



Reason TIA clinic
Outcome Stenosis moderate, Obscured, Calcified

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.17	0.20	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					50% - 59%
Plaque	Dense Calcified				
Disease length from BIF					
Internal			3.15	0.50	60% - 69%
Plaque	Dense Calcified				
Disease length from BIF	1.70cm but is obscured		Pk ICA/Pk CCA = 2.7	Pk ICA/End CCA = 15.8	
External			1.28		< 50%
Plaque	Dense 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			1.02	0.18	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.86	0.28	40% - 49%
Plaque	Dense Calcified				
Disease length from BIF			Pk ICA/Pk CCA = 0.8	Pk ICA/End CCA = 4.8	
External			1.57		< 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 DUPLEX ASSESSMENT**

RIGHT - Challenging assessment due to low bifurcation and tortuosity of vessels.

Dense and calcified plaques identified in the right bifurcation and internal carotid arteries. These areas are partially obscured by acoustic shadowing, but where seen, plaques appear to form a 50-59% and 60-69% stenosis respectively, based on velocity criteria, greyscale and colour filling. Disease extends for ~1.7cm, including the distal bifurcation and the distal vessel appears patent.

LEFT

Assessed by Rae Larmour

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Checked by



Dense and calcified plaques identified in the left internal carotid artery forming a 40-49% stenosis.

SUGGEST ALTERNATIVE IMAGING MODALITY FOR FURTHER ASSESSMENT

SUGGEST VASCULAR SURGICAL OPINION, IF APPROPRIATE.