



Reason	TIA clinic
Outcome	Widely patent

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>				
Plaque	Normal	1.10	0.23	< 25%
Disease length from BIF				
<b>Bifurcation</b>				< 25%
Plaque	Normal			
Disease length from BIF				
<b>Internal</b>		1.20	0.34	< 25%
Plaque	Normal			
Disease length from BIF				
		Pk ICA/Pk CCA = 1.1	Pk ICA/End CCA = 5.2	
<b>External</b>		1.50		< 25%
Plaque	Normal			
Disease length from BIF				
<b>Vertebral</b>	Open Orthograde			
<b>Subclavian</b>	Mild Turbulence	Good Signal	Biphasic	Widely Patent

Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>				
Plaque	Normal	1.13	0.34	< 25%
Disease length from BIF				
<b>Bifurcation</b>				< 25%
Plaque	Normal			
Disease length from BIF				
<b>Internal</b>		1.14	0.26	< 25%
Plaque	Normal			
Disease length from BIF				
		Pk ICA/Pk CCA = 1.0	Pk ICA/End CCA = 3.4	
<b>External</b>		1.39		< 25%
Plaque	Normal			
Disease length from BIF				
<b>Vertebral</b>	Open Orthograde			
<b>Subclavian</b>	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**

The right and left extra-cranial carotid arteries appear widely patent. No evidence of any plaque morphology, intimal dissection or other abnormality identified.