



Reason	TIA clinic
Outcome	Widely patent

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>			0.73	0.26	< 25%
Plaque	Normal				
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			0.82	0.25	< 25%
Plaque	Normal				
Disease length from BIF					
		Pk ICA/Pk CCA = 1.1		Pk ICA/End CCA = 3.2	
<b>External</b>			0.53		< 25%
Plaque	Normal				
Disease length from BIF					
<b>Vertebral</b>	Open Orthograde				
<b>Subclavian</b>	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
<b>Common</b>			0.61	0.18	< 25%
Plaque	Normal				
Disease length from BIF					
<b>Bifurcation</b>					< 25%
Plaque	Normal				
Disease length from BIF					
<b>Internal</b>			0.48	0.23	< 25%
Plaque	Normal				
Disease length from BIF					
		Pk ICA/Pk CCA = 0.8		Pk ICA/End CCA = 2.7	
<b>External</b>			0.74		< 25%
Plaque	Normal				
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**

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