a less than 30 % stenosis
LEFT
Mixed, calcified and dense plaques identified in the internal carotid artery indicating a less than 30 % stenosis

Assessed by Rebecca Patton

Printed on 15/07/2021 at 8:51 am

Checked by _____

Reason	TIA clinic
Outcome	Stenosis mild, Obscured, Calcified, disease - mild

22/6/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.83	0.17	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**50% - 59%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.66	0.22	**50% - 59%**
Plaque	Dense Mixed Calcified				
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**	**Pk ICA/End CCA = 3.9**	
External			1.00		**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.90	0.17	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.43	0.11	**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF			**Pk ICA/Pk CCA = 0.5**	**Pk ICA/End CCA = 2.5**	
External			0.90		**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID DUPLEX SCAN
Irregular heart rate noted

RIGHT: The carotid bifurcation and proximal internal carotid artery (ICA) were partially obscured by acoustic shadowing. Where seen, mixed dense and calcified plaques identified in the carotid bifurcation, forming a 50-59% stenosis based on grey scale images and colour filling. Plaques extend into the very origin of the ICA, forming a 50-59% stenosis based on grey scale images and colour filling (no significant raise in velocities identified). Distal ICA is patent.

Assessed by Rebecca Patton

Printed on 04/07/2021 at 4:59 pm

Checked by _____

LEFT: Mixed dense and calcified plaques identified in the ICA, forming a less than 40% stenosis.

Results appear similar to previous assessment (2019).

Assessed by Rebecca Patton

Printed on 04/07/2021 at 4:59 pm

Checked by _____

Reason	Pre-op
Outcome	Intimal thickening, disease - mild

14/7/21

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		1.00	0.28	**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 40%**
Disease length from BIF					
Internal					
Plaque	Mixed		0.79	0.29	**40% - 49%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**	**Pk ICA/End CCA = 2.8**	
External					
Plaque	Mixed		1.87		**< 40%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Left

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.78	0.20	**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 40%**
Disease length from BIF					
Internal					
Plaque	Mixed		0.54	0.23	**< 40%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**	**Pk ICA/End CCA = 2.7**	
External					
Plaque	Mixed		0.98		**< 40%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

RIGHT
Mixed plaques identified in the internal carotid artery indicating a 40-49 % stenosis.
LEFT
Mixed plaques identified in the internal carotid artery indicating a less than 40 % stenosis.

Assessed by Rebecca Patton

Printed on 15/07/2021 at 8:55 am

Checked by _____

Reason	TIA clinic
Outcome	disease - mild

21/6/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.65	0.14	**< 25%**
Plaque	Normal				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.52	0.21	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**	**Pk ICA/End CCA = 3.7**	
External			0.90		**< 25%**
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.76	0.23	**< 25%**
Plaque	Normal				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.55	0.13	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**	**Pk ICA/End CCA = 2.4**	
External			0.63		**< 25%**
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

Mixed and dense plaques identified in the internal carotid arteries indicating a less that 30 % stenosis bilaterally

Assessed by Rebecca Patton

Printed on 04/07/2021 at 4:58 pm

Checked by _____

Reason	TIA clinic
Outcome	Calcified, disease - mild

2916121

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.97	0.21	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.72	0.21	**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**	**Pk ICA/End CCA = 3.4**	
External			1.27		**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Slightly Reduce(	Biphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.89	0.29	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.80	0.29	**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**	**Pk ICA/End CCA = 2.8**	
External			1.21		**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

Mixed, dense and calcified plaques identified in the internal carotid arteries indicating a less than 30% stenosis bilaterally.

Assessed by Rebecca Patton

Printed on 04/07/2021 at 4:55 pm

Checked by _____

Reason	Routine
Outcome	Calcified, Intimal thickening, disease - mild

2/15/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.68	0.19	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Calcified				
Disease length from BIF					
Internal			0.76	0.26	**< 40%**
Plaque	Dense Calcified				
Disease length from BIF			**Pk ICA/Pk CCA = 1.1**	**Pk ICA/End CCA = 4.0**	
External			1.61		**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.62	0.18	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Calcified				
Disease length from BIF					
Internal			0.71	0.27	**< 30%**
Plaque	Dense Calcified				
Disease length from BIF			**Pk ICA/Pk CCA = 1.1**	**Pk ICA/End CCA = 3.9**	
External			1.08		**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

RIGHT
Dense and calcified plaques identified in the internal carotid artery indicating a less than 40 % stenosis

LEFT
Dense and calcified plaques identified in the internal carotid artery indicating a less than 30 % stenosis

Assessed by Rebecca Patton

Printed on 04/07/2021 at 5:09 pm

Checked by _____

Reason	TIA clinic
Outcome	disease - mild

19/5/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.22	0.25	**< 25%**
Plaque	Normal				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.73	0.28	**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF			**Pk ICA/Pk CCA = 0.6**	**Pk ICA/End CCA = 2.9**	
External			1.78		**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.08	0.26	**< 25%**
Plaque	Normal				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.82	0.32	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**	**Pk ICA/End CCA = 3.2**	
External			1.07		**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

RIGHT
Mixed, dense and calcified plaques identified in the internal carotid artery indicating a less than 40 % stenosis

LEFT
Mixed, dense plaques identified in the internal carotid artery indicating a less than 30 % stenosis

Assessed by Rebecca Patton

Printed on 04/07/2021 at 5:12 pm

Checked by _____

Reason	TIA clinic
Outcome	Calcified, disease - mild

16/6/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.93	0.19	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.88	0.22	**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**	**Pk ICA/End CCA = 4.6**	
External			1.22		**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.91	0.22	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.97	0.25	**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF			**Pk ICA/Pk CCA = 1.1**	**Pk ICA/End CCA = 4.4**	
External			1.16		**< 30%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

Mixed, dense and calcified plaques identified in the internal carotid arteries indicating a less than 30 % stenosis bilaterally.

Assessed by Rebecca Patton

Printed on 04/07/2021 at 5:02 pm

Checked by _____

Reason	TIA clinic
Outcome	Stenosis mild, Obscured, Calcified

06/07/21

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.18	0.36	**40% - 49%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.07	0.37	**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF	0.50cm but is obscured	**Pk ICA/Pk CCA = 0.9**		**Pk ICA/End CCA = 3.0**	
External			1.88		**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.96	0.26	**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					**50% - 59%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.32	0.38	**50% - 59%**
Plaque	Dense Mixed Calcified				
Disease length from BIF	1.00cm but is obscured	**Pk ICA/Pk CCA = 1.4**		**Pk ICA/End CCA = 5.1**	
External			3.37		**70% - 79%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

RIGHT
Mixed, dense and calcified plaques identified in the internal carotid with acoustic shadowing obscuring the origin of the vessel for ~ 0.5 cm. However no raised velocities identified distal to this region indicating a less than 50% stenosis.

LEFT
Acoustic shadowing in the bifurcation/internal carotid artery obscures the vessel lumen for approx 1cm.

Assessed by Rebecca Patton

Printed on 06/07/2021 at 12:57 pm

Checked by _____

Elevated velocities obtained distal to obscured section of vessel are indicative of a 50-59 % stenosis, but cannot exclude more severe stenosis in obscured section.

- SUGGEST REFERRAL FOR VASCULAR OPINION, IF APPROPRIATE.
- SUGGEST REFERRAL FOR ALTERNATIVE IMAGING MODALITY, IF APPROPRIATE.

Assessed by Rebecca Patton

Printed on 06/07/2021 at 12:57 pm

Checked by _____

Reason	TIA clinic
Outcome	disease - mild

2/16/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.27	0.35	**< 30%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Mixed				
Disease length from BIF					
Internal			0.87		**< 30%**
Plaque	Mixed				
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**	**Pk ICA/End CCA = 2.5**	
External			0.83		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.18		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Mixed				
Disease length from BIF					
Internal			0.89		**< 30%**
Plaque	Mixed				
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**		
External			1.07		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID DUPLEX ASSESSMENT
Irregular heart rate noted

Mixed plaques identified in the right and left internal carotid arteries, forming a less than 30% stenosis bilaterally.

Assessed by Vikki Galgerud
Printed on 04/07/2021 at 4:37 pm

Checked by _____

Reason	TIA clinic
Outcome	disease - mild

3016/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.62	0.24	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.60	0.29	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF			**Pk ICA/Pk CCA = 1.0**	**Pk ICA/End CCA = 2.5**	
External			1.40		**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.04	0.35	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.56	0.19	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF			**Pk ICA/Pk CCA = 0.5**	**Pk ICA/End CCA = 1.6**	
External			1.10		**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Not Identified				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTD ARTERY DUPLEX

Mixed and dense plaques identified in the internal carotid arteries indicating a less than 30 % stenosis bilaterally.

Assessed by Rebecca Patton

Printed on 04/07/2021 at 4:53 pm

Checked by _____

Reason	TIA clinic
Outcome	disease - mild

15/6/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.56		**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.70		**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF			**Pk ICA/Pk CCA = 1.3**		
External			0.64		**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.67		**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.64		**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF	0.29cm but is obscured		**Pk ICA/Pk CCA = 1.0**		
External			0.82		**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID DUPLEX ASSESSMENT

RIGHT
Mixed, dense and calcified plaques identified in the internal carotid artery, forming a less than 50% stenosis

LEFT
Mixed, dense and calcified plaques identified in the internal carotid artery, forming a less than 40% stenosis

Assessed by Vikki Galgerud
Printed on 04/07/2021 at 5:04 pm Checked by _____

Reason	TIA clinic
Outcome	Intimal thickening, disease - mild

141721

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.76	0.18	**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 30%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed		0.58	0.22	**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**	**Pk ICA/End CCA = 3.2**	
External					
Plaque	Dense Mixed		1.04		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Left

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.88	0.23	**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 40%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed Calcified		0.85	0.37	**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.0**	**Pk ICA/End CCA = 3.7**	
External					
Plaque	Dense Mixed		1.34		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

Mixed, dense and calcified plaques identified in the internal carotid arteries indicating a less than 30 % stenosis bilaterally.

Assessed by Rebecca Patton

Printed on 15/07/2021 at 8:53 am

Checked by _____

Reason	TIA clinic
Outcome	Calcified, disease - mild

6/5/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common					
Plaque	Intimal Thickening		0.67	0.11	**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 40%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed Calcified		1.08	0.21	**40% - 49%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.6**	**Pk ICA/End CCA = 9.8**	
External					
Plaque	Dense Mixed		1.60		**< 40%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common					
Plaque	Intimal Thickening		0.89	0.13	**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 40%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed Calcified		1.06	0.27	**< 40%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.2**	**Pk ICA/End CCA = 8.2**	
External					
Plaque	Dense Mixed		0.99		**< 40%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID DUPLEX

Mixed, dense and calcified plaques identified the right internal carotid artery forming a 40-49 % stenosis.

Mixed, dense and calcified plaques identified the left internal carotid artery forming a less than 40 % stenosis.

Assessed by Rebecca Patton

Printed on 04/07/2021 at 5:13 pm

Checked by _____

Reason	TIA clinic
Outcome	Calcified, Intimal thickening, disease - mild

21/5/21

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common					
Plaque	Intimal Thickening		1.50	0.25	**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 40%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed Calcified		0.61	0.20	**< 40%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.4**	**Pk ICA/End CCA = 2.4**	
External					
Plaque	Dense Mixed Calcified		1.06		**< 40%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common					
Plaque	Dense Mixed		1.31	0.13	**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 50%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed Calcified		0.79	0.13	**< 50%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.6**	**Pk ICA/End CCA = 6.1**	
External					
Plaque	Dense Mixed Calcified		1.18		**< 40%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

RIGHT
Mixed, dense and calcified plaques identified in the internal carotid artery indicating a less than 40 % stenosis
LEFT
Mixed, dense and calcified plaques identified in the internal carotid artery indicating a less than 50 % stenosis

Assessed by Rebecca Patton
Printed on 04/07/2021 at 5:08 pm
Checked by _____

Reason	Pre-op
Outcome	Stenosis severe, Calcified

1S16121

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common					
Plaque	Dense Mixed		0.64	0.10	**< 40%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 50%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed Calcified		3.06	0.65	**70% - 79%**
Disease length from BIF	1.30cm		**Pk ICA/Pk CCA = 4.8**	**Pk ICA/End CCA = 30.6**	
External					
Plaque	Dense Mixed Calcified		0.84		**< 50%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	Mild Turbulence		Good Signal	Biphasic	Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common					
Plaque	Dense Mixed		0.77	0.12	**< 40%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 50%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed Calcified		0.74	0.23	**< 50%**
Disease length from BIF	1.00cm but is obscured		**Pk ICA/Pk CCA = 1.0**	**Pk ICA/End CCA = 6.2**	
External					
Plaque	Dense Mixed Calcified		0.60		**< 40%**
Disease length from BIF					
Vertebral	Not Identified				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.
Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID ARTERY DUPLEX

RIGHT
Mixed, dense and calcified plaques identified in the internal carotid artery indicating a 70-79 % stenosis based on velocities and colour Doppler imaging. Disease extends for approximately 1.3 cm distal to the bifurcation into the internal. Distal internal carotid appears patent.

LEFT
Mixed, dense and calcified plaques identified in the internal carotid artery indicating a less than 50 %

Assessed by Rebecca Patton

Printed on 04/07/2021 at 5:03 pm

Checked by _____

stenosis. Origin of the internal is obscured due to acoustic shadowing for ~ 1 cm however no evidence of raised velocities or turbulent flow distal to this region.

- SUGGEST REFERRAL FOR VASCULAR OPINION, IF APPROPRIATE.
- SUGGEST REFERRAL FOR ALTERNATIVE IMAGING MODALITY, IF APPROPRIATE.