Reason Stroke

Outcome Stenosis moderate, Obscured, Calcified, Poor images

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.07	0.15	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.99	0.27	**< 40%**
Plaque	Dense Mixed				
Disease length from BIF		**Pk ICA/Pk CCA = 0.9**		**Pk ICA/End CCA = 6.6**	
External			2.57		**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.70	0.15	**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.98	0.48	**60% - 69%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 2.8**		**Pk ICA/End CCA = 13.2**	
External			1.84		**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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 plaque identified in the right ICA forming a less than 40% stenosis.
LEFT
The left proximal ICA was obscured for ~0.84cm due to acoustic shadowing. Velocities obtained distal to obscured region suggest moderate 60-69% stenosis, however unable to accurately grade or rule out greater stenosis. Total disease length ~1.2cm distal to bifurcation. Distal ICA is patent.

Suggest vascular surgical opinion, if appropriate.

Assessed by David Barrett

Printed on 06/08/2022 at 3:01 pm Checked by _____

Suggest alternate imaging.

Assessed by David Barrett

Printed on 06/08/2022 at 3:01 pm

Checked by _____

Reason Stroke

Outcome Stenosis moderate, Obscured, Calcified, Poor images

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.89	0.14	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.84	0.27	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF		**Pk ICA/Pk CCA = 0.9**		**Pk ICA/End CCA = 6.0**	
External			1.22		**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Not Identified				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.97	0.15	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**40% - 49%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.70	0.44	**50% - 59%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 1.8**		**Pk ICA/End CCA = 11.3**	
External			1.32		**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Not Identified				
Subclavian	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
Intimal thickening identified in the right ICA forming a less than 30% reduction in luminal diameter.
LEFT
The origin of the left ICA was obscured for ~1.1cm due to acoustic shadowing. Velocities obtained distal are suggestive of a moderate 50-59% stenosis, however unable to accurately grade or rule out greater stenosis in obscured region. Where seen, mixed, dense and calcified plaque identified forming a less than 50% stenosis.

Assessed by David Barrett

Printed on 06/08/2022 at 2:59 pm Checked by _____

Suggest vascular surgical opinion, if appropriate.
Suggest alternate imaging.

Assessed by David Barrett

Printed on 06/08/2022 at 2:59 pm Checked by _____

Reason TIA clinic

Outcome Stenosis moderate, Calcified

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.19	0.24	**< 30%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**50% - 59%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.66	0.29	**50% - 59%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 1.4**		**Pk ICA/End CCA = 6.9**	
External			2.70		**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.28	0.24	**< 30%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.04	0.21	**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 0.8**		**Pk ICA/End CCA = 4.3**	
External			1.80		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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
Mixed, dense and calcified plaque identified in the right carotid bifurcation forming a 50-59% stenosis based on greyscale and colour flow imaging. Disease extends into the right ICA forming a 50-59% stenosis at the origin. Total disease length ~1cm including bifurcation. Distal ICA is patent.
LEFT
Mixed, dense and calcified plaque identified in the left ICA forming a less than 40% stenosis.

Suggest vascular surgical opinion, if appropriate.

Assessed by David Barrett

Printed on 06/08/2022 at 2:40 pm Checked by _____

Reason	Stroke
Outcome	Stenosis mild, Stenosis moderate, Calcified

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.50	0.12	**< 40%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**50% - 59%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			1.78	0.29	**40% - 49%**
Plaque	Mixed				
Disease length from BIF		**Pk ICA/Pk CCA = 3.6**		**Pk ICA/End CCA = 14.8**	
External			3.53		**50% - 59%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.68	0.17	**< 40%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.70	0.20	**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 1.0**		**Pk ICA/End CCA = 4.1**	
External			1.54		**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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
Mixed and dense plaque identified in the right carotid bifurcation forming a 50-59% stenosis based on greyscale, colour flow imaging, and direct luminal diameter reduction measurements. Disease extends in the right proximal ICA forming a 40-49% stenosis. Distal ICA is patent.
Mixed plaque identified at the origin of the right ECA forming a 50-59% stenosis.

LEFT
Mixed, dense and calcified plaque identified in the left ICA forming a less than 50% stenosis.

Assessed by David Barrett

Printed on 06/08/2022 at 2:53 pm Checked by _____

Suggest vascular surgical opinion, if appropriate.

Assessed by David Barrett

Printed on 06/08/2022 at 2:53 pm Checked by _____

Reason	TIA clinic
Outcome	Stenosis moderate, Intimal hyperplasia

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.42	0.11	**< 30%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**40% - 49%**
Plaque	Mixed Soft				
Disease length from BIF					
Internal			0.63	0.22	**50% - 59%**
Plaque	Mixed Soft				
Disease length from BIF		**Pk ICA/Pk CCA = 1.5**		**Pk ICA/End CCA = 5.7**	
External			0.73		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.57	0.17	**< 30%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Intimal Hyperplasia				
Disease length from BIF					
Internal			0.45	0.14	**< 40%**
Plaque	Intimal Hyperplasia				
Disease length from BIF		**Pk ICA/Pk CCA = 0.8**		**Pk ICA/End CCA = 2.6**	
External			0.94		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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
*Prev L CEA.
RIGHT
Mixed and echolucent ?soft plaque identified in the right ICA forming a 50-59% stenosis based on greyscale, colour flow imaging and direct luminal diameter reduction measurements. However, no raised velocities noted ?due to soft smooth plaque. Total disease length ~1.4cm including bifurcation. Distal ICA is patent.
LEFT
Intimal hyperplasia identified in the left ICA forming a less than 40% stenosis.

Assessed by David Barrett

Printed on 06/08/2022 at 2:50 pm Checked by _____

Suggest vascular surgical opinion, if appropriate.

Assessed by David Barrett

Printed on 06/08/2022 at 2:50 pm Checked by _____

Reason Routine

Outcome Stenosis severe, Calcified

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.17	0.25	**< 30%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			1.00	0.25	**< 30%**
Plaque	Mixed				
Disease length from BIF		**Pk ICA/Pk CCA = 0.9**		**Pk ICA/End CCA = 4.0**	
External			1.91		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.00	0.11	**< 40%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.19		**96% - 99%**
Plaque	Dense Mixed Soft Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 0.2**		**Pk ICA/End CCA = 1.7**	
External			1.27		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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 plaque identified in the right ICA forming a less than 30% stenosis.
LEFT
Mixed, dense, calcified and echolucent ?soft plaque identified in the left ICA forming a 96-99% stenosis along its length with low flow PSV 19cm/s ?trickle flow identified. Trickle flow extends into the distal ICA.

Assessed by David Barrett

Printed on 06/08/2022 at 2:49 pm Checked by _____

Reason Stroke

Outcome Stenosis severe, Occlusion, Obscured, Calcified, Poor images, Subclavian Steal

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.67		**< 50%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**50% - 59%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal					**= 100%**
Plaque	Dense Mixed Calcified				
Disease length from BIF			**Pk ICA/Pk CCA = 0.0**		
External			1.09		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Oscillatory				
Subclavian	Moderate Turbulence	Good Signal	Triphasic		Mild/Moderate Stenosis

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.09		**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**< 0%**
Plaque	Dense Mixed Calcified				
Disease length from BIF	but is obscured				
Internal			0.41 *		**< 0%**
Plaque	Dense Mixed Calcified				
Disease length from BIF	but is obscured		**Pk ICA/Pk CCA = 4.6**		
External			0.32		**< 0%**
Plaque	Mixed				
Disease length from BIF	but is obscured				
Vertebral	Open Orthograde				
Subclavian	Severe Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET methods. **If marked * ALWAYS read full notes.**

Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID DUPLEX ASSESSMENT
*Previous known right ICA occlusion on CT and duplex ultrasound (June 2021)
*Previous ~70-79% stenosis of left ICA on CT and duplex ultrasound (June 2021).

RIGHT
The right internal carotid artery appears chronically occluded with no colour, spectral or power Doppler signal obtained within the vessel lumen.
Turbulent waveforms noted proximal right subclavian artery, with oscillatory vertebral artery flow noted, indicative of right partial subclavian steal syndrome.

Assessed by David Barrett

Printed on 06/08/2022 at 2:48 pm Checked by _____

Mixed, dense and calcified plaque identified in the right carotid bifurcation forming a 50-59% stenosis based on greyscale and colour flow imaging.

LEFT
*Very challenging assessment of left carotid system due to heavy calcification and acoustic shadowing .
Very low/absent damped flow noted in proximal and distal common carotid artery (PSV 9cm/s), ?due to severe proximal stenosis ?increase in proximal stenosis severity since previous assessment (June 2021) due to decrease/absence of flow observed in CCA.
Severely turbulent flow noted in left proximal subclavian artery (PSV 404cm/s) and vertebral artery (PSV 263cm/s) ?severe proximal stenosis.

The left carotid bifurcation, ICA and ECA origins were obscured for ~1.02cm due to acoustic shadowing - unable to accurately grade.
Where seen, flow in the mid ICA appears damped and slightly oscillatory PSV 41cm/s, ?oscillatory due to severe proximal stenosis.
Retrograde and low resistant flow noted in ECA ?high grade proximal stenosis/occlusion of proximal ECA.

SUGGEST ALTERNATE IMAGING.
SUGGEST VASCULAR SURGICAL OPINION.

Assessed by David Barrett

Printed on 06/08/2022 at 2:48 pm Checked by _____

Reason Stroke

Outcome Stenosis mild, Calcified, disease - mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.86		**< 40%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.00	0.19	**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 1.2**			
External			1.07		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.71	0.10	**< 30%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.08	0.17	**40% - 49%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 1.5**		**Pk ICA/End CCA = 10.8**	
External			1.32		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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
Mixed, dense and calcified plaque identified in the right ICA forming a less than 50% stenosis.
LEFT
Mixed, dense and calcified plaque identified in the left ICA forming a 40-49% stenosis.

Assessed by David Barrett

Printed on 06/08/2022 at 2:47 pm Checked by _____

Reason Routine

Outcome Stenosis moderate, Obscured, Calcified

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.66	0.10	**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.43	0.43	**50% - 59%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 2.2**		**Pk ICA/End CCA = 14.3**	
External			3.12		**50% - 59%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.93	0.18	**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.66	0.19	**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 0.7**		**Pk ICA/End CCA = 3.7**	
External			1.04		**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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 right proximal ICA was obscured for ~1.3cm due to acoustic shadowing. Velocities distal to obscured region are suggestive of a moderate 50-59% stenosis, however unable to rule out greater stenosis in obscured region. Disease length ~2cm including bifurcation. Distal ICA is patent. Where seen, mixed, dense and calcified plaque identified in the right ICA forming a less than 50% stenosis.
LEFT
Mixed, dense and calcified plaque identified in the left ICA forming a less than 50% stenosis.

Assessed by David Barrett

Printed on 06/08/2022 at 2:46 pm Checked by _____

Reason	Routine
Outcome	Stenosis mild, Calcified

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.62	0.07	**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					**40% - 49%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.03	0.23	**40% - 49%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 1.7**		**Pk ICA/End CCA = 14.7**	
External			1.59		**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.97	0.09	**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.77	0.21	**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 0.8**		**Pk ICA/End CCA = 8.6**	
External			1.27		**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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
Mixed, dense and calcified plaque identified in the right carotid bifurcation and ICA forming a 40-49% stenosis.
LEFT
Mixed, dense and calcified plaque identified in the left ICA forming a less than 50% stenosis.

Assessed by David Barrett

Printed on 06/08/2022 at 2:45 pm

Checked by _____

Reason	TIA clinic
Outcome	Stenosis moderate, Calcified

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.91	0.15	**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**50% - 59%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.40	0.38	**50% - 59%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 1.5**		**Pk ICA/End CCA = 9.3**	
External			1.83		**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.78	0.15	**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			1.04	0.26	**< 30%**
Plaque	Mixed				
Disease length from BIF		**Pk ICA/Pk CCA = 1.3**		**Pk ICA/End CCA = 6.9**	
External			1.73		**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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 plaque identified in the right carotid bifurcation forming a 50-59% stenosis. Disease extends into proximal ICA forming a 50-59% stenosis at the origin of the ICA, based on greyscale, colour flow imaging, velocities obtained, and direct luminal diameter reduction measurements. Disease length ~1.94cm including bifurcation. Distal ICA is patent.
LEFT
Mixed and dense plaque identified in the left ICA forming a less than 30% stenosis.

Assessed by David Barrett

Printed on 06/08/2022 at 2:43 pm

Checked by _____

Suggest vascular surgical opinion, if appropriate.

Assessed by David Barrett

Printed on 06/08/2022 at 2:43 pm Checked by _____

Reason	TIA clinic
Outcome	Stenosis mild, Stenosis severe, Calcified

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.21	0.26	**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**40% - 49%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.96	0.33	**40% - 49%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 0.8**		**Pk ICA/End CCA = 3.7**	
External			2.06		**< 40%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.12	0.25	**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.90	0.40	**< 40%**
Plaque	Dense Mixed				
Disease length from BIF		**Pk ICA/Pk CCA = 0.8**		**Pk ICA/End CCA = 3.6**	
External			4.61		**70% - 79%**
Plaque	Mixed Soft				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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 plaque identified in the carotid bifurcation and proximal ICA forming a 40-49% stenosis.
LEFT
Mixed and dense plaque identified in the left ICA forming a less than 40% stenosis.

Additional comments: Mixed and echolucent ?soft plaque identified in the left external carotid artery forming a 70-79% stenosis.

Assessed by David Barrett

Printed on 06/08/2022 at 2:41 pm Checked by _____

Reason Pre-op CABG

Outcome Stenosis moderate, Obscured, Calcified, Poor images

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.83	0.18	**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.08	0.47	**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 1.3**		**Pk ICA/End CCA = 6.0**	
External			1.38		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.92	0.25	**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			2.62 *	0.88	**< 0%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 2.8**		**Pk ICA/End CCA = 10.5**	
External			1.68		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET methods. **If marked * ALWAYS read full notes.**

Disease within large diameter carotid bulb is measured using direct diameter methods as recommended in Oates et al (2009).

Notes

CAROTID DUPLEX ASSESSMENT
*Challenging assessment due to heavily calcified arteries bilaterally - some poor images obtained.
RIGHT
Mixed, dense and calcified plaque identified in the right ICA forming a less than 50% stenosis.
LEFT
The left distal ICA is obscured for ~0.4cm due to acoustic shadowing. Velocities obtained in the distal ICA (~2.2cm distal to bifurcation) are suggestive of a moderate stenosis (60-69%) however very poor views obtained - unable to accurately grade distal region. Mixed, dense and calcified plaque identified in the proximal ICA forming a less than 50% stenosis.

Assessed by David Barrett

Printed on 06/08/2022 at 2:40 pm Checked by _____

Suggest alternate imaging to confirm left distal ICA stenosis.
Suggest vascular surgical opinion, if appropriate.

Assessed by David Barrett

Printed on 06/08/2022 at 2:40 pm Checked by _____

Reason Stroke

Outcome Stenosis severe, Occlusion, Calcified

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.63	0.12	**< 30%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal					**= 100%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 0.0**		**Pk ICA/End CCA = 0.0**	
External			1.78		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.85	0.21	**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			5.65	3.32	**90% - 95%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 6.6**		**Pk ICA/End CCA = 26.9**	
External			1.17		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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
The right internal carotid artery appears occluded with mixed, dense and calcified plaque - no colour, spectral or power Doppler signal obtained within the vessel lumen.
LEFT
Mixed, dense and calcified plaque identified in the left ICA forming a 90-95% stenosis based on greyscale, colour flow imaging, and velocities obtained. Disease length ~1.7cm including bifurcation. Distal ICA is patent.

Assessed by David Barrett

Printed on 06/08/2022 at 2:38 pm Checked by _____

SUGGEST URGENT VASCULAR SURGICAL OPINION.

Assessed by David Barrett

Printed on 06/08/2022 at 2:38 pm

Checked by _____

Reason TIA clinic

Outcome Stenosis moderate, Calcified

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.09	0.14	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.84	0.42	**60% - 69%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 1.7**		**Pk ICA/End CCA = 13.1**	
External			1.53		**< 25%**
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.04	0.12	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.20	0.17	**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 1.2**		**Pk ICA/End CCA = 10.0**	
External			1.53		**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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
Mixed, dense and calcified plaque identified in the right ICA forming a 60-69% stenosis based on greyscale, colour flow imaging, velocities obtained, and direct luminal diameter reduction measurements. Disease length ~1.5cm including bifurcation. Distal ICA is patent.
LEFT
Mixed, dense and calcified plaque identified in the left ICA forming a less than 50% stenosis.

Suggest vascular surgical opinion, if appropriate.

Assessed by David Barrett

Printed on 06/08/2022 at 2:33 pm Checked by _____

Reason	Stroke
Outcome	Calcified, disease - mild

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.51	0.12	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.73	0.26	**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 1.4**		**Pk ICA/End CCA = 6.1**	
External			0.65		**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.50	0.13	**< 30%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Mixed				
Disease length from BIF					
Internal			0.77	0.28	**< 30%**
Plaque	Mixed				
Disease length from BIF		**Pk ICA/Pk CCA = 1.5**		**Pk ICA/End CCA = 5.9**	
External			0.35		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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 plaque identified in the right ICA forming a less than 40% stenosis.
LEFT
Mixed plaque identified in the left ICA forming a less than 30% stenosis.

Assessed by David Barrett

Printed on 06/08/2022 at 3:06 pm

Checked by _____

Reason	TIA clinic
Outcome	Widely patent

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.37	0.29	**< 25%**
Plaque	Normal				
Disease length from BIF					
Bifurcation					**< 25%**
Plaque	Normal				
Disease length from BIF					
Internal			1.33	0.32	**< 25%**
Plaque	Normal				
Disease length from BIF		**Pk ICA/Pk CCA = 1.0**		**Pk ICA/End CCA = 4.6**	
External			1.81		**< 25%**
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.44	0.22	**< 25%**
Plaque	Normal				
Disease length from BIF					
Bifurcation					**< 25%**
Plaque	Normal				
Disease length from BIF					
Internal			1.11	0.29	**< 25%**
Plaque	Normal				
Disease length from BIF		**Pk ICA/Pk CCA = 0.8**		**Pk ICA/End CCA = 5.0**	
External			1.58		**< 25%**
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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

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

Assessed by David Barrett

Printed on 06/08/2022 at 3:05 pm Checked by _____

Reason	Routine
Outcome	Widely patent

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.50	0.38	**< 25%**
Plaque	Normal				
Disease length from BIF					
Bifurcation					**< 25%**
Plaque	Normal				
Disease length from BIF					
Internal			1.15	0.34	**< 25%**
Plaque	Normal				
Disease length from BIF		**Pk ICA/Pk CCA = 0.8**		**Pk ICA/End CCA = 3.0**	
External			0.94		**< 25%**
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.53	0.35	**< 25%**
Plaque	Normal				
Disease length from BIF					
Bifurcation					**< 25%**
Plaque	Normal				
Disease length from BIF					
Internal			1.22	0.38	**< 25%**
Plaque	Normal				
Disease length from BIF		**Pk ICA/Pk CCA = 0.8**		**Pk ICA/End CCA = 3.5**	
External			1.13		**< 25%**
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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

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

Assessed by David Barrett

Printed on 06/08/2022 at 3:05 pm

Checked by _____

Reason TIA clinic

Outcome Calcified, disease - mild

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.87	0.16	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			0.83	0.19	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF		**Pk ICA/Pk CCA = 1.0**		**Pk ICA/End CCA = 5.2**	
External			2.03		**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Not Identified	Triphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.04	0.23	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.97	0.33	**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 0.9**		**Pk ICA/End CCA = 4.2**	
External			1.56		**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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
Intimal thickening identified in the right ICA forming a less than 30% reduction in luminal diameter.
LEFT
Mixed, dense and calcified plaque identified in the left ICA forming a less than 50% stenosis.

Assessed by David Barrett

Printed on 06/08/2022 at 3:06 pm **Checked by** _____

Reason TIA clinic

Outcome disease - mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.06	0.28	**< 40%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.94	0.30	**< 40%**
Plaque	Mixed				
Disease length from BIF		**Pk ICA/Pk CCA = 0.9**		**Pk ICA/End CCA = 3.4**	
External			0.99		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.83	0.21	**< 40%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Mixed				
Disease length from BIF					
Internal			0.93	0.35	**< 30%**
Plaque	Dense Mixed				
Disease length from BIF		**Pk ICA/Pk CCA = 1.1**		**Pk ICA/End CCA = 4.4**	
External			1.04		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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
Mixed plaque identified in the right ICA forming a less than 40% stenosis.
LEFT
Mixed and dense plaque identified in the left ICA forming a less than 30% stenosis.

Assessed by David Barrett

Printed on 06/08/2022 at 2:52 pm Checked by _____

Reason	Stroke
Outcome	Widely patent

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.11	0.13	**< 25%**
Plaque	Normal				
Disease length from BIF					
Bifurcation					**< 25%**
Plaque	Normal				
Disease length from BIF					
Internal			0.80	0.21	**< 25%**
Plaque	Normal				
Disease length from BIF		**Pk ICA/Pk CCA = 0.7**		**Pk ICA/End CCA = 6.2**	
External			0.67		**< 25%**
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.49	0.23	**< 25%**
Plaque	Normal				
Disease length from BIF					
Bifurcation					**< 25%**
Plaque	Normal				
Disease length from BIF					
Internal			0.93	0.25	**< 25%**
Plaque	Normal				
Disease length from BIF		**Pk ICA/Pk CCA = 0.6**		**Pk ICA/End CCA = 4.0**	
External			0.65		**< 25%**
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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.

Assessed by David Barrett

Printed on 06/08/2022 at 2:52 pm Checked by _____

Reason TIA clinic

Outcome Calcified, disease - mild

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.42	0.33	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.93	0.22	**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from βIF		**Pk ICA/Pk CCA = 0.7**		**Pk ICA/End CCA = 2.8**	
External			1.50		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.39	0.28	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.01	0.23	**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 0.7**		**Pk ICA/End CCA = 3.6**	
External			1.59		**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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
Mixed, dense and calcified plaque identified in the right and left ICA forming a less than 40% stenosis bilaterally.

Assessed by David Barrett

Printed on 06/08/2022 at 2:36 pm **Checked by** _____

Reason Stroke

Outcome Well vascularised mass, Calcified, disease - mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.79	0.15	**< 30%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 50%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.01	0.28	**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF		**Pk ICA/Pk CCA = 1.3**		**Pk ICA/End CCA = 6.7**	
External			0.66		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.88	0.16	**< 30%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.81	0.21	**< 30%**
Plaque	Mixed				
Disease length from BIF		**Pk ICA/Pk CCA = 0.9**		**Pk ICA/End CCA = 5.1**	
External			0.81		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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
Mixed, dense and calcified plaque identified in the right ICA forming a less than 40% stenosis.
LEFT
Mixed plaque identified in the left ICA forming a less than 30% stenosis.

Additional comments: Enlarged vascularised mass noted in the right and left thyroid regions measuring ~1.6cm x 2.6cm and ~1.8cm x 1.9cm, respectively - suggest general ultrasound, if appropriate.

Assessed by David Barrett

Printed on 06/08/2022 at 2:35 pm Checked by _____

Reason TIA clinic

Outcome Cyst, disease - mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.96	0.17	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			0.60	0.17	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF		**Pk ICA/Pk CCA = 0.6**		**Pk ICA/End CCA = 3.5**	
External			0.82		**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.03	0.20	**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			0.84	0.20	**< 40%**
Plaque	Dense Mixed				
Disease length from BIF		**Pk ICA/Pk CCA = 0.8**		**Pk ICA/End CCA = 4.2**	
External			0.91		**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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
Intimal thickening identified in the right ICA forming a less than 30% reduction in luminal diameter.
LEFT
Mixed and dense plaque identified in the left ICA forming a less than 40% stenosis.

Additional comments: Non-vascularised echolucent/mixed echogenic ?cyst noted anterior to carotid bifurcation on right (~1.9cm x 3cm) and left (~1.1cm x 1.5cm) side - suggest general ultrasound, if appropriate.

Assessed by David Barrett

Printed on 06/08/2022 at 2:32 pm Checked by _____

Reason	Stroke
Outcome	disease - mild

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.07	0.29	**< 30%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			1.13	0.32	**< 30%**
Plaque	Mixed				
Disease length from BIF		**Pk ICA/Pk CCA = 1.1**		**Pk ICA/End CCA = 3.9**	
External			1.27		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Left		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			1.32	0.31	**< 30%**
Plaque	Mixed				
Disease length from BIF					
Bifurcation					**< 40%**
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.94	0.32	**< 40%**
Plaque	Dense Mixed				
Disease length from BIF		**Pk ICA/Pk CCA = 0.7**		**Pk ICA/End CCA = 3.0**	
External			1.05		**< 30%**
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	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
Mixed plaque identified in the right ICA forming a less than 30% stenosis.
LEFT
Mixed and dense plaque identified in the left ICA forming a less than 40% stenosis.

Assessed by David Barrett

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