



<b>Reason</b>	TIA clinic				
<b>Outcome</b>	Widely patent				
<b>Right</b>		<b>Diameter (cm)</b>	<b>PSV (m/s)</b>	<b>EDV (m/s)</b>	<b>Stenosis</b>
<b>Common</b>					
Plaque	Normal		0.56	0.11	< 25%
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			0.65	0.26	< 25%
Plaque	Normal				
Disease length from BIF					
		<b>Pk ICA/Pk CCA = 1.2</b>		<b>Pk ICA/End CCA = 5.9</b>	
<b>External</b>			1.03		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Vertebral</b>	Open Orthograde				
<b>Subclavian</b>	No Turbulence	Good Signal	Triphasic	Widely Patent	
<b>Left</b>		<b>Diameter (cm)</b>	<b>PSV (m/s)</b>	<b>EDV (m/s)</b>	<b>Stenosis</b>
<b>Common</b>					
Plaque	Normal		0.83	0.35	< 25%
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			1.06	0.34	< 25%
Plaque	Normal				
Disease length from BIF					
		<b>Pk ICA/Pk CCA = 1.3</b>		<b>Pk ICA/End CCA = 3.0</b>	
<b>External</b>			1.28		< 25%
Plaque	Normal				
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**

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