

Department of Vascular Surgery

Vascular Laboratory

(POO91)

Mater Misericordiae University Hospital Ltd

Eccles Street

Dublin 7

Tel : (01) 8034251

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Directors Prof. M. O'Donohoe

Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name MCNEILS, BERNADETTE
Address 10 HILLYARD AVENUE, DUBLIN 7
DUBLIN 7
DUBLIN 7

DOB 01/01/1934 **Age** 88Y
Gender Female **MRN** 10000000000000000000
Procedure Date 22/09/2022
Report Date 22/09/2022
Ordered By JMONTGOMERY
Location OUR LADYS HOSPITAL
Episode Type Hospital Referral

Consultant/GP Dr Anwar

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason Carotid Dopplers please

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: headache and blurred vision lasting ~15 minutes.

The common carotid arteries are patent with no significant stenosis detected.

The right external carotid artery demonstrates a greater than 50% stenosis, the left external carotid artery is patent with no significant stenosis detected.

The internal carotid arteries demonstrate mild atheroma causing a 0-29% stenosis bilaterally.

No haemodynamically significant stenosis is detected.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow-up.

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Directors Prof. M. O'Donohoe

Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]

Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 73Y

Gender Female **MRN** [REDACTED]

Procedure Date 22/09/2022

Report Date 22/09/2022

Ordered By IMC420446

Location AMAU

Episode Type Inpatient

Consultant/GP MARNANE DR. MICHAEL

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason TIA work-up

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: Branch retinal artery occlusion. TIA work-up.

Right side: The common carotid artery demonstrates echogenic plaque causing no significant stenosis. The external carotid artery demonstrates mild atheroma and no significant stenosis. The internal carotid artery demonstrates no colour flow or Doppler signal throughout the portions imaged on duplex in keeping with an occlusion. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries demonstrate moderate atheroma and no significant stenosis. The internal carotid artery demonstrates echogenic plaque with calcific elements causing a 50-69% stenosis (PSV = 193cm/s). The vertebral artery is patent with antegrade flow.

Conclusion:

Right ICA Stenosis = Occluded

Left ICA Stenosis = 50-69%

Suggest repeat carotid duplex in 1 year and vascular consult for follow-up purposes.

Please note: a vascular consult will be arranged with Mr Edward Mulkern, consultant vascular surgeon for new AAA found on screening today as per vascular lab protocol. Please see additional reports.

Follow-Up: No follow-up arranged at present.

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Directors Prof. M. O'Donohoe

Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]
Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 58Y
Gender Male **MRN** [REDACTED]
Procedure Date 22/09/2022
Report Date 22/09/2022
Ordered By IMC432024
Location CTSCHUGHTGEN
Episode Type Outpatient

Consultant/GP CHUGHTAI MR. ZEB

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: Pre-op AVR.

Right side: The common, external and internal carotid arteries are widely patent with no significant plaque formation or flow abnormalities detected. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries demonstrate mild atheroma and no significant stenosis. The internal carotid artery demonstrates a short segment of echogenic plaque proximally causing a 0-29% stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: No follow-up arranged.

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Directors Prof. M. O'Donohoe

Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]
Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 72Y
Gender Male **MRN** [REDACTED]
Procedure Date 23/09/2022
Report Date 23/09/2022
Ordered By CGRAY
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Ciaran McDonnell Consultant General/Vascular Surgeon

Referral Reason 1 year and sopd

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: 1 year follow-up with SOPD to discuss no further follow-up.

Patient describes new intermittent right-sided visual disturbances today ongoing for ~1 week.

Previously (09/2021): RICA = Occluded, LICA = 50-69%

No significant change today.

Right side: The common carotid artery demonstrates mild atheroma and a peripheral type signal. The external carotid artery demonstrates a greater than 50% stenosis. The internal carotid artery demonstrates no colour flow or Doppler signal throughout the portions imaged on duplex and is very small in calibre in keeping with a chronic occlusion. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries demonstrate mild atheroma and no significant stenosis. The internal carotid artery demonstrates irregular surfaced echogenic plaque causing a 50-69% stenosis (PSV = 181cm/s), query increase partially due to angle of vessel at this level as before. The vertebral artery is patent with antegrade flow.

Conclusion:

Right ICA Stenosis = Occluded

Left ICA Stenosis = 50-69%

Follow-Up: SOPD today. Please advise re: follow-up.

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Directors Prof. M. O'Donohoe

Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]
Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 63Y
Gender Female **MRN** [REDACTED]
Procedure Date 27/09/2022
Report Date 27/09/2022
Ordered By CGRAY
Location GVSODONOMGEN
Episode Type Outpatient

Consultant/GP O'DONOHUE PROFESSOR MARTIN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon

Referral Reason 3/12 - to stay on 3/12 FU please

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: 3 month follow-up as per patient request. Left CEA in 2020.

Previously (06/2022): RICA = 0-29%, LICA = Patent

No significant change since previous study.

Right side: The common and external carotid arteries demonstrate mild atheroma and no significant stenosis. The internal carotid artery demonstrates mild atheroma causing a 0-29% stenosis. The vertebral artery is patent with antegrade flow.

Left side: The common, external and internal carotid arteries are widely patent with no significant plaque formation or flow abnormalities detected ~2 years post CEA. The vertebral artery is patent with antegrade flow.

2 year post-op surveillance complete.

Follow-Up: SOPD today to discuss no further follow-up / less frequent follow-up. No follow-up arranged at present.

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Name [REDACTED]
Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 72Y
Gender Male **MRN** [REDACTED]
Procedure Date 30/09/2022
Report Date 30/09/2022
Ordered By IMC504791
Location TERESA
Episode Type Inpatient

Consultant/GP MARNANE DR. MICHAEL

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason 72M, multiple vascular risk factors (HTN, High chol, exsmoker), admitted from EED

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: Stroke work up, painless loss of vision.

The common carotid arteries and external carotid arteries are patent with no significant stenosis detected.

The internal carotid arteries demonstrate echogenic plaque proximally causing a 0-29% stenosis bilaterally.

No haemodynamically significant stenosis is detected.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow-up arranged.

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Chief Technologist : Cleona Gray

Name [REDACTED]
Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 42Y
Gender Male **MRN** [REDACTED]
Procedure Date 05/10/2022
Report Date 05/10/2022
Ordered By JUBYRNE
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP MULKERN MR. EDWARD

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason per Mr - Carotid scan in this week

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: Right-sided visual loss. Stroke work-up.

No significant plaque formation or flow abnormality is detected of either extra cranial carotid system.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: SOPD today.

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Mr. E. Mulkern

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Name [REDACTED]

Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 64Y

Gender Male **MRN** [REDACTED]

Procedure Date 12/10/2022

Report Date 12/10/2022

Ordered By IMC504610

Location CAVAN GENERAL HOSPITAL

Episode Type Hospital Referral

Consultant/GP Dr. Srinivas

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason pre-op CABG for assessment as per pre-operative requirements pls, many thanks

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: Pre-op CABG.

The common carotid arteries and external carotid arteries are patent with no significant stenosis detected.

The internal carotid arteries demonstrate mild atheroma causing a 0-29% stenosis bilaterally.

No haemodynamically significant stenosis is detected.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow-up arranged.

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Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]
Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 76Y
Gender Female **MRN** [REDACTED]
Procedure Date 12/10/2022
Report Date 12/10/2022
Ordered By EQUILTY
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP MULKERN MR. EDWARD

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason 6 week follow up with SOPD same day please.

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: 6 week follow-up post Left CEA.

Previously (08/2022) RICA = 70-80%, (09/2022) LICA = increased velocities in mid-vessel, query due to angulation.

Right side: The common carotid artery demonstrates mixed echogenic plaque causing no significant stenosis (PSV = 87cm/s). The external carotid artery demonstrates a greater than 95% stenosis. The internal carotid artery demonstrates irregular surfaced mixed echogenic plaque with calcific elements extending for ~1.8cm from the origin of the vessel causing a 70-80% stenosis (PSV = 537cm/s, EDV = 117cm/s). The vertebral artery is patent with antegrade flow.

Left side: The common carotid artery demonstrates turbulent flow in the proximal vessel and within the patch site however, no significant stenosis or plaque formation is detected (Distal CCA PSV = 193cm/s), as before. The external carotid artery demonstrates mild atheroma and no significant stenosis. The internal carotid artery demonstrates a short segment (~0.7cm) of mixed echogenic material in the mid-vessel causing increased velocities (PSV = 456cm/s), query increase partially due to angulation at this level. Previously no significant plaque formation was visualised at this level on duplex. The vertebral artery is patent with antegrade flow.

Follow-Up: 3 months, unless otherwise advised. SOPD today.

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Chief Technologist : Cleona Gray

Name [REDACTED]

Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 40Y

Gender Male **MRN** [REDACTED]

Procedure Date 12/10/2022

Report Date 12/10/2022

Ordered By MCAMERON

Location OUR LADYS HOSPITAL

Episode Type Hospital Referral

Consultant/GP Dr Anandan

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason SEE SCANNED REFERRAL - OPD CAROTID DUPLEX

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: Pre-op MVR.

No significant plaque formation or flow abnormality is detected of either extra cranial carotid system.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow-up arranged.

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Directors Prof. M. O'Donohoe

Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]

Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 76Y

Gender Male **MRN** [REDACTED]

Procedure Date 17/10/2022

Report Date 17/10/2022

Ordered By IMC504178

Location CECS

Episode Type Inpatient

Consultant/GP MCCARTHY PROFESSOR JIM

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Ciaran McDonnell Consultant General/Vascular Surgeon

Referral Reason D1 scan post left carotid endarterectomy (+CABG) tomorrow, 12/10/22 to assess patency post o.Many

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: Post-op Left CEA.

Previously (27/09/2022): RICA = 50-69%, LICA = 90-99%

Right side: The common and external carotid artery demonstrates moderate atheroma causing no significant stenosis. The internal carotid artery demonstrates irregular surfaced calcific plaque extending for ~2.0cm causing a region of acoustic shadowing (~0.5cm). Velocities detected distal to the shadowing are in keeping with a 50-69% stenosis (PSV = 220cm/s) however, cannot out rule a higher grade stenosis behind the shadowing as before. The vertebral artery is patent with antegrade flow.

Left side: The common carotid artery demonstrates mixed echogenic material in the mid-distal vessel (~1.9cm in length) with a mobile element imaged on duplex causing a double lumen for a short segment. No significant increase in velocities is detected at this level. The external carotid artery demonstrates a greater than 75% stenosis. The internal carotid artery demonstrates a short segment of mixed echogenic material ~0.9cm from the origin of the vessel causing an increase in velocities in keeping with a 50-69% stenosis (PSV = 199cm/s) (ICA/CCA ratio in keeping with a greater than 60% stenosis). The vertebral artery is patent with antegrade flow.

Conclusion:

Right ICA Stenosis = 50-69%

Left ICA Stenosis = 50-69%

Follow-Up: 6 weeks with SOPD same day.

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Directors Prof. M. O'Donohoe

Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]
Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 54Y
Gender Male **MRN** [REDACTED]
Procedure Date 18/10/2022
Report Date 18/10/2022
Ordered By IMC3027
Location Emergency Department
Episode Type Emergency Department

Consultant/GP Emergency Department

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason pixilated visual disturbance right eye

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: right-sided visual disturbances, to out rule carotid artery disease.

No significant plaque formation or flow abnormality is detected of either extra cranial carotid system.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow-up arranged.

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Directors Prof. M. O'Donohoe

Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]

Address [REDACTED]

DOB [REDACTED] **Age** 58Y

Gender Male **MRN** [REDACTED]

Procedure Date 18/10/2022

Report Date 18/10/2022

Ordered By IMC17509

Location DENMCQUAIEND

Episode Type Outpatient

Consultant/GP MCQUAID DR. SIOBHAN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason THYROID CANCER, HAD RECENT THYROID US AND CAROTID ARTERY CALCIFICATION

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries.

Indication: Carotid artery calcification on recent thyroid US.

Right side: The common, external and internal carotid arteries demonstrate mild atheroma causing no significant stenosis. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries demonstrate mild atheroma and no significant stenosis. The internal carotid artery demonstrates a short segment of echogenic plaque causing a 0-29% stenosis. The vertebral artery is patent with antegrade flow.

Follow-Up: No follow-up arranged.

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Directors Prof. M. O'Donohoe

Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]
Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 70Y
Gender Male **MRN** [REDACTED]
Procedure Date 18/10/2022
Report Date 18/10/2022
Ordered By IMC417905
Location HASU
Episode Type Inpatient

Consultant/GP KELLY PROF. PETER (NEU)

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason Follow up post right ICA stenting in Beaumont today - as per Vacular Team

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: Post-op RICA stent in Beaumont following 90-99% re-stenosis of Right ICA post CEA.

Previously (12/10/2022): RICA = 90-99%, LICA = 50-69%

Right side: The common carotid artery and the proximal CEA site are patent with no significant stenosis detected. The external carotid artery demonstrates no significant stenosis. The internal carotid artery and in situ stent are widely patent with a mild increase in velocities detected proximally (PSV = 143cm/s). No significant plaque formation imaged on duplex. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries demonstrate mild atheroma and no significant stenosis. The internal carotid artery demonstrates mixed echogenic plaque extending for ~1.7cm from the origin of the vessel causing a 50-69% stenosis (PSV = 235cm/s), as before. The vertebral artery is patent with antegrade flow.

Conclusion:

Right ICA Stenosis = Patent stent

Left ICA Stenosis = 50-69%

Follow-Up: Follow-up and SOPD with Professor O'Donohoe arranged for 29/11/2022

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Directors Prof. M. O'Donoghue

Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]

Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 63Y

Gender Male **MRN** [REDACTED]

Procedure Date 19/10/2022

Report Date 19/10/2022

Ordered By IMC426404

Location OPHKEEGANDRT

Episode Type Outpatient

Consultant/GP KEEGAN PROF. DAVID

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason LE retinal emboli

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: left retinal emboli.

Right side: The common carotid artery demonstrates echogenic plaque causing no significant stenosis. The external carotid artery demonstrates a greater than 75% stenosis. The internal carotid artery demonstrates irregular surfaced echogenic plaque extending for ~1.5cm from the origin of the vessel causing a 50-69% stenosis (PSV = 136cm/s). The vertebral artery is patent with antegrade flow.

Left side: The common carotid artery demonstrates echogenic plaque causing no significant stenosis. The external carotid artery demonstrates mild atheroma and no significant stenosis. The internal carotid artery demonstrates mixed echogenic plaque extending for ~1.4cm from the origin of the vessel causing a 50-69% stenosis (PSV = 133cm/s). The vertebral artery is patent with antegrade flow.

Conclusion:

Right ICA Stenosis = 50-69%

Left ICA Stenosis = 50-69%

Suggest repeat carotid duplex in 1 year and vascular consult for follow-up purposes.

Follow-Up: No further follow-up arranged with vascular lab at present.

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Directors Prof. M. O'Donohoe

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Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]
Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 74Y
Gender Female **MRN** [REDACTED]
Procedure Date 02/11/2022
Report Date 02/11/2022
Ordered By CGRAY
Location GVSMULKERGEN
Episode Type Outpatient

Consultant/GP MULKERN MR. EDWARD

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason not performed today in error.

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: 6 month surveillance. Previous left CEA.

Previously (03/2022): RICA = 70-80%, LICA = Patent

No significant change since previous study.

Right side: The common carotid artery demonstrates echogenic plaque causing no significant stenosis (PSV = 89cm/s). The external carotid artery demonstrates a greater than 50% stenosis. The internal carotid artery demonstrates irregular surfaced mixed echogenic plaque with calcific elements extending for ~1.9cm from the origin of the vessel causing a 70-80% stenosis (PSV = 386cm/s, EDV = 90cm/s), as before. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries demonstrate mild atheroma and no significant stenosis. The internal carotid artery demonstrates mildly increased flow velocities throughout however, is widely patent post CEA with no significant plaque formation imaged on duplex as before. The vertebral artery is patent with antegrade flow.

Follow-Up: 6 months.

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Directors Prof. M. O'Donohoe

Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]

Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 75Y

Gender Female **MRN** [REDACTED]

Procedure Date 07/11/2022

Report Date 07/11/2022

Ordered By SACLARKE

Location Consultant Referral

Episode Type Consultant Referral

Consultant/GP O'DONOHUE PROFESSOR MARTIN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon

Referral Reason 3 months, unless otherwise advised.

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: 3-month surveillance.

Previously (08/2022): RICA = 80-90%, LICA = 0-29%

No significant change since previous study.

Right side: The common and external carotid arteries demonstrate mild atheroma and no significant stenosis. The internal carotid artery demonstrates ulcerated mixed predominantly echolucent plaque extending for ~2.0cm from the origin of the vessel causing an 80-90% stenosis (PSV = 482cm/s, EDV = 153cm/s), as before. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries demonstrate mild atheroma and no significant stenosis. The internal carotid artery demonstrates mixed echogenic plaque proximally causing a 0-29% stenosis. The vertebral artery is patent with antegrade flow.

Conclusion:

Right ICA Stenosis = 80-90%

Left ICA Stenosis = 0-29%

Follow-Up: 3 months, unless has surgery in the meantime.

Department of Vascular Surgery
Vascular Laboratory

(PO091)

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Directors Prof. M. O'Donohoe

Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]

Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 67Y

Gender Female **MRN** [REDACTED]

Procedure Date 07/11/2022

Report Date 07/11/2022

Ordered By IMC423378

Location HLTW7

Episode Type Inpatient

Consultant/GP MURRAY DR MICHELLE

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: Lung transplant work-up.

The common carotid arteries and external carotid arteries are patent with no significant stenosis detected.

The internal carotid arteries demonstrate mild atheroma causing a 0-29% stenosis bilaterally.

No haemodynamically significant stenosis is detected.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow-up.

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Name [REDACTED]

Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 63Y

Gender Male **MRN** [REDACTED]

Procedure Date 07/11/2022

Report Date 07/11/2022

Ordered By IMC426404

Location OPHKEEGANDRT

Episode Type Outpatient

Consultant/GP KEEGAN PROF. DAVID

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason Right retinal emboli. Patient would appreciate app in Nov 2022 as he lives in Zambia. Will be leaving

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: right retinal emboli.

The common carotid arteries and external carotid arteries are patent with no significant stenosis detected.

The internal carotid arteries demonstrate mild atheroma causing a 0-29% stenosis bilaterally.

No haemodynamically significant stenosis is detected.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow-up.

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Name [REDACTED]

Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 49Y

Gender Male **MRN** [REDACTED]

Procedure Date 07/11/2022

Report Date 07/11/2022

Ordered By SACLARKE

Location Consultant Referral

Episode Type Consultant Referral

Consultant/GP HUNT DR. EOIN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason within 2 weeks please if possible as discussed with Des O'Neill ANP

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: multiple syncope with neck flexion. Background of hyperlipidaemia, to out rule carotid artery stenosis.

No significant plaque formation or flow abnormality is detected of either extra cranial carotid system.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow-up arranged.

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Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]

Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 83Y

Gender Male **MRN** [REDACTED]

Procedure Date 09/11/2022

Report Date 09/11/2022

Ordered By SA CLARKE

Location GVSMULKGERN

Episode Type Outpatient

Consultant/GP MULKERN MR. EDWARD

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason Follow-up in 1 year with SOPD same day to discuss no further follow-up

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: 1 year follow-up.

Previously (11/2021): RICA = 50-69%, LICA = 0-29%

No significant change since previous study. Patient scanned in own wheelchair.

Right side: The common carotid artery demonstrates echogenic plaque distally causing no significant stenosis. The external carotid artery demonstrates mild atheroma and no significant stenosis. The internal carotid artery demonstrates calcific plaque extending for ~2.0cm from the origin of the vessel causing a region of acoustic shadowing (~0.4cm). Velocities detected distal to the shadowing are in keeping with a 50-69% stenosis (PSV = 265cm/s), as before. The vertebral artery is patent with antegrade flow.

Left side: The common carotid artery demonstrates echogenic plaque causing no significant stenosis. The external carotid artery demonstrates a greater than 50% stenosis. The internal carotid artery demonstrates calcific plaque extending for ~1.6cm causing a short segment of acoustic shadowing at the origin of the vessel (~0.2cm). Velocities detected distal to the shadowing are in keeping with a 0-29% stenosis, as before. The vertebral artery is patent with antegrade flow.

Note: cannot out rule a high grade stenosis behind the regions of shadowing.

Follow-Up: SOPD today to discuss no further follow-up.

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Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name [REDACTED]
Address [REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 33Y
Gender Male **MRN** [REDACTED]
Procedure Date 14/11/2022
Report Date 14/11/2022
Ordered By MIOHARE
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP MARNANE DR. MICHAEL

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason Follow up 1 year

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: 1 year surveillance.

Previously (11/2021): RICA = 0-29%, LICA = ~50%.

No significant change since previous study.

Right side: The common and external carotid arteries demonstrate mild atheroma and no significant stenosis. The internal carotid artery demonstrates mild atheroma causing a 0-29% stenosis. The vertebral artery is patent with antegrade flow.

Left side: The common and external carotid arteries demonstrate mild atheroma and no significant stenosis. The internal carotid artery demonstrates mixed echogenic plaque causing velocities in keeping with a 30-49% stenosis (PSV = 114cm/s) and reduces the vessel lumen by ~50%, as before. The vertebral artery is patent with antegrade flow.

Follow-Up: 1 year.

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Chief Technologist : Cleona Gray

Name [REDACTED]

Address [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 84Y

Gender Female **MRN** [REDACTED]

Procedure Date 23/11/2022

Report Date 23/11/2022

Ordered By IMC370979

Location SLIGO UNIVERSITY HOSP.

Episode Type Hospital Referral

Consultant/GP MR CALDWELL

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason Request review for carotid stenosis, Right retinal artery occlusion

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: right retinal artery emboli.

Right side: The common carotid artery demonstrates extremely low volume peripheral-type flow (PSV = 21cm/s) suggestive of more distal disease. There is calcific plaque extending from the bifurcation causing extensive acoustic shadowing extending for ~2.0cm into both the internal and external carotid arteries. Where imaged distal to the shadowing the ECA appears occluded proximally refilling via retrograde flow of it's branches. The ICA demonstrates turbulent post-stenotic flow with velocities detected in keeping with a 70-80% stenosis (PSV = 255cm/s, EDV = 61cm/s) however, cannot out rule a higher grade stenosis behind the shadowing. The vertebral artery is patent with antegrade flow.

Left side: The common carotid artery demonstrates mild atheroma (PSV = 44cm/s). The external carotid artery demonstrates a greater than 95% stenosis. The internal carotid artery demonstrates calcific plaque extending for ~1.8cm causing multiple regions of acoustic shadowing. Between the regions of shadowing velocities detected are in keeping with a 90-99% stenosis (PSV = 703cm/s, EDV = 290cm/s). The vertebral artery is patent with antegrade flow.

Note: Both ICA are tortuous in nature in the mid-distal portions and are patent bilaterally in the most distal portions imaged on duplex.

Conclusion:

Right ICA Stenosis = 70-80%

Left ICA Stenosis = 90-99%

Patient seen in Vascular Laboratory by Vascular SpR Mr Sean Maguire.

Follow-Up: Please advise re: follow-up.

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Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name	[REDACTED]	DOB	[REDACTED]	Age	66Y
Address	[REDACTED]	Gender	Female	MRN	[REDACTED]
	[REDACTED]	Procedure Date	23/11/2022		
	[REDACTED]	Report Date	23/11/2022		
	[REDACTED]	Ordered By	IMC427554		
Consultant/GP	MCGORRIAN DR. CATHERINE		Location	AMAU	
Technologist	Sarah Clarke Senior Vascular Physiologist		Episode Type	Inpatient	
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon				
Referral Reason	Patient presenting with multiple collapses . Ongoing power loss in lower limbs. Peripheral neuropathy				
Procedure	VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report				

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: TIA work-up.

The common carotid arteries and external carotid arteries are patent with no significant stenosis detected.

The internal carotid arteries demonstrate mild atheroma causing a 0-29% stenosis bilaterally.

No haemodynamic ally significant stenosis is detected.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow-up.

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Name [REDACTED]

Address [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

DOB [REDACTED] **Age** 56Y

Gender Male **MRN** [REDACTED]

Procedure Date 25/11/2022

Report Date 25/11/2022

Ordered By IMC411341

Location CARCANNH GEN

Episode Type Outpatient

Consultant/GP MCCANN DR. HUGH A.

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason ? Evidence of haemodynamically significant carotid artery disease, pre- valve surgery assessment

Procedure VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

VUS CAROTID VERTEBRAL ARTERIES BOTH - Authorised Report

Duplex Carotid and Vertebral Arteries

Indication: Pre-op AVR.

No significant plaque formation or flow abnormality is detected of either extra cranial carotid system.

Both vertebral arteries are patent with antegrade flow.

Follow-Up: No follow-up.