



Reason	Pre-op				
Outcome	Obscured, Calcified, disease - mild				
<b>Right</b>					
		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Dense Mixed		0.54	0.13	< 40%
Disease length from BIF					
Bifurcation					
Plaque	Dense Calcified				< 50%
Disease length from BIF					
Internal					
Plaque	Dense Calcified		0.74	0.22	< 50%
Disease length from BIF					
		Pk ICA/Pk CCA = 1.4		Pk ICA/End CCA = 5.7	
External					
Plaque	Dense Calcified		1.28		< 50%
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent
<b>Left</b>					
		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Mixed		0.53	0.14	< 30%
Disease length from BIF					
Bifurcation					
Plaque	Dense Calcified				< 0%
Disease length from BIF	but is obscured				
Internal					
Plaque	Dense Calcified		0.92	0.23	< 50%
Disease length from BIF					
		Pk ICA/Pk CCA = 1.7		Pk ICA/End CCA = 6.6	
External					
Plaque	Dense Calcified		3.05		60% - 69%
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	Mild Turbulence	Good Signal	Biphasic		Widely Patent
Stenosis based on NASCET					

**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**

Dense and calcified plaques identified in the right internal carotid artery, forming a less than 50% stenosis.

**LEFT**

The bifurcation and proximal left internal carotid artery are completely obscured by acoustic shadowing from heavily calcified plaques for ~1.8cm - unable to grade level of disease in this region. Distal to the obscured region, no turbulence or elevated velocities identified and dense and calcified plaques appear to form a less

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than 50% stenosis in the ICA, however, unable to completely exclude significant disease in the obscured region.

Slightly turbulent waveforms identified in the proximal subclavian artery, however, no obvious stenosis identified.

SUGGEST ALTERNATIVE IMAGING MODALITY FOR FURTHER ASSESSMENT IF APPROPRIATE.