



Reason	TIA clinic
Outcome	Widely patent

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		1.20	0.32	< 25%
Plaque	Normal			
Disease length from BIF				
Bifurcation				< 25%
Plaque	Normal			
Disease length from BIF				
Internal		0.58	0.24	< 25%
Plaque	Normal			
Disease length from BIF				
		Pk ICA/Pk CCA = 0.5	Pk ICA/End CCA = 1.8	
External		1.43		< 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		1.31	0.37	< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Mixed			
Disease length from BIF				
Internal		0.98	0.27	< 30%
Plaque	Mixed			
Disease length from BIF				
		Pk ICA/Pk CCA = 0.7	Pk ICA/End CCA = 2.6	
External		1.01		< 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 DUPLEX ASSESSMENT****RIGHT**

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

LEFT

Minimal areas of mixed plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Rae Larmour

Printed on 08/06/2022 at 1:17 pm

Checked by