



<b>Reason</b>	Pre-op CABG				
<b>Outcome</b>	Stenosis moderate, Calcified				
<b>Right</b>	<b>Diameter (cm)</b>	<b>PSV (m/s)</b>	<b>EDV (m/s)</b>	<b>Stenosis</b>	
<b>Common</b>		0.73	0.17	< 40%	
Plaque	Dense Mixed				
Disease length from BIF					
<b>Bifurcation</b>				< 50%	
Plaque	Dense Mixed Calcified				
Disease length from BIF					
<b>Internal</b>		1.28	0.42	40% - 49%	
Plaque	Dense Mixed Calcified				
Disease length from BIF		<b>Pk ICA/Pk CCA = 1.8</b>	<b>Pk ICA/End CCA = 7.5</b>		
<b>External</b>		1.97		< 50%	
Plaque	Dense Calcified				
Disease length from BIF					
<b>Vertebral</b>	Open Orthograde				
<b>Subclavian</b>	Mild Turbulence	Good Signal	Triphasic	Patent where seen	
<b>Left</b>	<b>Diameter (cm)</b>	<b>PSV (m/s)</b>	<b>EDV (m/s)</b>	<b>Stenosis</b>	
<b>Common</b>		0.73	0.18	< 40%	
Plaque	Mixed				
Disease length from BIF					
<b>Bifurcation</b>				60% - 69%	
Plaque	Dense Calcified				
Disease length from BIF					
<b>Internal</b>		1.77	0.47	60% - 69%	
Plaque	Dense Calcified				
Disease length from BIF	2.40cm	<b>Pk ICA/Pk CCA = 2.4</b>	<b>Pk ICA/End CCA = 9.8</b>		
<b>External</b>		1.25		< 50%	
Plaque	Dense Calcified				
Disease length from BIF					
<b>Vertebral</b>	Open Orthograde				
<b>Subclavian</b>	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**

Mixed, dense and calcified plaques identified in the right internal carotid artery. Elevated velocities obtained are suggestive of a 50-59% stenosis, however visually, based on greyscale and colour flow these plaques appear to form a 40-49% stenosis ?elevated velocities due to contralateral disease.

Turbulent triphasic waveforms and elevated PSV identified in the right Subclavian artery however no stenosis visualised ?more proximal stenosis.



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LEFT

Dense and calcified plaques identified in the left bifurcation and left internal carotid artery, appearing to form a 60-69% stenosis in both these regions, based on elevated velocities, colour flow and greyscale imaging. Plaques extend for ~2.4cm, including the bifurcation and the distal ICA is patent.

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