

Report created 30/12/2022, 15:37 by Navarro Wanda
Printed from Sectra IDS7 on 06/01/2023, 12:15 by Navarro Wanda

30/12/2022, 15:26, UA Carotid and Vertebral

Duplex scanning demonstrated complete occlusion of the left internal carotid artery ~1.1cm after the origin. There was minor fibrous/calcified plaque in the right internal carotid artery. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. (L) ICA occluded ~1.1cm after the origin.
2. Minor (R) ICA disease, 16-49% (nearer 25%).

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.
Report Date: 30/12/2022, 15:31

Report created 30/12/2022, 14:58 by Navarro Wanda
Printed from Sectra IDS7 on 10/01/2023, 17:16 by Navarro Wanda

30/12/2022, 14:32, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous thickening in bilateral internal carotid arteries. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor bilateral ICAs disease, 1-15%.

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.
Report Date: 30/12/2022, 14:57

Report created 30/12/2022, 15:37 by Navarro Wanda

Printed from Sectra IDS7 on 10/01/2023, 17:16 by Navarro Wanda

30/12/2022, 15:26, UA Carotid and Vertebral

Duplex scanning demonstrated complete occlusion of the left internal carotid artery ~1.1cm after the origin. There was minor fibrous/calcified plaque in the right internal carotid artery. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. (L) ICA occluded ~1.1cm after the origin.
2. Minor (R) ICA disease, 16-49% (nearer 25%).

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 30/12/2022, 15:31

Report created 29/12/2022, 13:08 by Navarro Wanda

Printed from Sectra IDS7 on 10/01/2023, 17:17 by Navarro Wanda

29/12/2022, 10:54, UA Carotid and Vertebral

Duplex scanning demonstrated moderate fibrous plaque in the right internal carotid artery and a patent left internal/common carotid artery post-endarterectomy. Elevated velocities detected in the left internal carotid artery distal to endarterectomy site suggestive of moderate disease. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Moderate (R) ICA disease, 16-49% (nearer 40%).
2. (L) ICA/CCA patent post-endarterectomy, 1-15%. Moderate disease in (L) ICA distal to endarterectomy site, 16-49% (nearer 30%).

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 29/12/2022, 13:03

Report created 09/01/2023, 12:13 by Navarro Wanda

Printed from Sectra IDS7 on 10/01/2023, 17:18 by Navarro Wanda

09/01/2023, 11:48, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous thickening in bilateral internal carotid arteries. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor bilateral ICAs disease, 1-15%.

Reported By: L. Stone, Trainee Clinical Scientist.

Report Checked By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 09/01/2023, 12:12

Report created 09/01/2023, 15:57 by Navarro Wanda

Printed from Sectra IDS7 on 10/01/2023, 17:18 by Navarro Wanda

09/01/2023, 14:40, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous thickening in bilateral internal carotid arteries. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor bilateral ICAs disease, 1-15%.

Reported By: L. Stone, Trainee Clinical Scientist.

Report Checked By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 09/01/2023, 15:55

Report created 30/11/2022, 13:40 by Navarro Wanda

Printed from Sectra IDS7 on 10/01/2023, 17:19 by Navarro Wanda

29/11/2022, 17:20, UA Carotid and Vertebral

Duplex scanning demonstrated fibrous/calcified plaque causing a severe stenosis on the left internal carotid artery origin and moderate fibrous/calcified plaque in the right internal carotid artery. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

No significant progression of disease.

1. Severe (L) ICA stenosis, 50-79% (nearer 70%). Plaque type: fibrous/calcified, length 13mm. Distal ICA diameter 4.7mm.
2. Moderate (R) ICA disease, 16-49% (nearer 49%).

Summary and next planned surveillance:

No significant progression of disease. Next scan provisionally November 2023, but confirm with Dr. Holmes.

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 30/11/2022, 13:33

Report created 22/11/2022, 16:52 by Navarro Wanda

Printed from Sectra IDS7 on 10/01/2023, 17:20 by Navarro Wanda

22/11/2022, 14:27, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous/calcified plaques in bilateral internal carotid arteries. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor bilateral ICAs disease, 16-49%, (R) nearer 30% and (L) nearer 25%.

Reported By: S. Poyntz, Trainee Clinical Scientist.

Report Checked By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 22/11/2022, 16:51

14/11/2022, 16:24, UA Carotid and Vertebral

Duplex scanning demonstrated fibrous/calcified plaque causing a moderate stenosis in the left internal carotid artery and minor fibrous/calcified plaque in the right internal carotid artery. There were diffuse fibrous/calcified plaques in bilateral proximal common carotid arteries causing elevated velocities (>300cm/s) suggestive of stenoses. There were elevated velocities in the right innominate and subclavian arteries suggestive of moderate stenoses. Bilateral vertebral and left subclavian arteries velocities were within the normal range.

Conclusion:

1. Moderate (L) ICA stenosis, 50-79% (nearer 50%).
2. Minor (R) ICA disease, 16-49% (nearer 35%).
3. Bilateral proximal CCAs stenoses.
4. Elevated velocities in the (R) innominate and (R) subclavian arteries suggestive of moderate stenoses.

NB: Previous (L) ilio-femoral peripheral vascular disease noted from duplex assessment 10.08.2020.

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.
Report Date: 14/11/2022, 16:25

11/11/2022, 12:37, UA Carotid and Vertebral

Duplex ultrasound demonstrated a patent left distal common carotid/internal carotid artery stent with minor narrowing distally - appears slightly compressed. There was fibrous/calcified plaque in the right common carotid artery extending into the right internal carotid artery causing a moderate stenosis. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. (L) CCA/ICA stent patent with minor narrowing distally - appears slightly compressed, 16-49% (nearer 25%).
2. Moderate (R) ICA stenosis, 50-79% (nearer 50%).

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.
Report Date: 11/11/2022, 12:49

Report created 10/11/2022, 15:32 by Navarro Wanda

Printed from Sectra IDS7 on 10/01/2023, 17:22 by Navarro Wanda

10/11/2022, 14:36, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous/calcified plaques in bilateral internal carotid arteries. There was a tortuous loop in the left internal carotid artery causing elevated velocities suggestive of moderate disease. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor fibrous/calcified plaque in the (L) ICA. Tortuous loop detected in (L) ICA causing elevated velocities suggestive of moderate disease, 16-49% (nearer 40%).
2. Minor fibrous/calcified plaque in the (R) ICA, 16-49% (nearer 25%).

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 10/11/2022, 15:30

Report created 10/11/2022, 15:47 by Navarro Wanda

Printed from Sectra IDS7 on 10/01/2023, 17:22 by Navarro Wanda

10/11/2022, 14:57, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous plaques in bilateral internal carotid arteries. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor disease in bilateral ICAs, 16-49% (both nearer 20%).

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 10/11/2022, 15:46

Report created 08/11/2022, 09:16 by Navarro Wanda

Printed from Sectra IDS7 on 10/01/2023, 17:22 by Navarro Wanda

07/11/2022, 16:26, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous/calcified plaque in the left internal carotid artery and minor fibrous plaque in the right internal carotid artery. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor bilateral ICAs disease, 16-49% (nearer 20%).

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 08/11/2022, 09:14

Report created 02/11/2022, 14:35 by Navarro Wanda

Printed from Sectra IDS7 on 10/01/2023, 17:23 by Navarro Wanda

02/11/2022, 14:10, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous/calcified plaques in bilateral internal carotid arteries. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor bilateral ICAs disease, 16-49% (both nearer 30%).

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 02/11/2022, 14:34

Report created 01/11/2022, 15:24 by Navarro Wanda
Printed from Sectra IDS7 on 10/01/2023, 17:24 by Navarro Wanda

01/11/2022, 15:10, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous/calcified plaques in bilateral internal carotid arteries. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor bilateral ICAs disease, 16-49%, (R) nearer 25% and (L) nearer 20%.

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 01/11/2022, 15:15

Report created 24/10/2022, 11:00 by Navarro Wanda
Printed from Sectra IDS7 on 10/01/2023, 17:25 by Navarro Wanda

24/10/2022, 10:51, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous/calcified plaques in bilateral internal carotid arteries. There were reduced blood flow velocities detected in the right vertebral artery at mid-cervical level suggest significant disease. Left vertebral and bilateral subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor bilateral ICAs disease, 16-49% (both nearer 20%).
2. Reduced blood flow velocities detected in the (R) VA at mid-cervical level suggest significant disease in the (R) VA.

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 24/10/2022, 10:55

Report created 24/10/2022, 12:10 by Navarro Wanda
Printed from Sectra IDS7 on 10/01/2023, 17:25 by Navarro Wanda

24/10/2022, 11:02, UA Carotid and Vertebral

Duplex scanning demonstrated severe stenoses in bilateral internal carotid arteries, with mixed-echo (echolucent/fibrous) plaque in the left and fibrous/calcified plaque in the right. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Severe (R) ICA stenosis, 50-79% (nearer 79%). Plaque type: fibrous/calcified, length 20mm. Distal ICA diameter: 5.1mm.
2. Severe (L) ICA stenosis, 50-79% (nearer 70%). Plaque type: echolucent/fibrous, length 34mm. Distal ICA diameter: 4.9mm.

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.
Report Date: 24/10/2022, 12:04

Report created 24/10/2022, 17:02 by Navarro Wanda
Printed from Sectra IDS7 on 10/01/2023, 17:26 by Navarro Wanda

24/10/2022, 16:57, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous/calcified plaques in bilateral internal carotid arteries. There was asymmetry in blood flow velocities between the vertebral arteries, left < right. Bilateral subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor bilateral ICAs disease, 16-49%, (R) nearer 35% and (L) nearer 20%.
2. Vertebral asymmetry, (L) < (R).

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.
Report Date: 24/10/2022, 17:02

Report created 20/10/2022, 17:24 by Navarro Wanda

Printed from Sectra IDS7 on 10/01/2023, 17:26 by Navarro Wanda

20/10/2022, 17:01, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous/calcified plaques in bilateral internal carotid arteries. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor bilateral ICAs disease, 16-49% (both nearer 30%).

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 20/10/2022, 17:23

Report created 17/10/2022, 16:17 by Navarro Wanda

Printed from Sectra IDS7 on 10/01/2023, 17:27 by Navarro Wanda

17/10/2022, 14:19, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous plaque in the left internal carotid artery and minor fibrous thickening in the right internal carotid artery. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor (L) ICA disease, 16-49% (nearer 20%).
2. Minor (R) ICA disease, 1-15%.

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 17/10/2022, 16:15

06/10/2022, 09:11, UA Carotid and Vertebral

No progression of disease.

Duplex scanning demonstrated complete occlusion of the left internal carotid artery with short segment (length ~ 4mm) of string flow at the origin suggestive of minor recanalisation. There was a fibrous/calcified plaque in the distal right common carotid artery extending into the origin of the right internal carotid artery causing a moderate stenosis -?more severe, peak velocity reduced compared to previous duplex scan 21.10.2021. Vertebral asymmetry noted, (L)>(R). Bilateral subclavian arteries velocities were within the normal range.

Conclusion:

1. (L) ICA completely occluded with minor recanalisation at the origin.
2. (R) ICA stenosis, 50-79% (nearer 55%- ?more severe). Plaque type: fibrous/calcified, length ~15mm. Distal ICA calibre: 4.8mm.

Summary and next planned surveillance:

Known (L) ICA occlusion. (R) ICA stenosis reduced compared to previous duplex 21.10.2021- ?rescan in 6months (March 2023).

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.
Report Date: 07/10/2022, 10:03

03/10/2022, 09:57, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous plaques in bilateral internal carotid arteries. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor bilateral ICAs disease, 16-49% (both nearer 16%).

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.
Report Date: 03/10/2022, 11:32

Report created 28/09/2022, 13:51 by Navarro Wanda

Printed from Sectra IDS7 on 10/01/2023, 17:29 by Navarro Wanda

28/09/2022, 10:19, UA Carotid and Vertebral

Duplex scanning demonstrated minor mixed-echo, fibrous/echolucent plaque in the right internal carotid artery origin and minor fibrous plaque in the left internal carotid artery. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor disease in bilateral ICAs, 16-49%, (R) nearer 25% and (L) nearer 20%.

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 28/09/2022, 13:48

Report created 22/09/2022, 13:02 by Navarro Wanda

Printed from Sectra IDS7 on 10/01/2023, 17:30 by Navarro Wanda

22/09/2022, 11:43, UA Carotid and Vertebral

Duplex scanning demonstrated fibrous/calcified plaques in bilateral distal common carotid artery extending into the internal carotid arteries origins causing a critical stenosis on the left and moderate stenosis on the right. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Critical (L) ICA origin stenosis, 80-99% (nearer 80%). Plaque type: fibrous/calcified, length 8.5mm. Distal ICA diameter: 3.1mm.
2. Moderate (R) ICA origin stenosis, 50-79% (nearer 55%). Plaque type: fibrous/calcified, length 14mm. Distal ICA diameter: 3.9mm.

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.

Report Date: 22/09/2022, 12:53

Duplex scanning demonstrated moderate calcified plaque in the left internal carotid artery and minor calcified plaque in the right internal carotid artery. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Moderate (L) ICA disease, 16-49% (nearer 40%).
2. Minor (R) ICA disease, 16-49% (nearer 20%).

Reported by: W. Navarro
Clinical Vascular Ultra. Sci.

DVH