



<b>Reason</b>	TIA clinic			
<b>Outcome</b>	Stenosis moderate, Obscured, Calcified			
<b>Right</b>	<b>Diameter (cm)</b>	<b>PSV (m/s)</b>	<b>EDV (m/s)</b>	<b>Stenosis</b>
<b>Common</b>		1.13	0.25	< 40%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
<b>Bifurcation</b>				< 0%
Plaque	Dense Calcified			
Disease length from BIF	but is obscured			
<b>Internal</b>		3.90	1.20	70% - 79%
Plaque	Dense Calcified			
Disease length from BIF	but is obscured			
	<b>Pk ICA/Pk CCA = 3.5</b>		<b>Pk ICA/End CCA = 15.6</b>	
<b>External</b>		2.10		50% - 59%
Plaque	Dense Calcified			
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>		1.50	0.38	< 30%
Plaque	Mixed			
Disease length from BIF				
<b>Bifurcation</b>				< 50%
Plaque	Dense Calcified			
Disease length from BIF				
<b>Internal</b>		1.08	0.32	< 50%
Plaque	Dense Calcified			
Disease length from BIF				
	<b>Pk ICA/Pk CCA = 0.7</b>		<b>Pk ICA/End CCA = 2.8</b>	
<b>External</b>		2.06		< 50%
Plaque	Dense Calcified			
Disease length from BIF				
<b>Vertebral</b>	Open Orthograde			
<b>Subclavian</b>	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**

The bifurcation is completely obscured by acoustic shadowing from dense and heavily calcified plaques; unable to grade level of disease in this region. Dense and calcified plaques continue into the origin of the internal carotid artery, where the origin of the vessel is completely obscured for ~1.2cm. Distal to this obscured region, elevated velocities and velocity ratios are suggestive of at least a 70-79% stenosis in the obscured region. Unable to measure length of disease, however distal ICA is patent.



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LEFT

Dense and calcified plaques identified in the proximal left internal carotid artery, which is completely obscured for ~1.3cm by acoustic shadowing. Distal to the obscured region, no elevated velocities identified and disease, where seen, is suggestive of a less than 50% stenosis. However, unable to completely exclude more significant disease in the obscured region.

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