



Reason	TIA clinic				
Outcome	Stenosis moderate, Poor images				
Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.64	0.19	< 30%
Disease length from BIF					
Bifurcation					
Plaque	Mixed				< 30%
Disease length from BIF					
Internal			1.15	0.34	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
		Pk ICA/Pk CCA = 1.8	Pk ICA/End CCA = 6.1		
External			0.91		< 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			0.86	0.26	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 50%
Plaque	Mixed				
Disease length from BIF					
Internal			3.13	1.12	70% - 79%
Plaque	Mixed				
Disease length from BIF					
		Pk ICA/Pk CCA = 3.6	Pk ICA/End CCA = 12.0		
External			1.25		< 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 DUPLEX ASSESSMENT****RIGHT**

Intimal thickening identified in the right internal carotid artery, forming a less than 30% reduction in luminal diameter.

LEFT

Mixed plaques identified in the proximal left internal carotid artery. Elevated velocities and turbulence in this region are suggestive of a 70-79% stenosis, however visually, with greyscale and colour filling, the stenosis



does not appear as tight as this. Proximal internal carotid artery is also highly tortuous ?tortuosity contributing to turbulence and elevated velocities.

SUGGEST ALTERNATIVE IMAGING MODALITY FOR FURTHER ASSESSMENT
SUGGEST VASCULAR SURGICAL OPINION, IF APPROPRIATE.