

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

UA Carotid and Vertebral

23/02/2023, 11:05, UA Carotid and Vertebral

VERIFIED-Attended-23-Feb-2023-EXTER

Duplex scanning demonstrated minor fibrous/calcified plaques in bilateral internal carotid arteries. Vertebral velocities asymmetry detected, left > right. Bilateral subclavian arteries within the normal range.

Conclusion:

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

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.
Report Date: 23/02/2023, 11:20

UA Carotid and Vertebral

22/02/2023, 11:16, UA Carotid and Vertebral

VERIFIED-Attended-22-Feb-2023-EXTER

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 20%).

Reported By: Navarro Wanda
Report Date: 22/02/2023, 13:26

21/02/2023, 11:34, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous plaques in bilateral internal carotid arteries. There were diffuse fibrous thickening in both common 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%.
2. Diffuse, fibrous thickening in bilateral CCAs, 16-49%.

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.
Report Date: 21/02/2023, 11:55

20/02/2023, 12:54, UA Carotid and Vertebral

Duplex scanning demonstrated minor 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: W. Navarro, Clinical Vascular Ultrasound Scientist.
Report Date: 20/02/2023, 13:00

20/02/2023, 16:21, UA Carotid and Vertebral

Duplex scanning demonstrated minor mixed-echo, echolucent/fibrous, plaque in the left internal carotid artery origin 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%, (L) nearer 25% and (R) nearer 20%.

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.
Report Date: 20/02/2023, 16:38

Duplex scanning demonstrated fibrous/calcified plaques causing severe stenoses in the right internal carotid artery bulb and in the left internal carotid artery distal bulb. There was stenosis in the right external carotid artery. Vertebral velocities asymmetry detected, (L)>(R). Bilateral subclavian arteries velocities were within the normal range.

Conclusion:

1. Severe (R) ICA origin stenosis, 50-79% (nearer 75%). Plaque type: fibrous/calcified, length 31mm. Distal ICA diameter 4.8mm.
2. Severe (L) ICA stenosis, 50-79% (nearer 70%). Plaque type: fibrous/calcified, length 15mm. Distal ICA diameter 4.3mm.
3. (R) ECA stenosis.
4. Vertebral asymmetry, (L)>(R).

Reported By: Navarro Wanda

Report Date: 17/02/2023, 10:03

~~UA Carotid and Vertebral~~ ~~VERIFIED~~ ~~Attended-17-Feb-2023~~ ~~EXTERNAL/EXTERNAL-17-Feb-2023~~
17/02/2023, 11:18, 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 20%).

Reported By: S. Poyntz, Trainee Clinical Scientist.

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

Report Date: 17/02/2023, 13:05

CAROTID duplex assessment:

Duplex scanning demonstrated minor fibrous/calcified plaques in bilateral internal carotid arteries. Pre-subclavian steal waveforms demonstrated in the right vertebral artery and elevated velocities detected in the right subclavian and innominate arteries suggestive of moderate stenosis. Left vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor bilateral ICAs disease, 16-49% (both nearer 20%).
2. Pre-subclavian steal demonstrated in the (R) VA and elevated velocities detected in the (R) subclavian and innominate arteries suggestive of moderate stenosis.

IMT assessment:

Conclusion

RIGHT:

1. Carotid duplex: Plaque encroaching lumen by 2.7mm in the ICA.
2. C-IMT(mean): 0.88+/-0.07mm which falls above the 75th percentile for age and gender matched normal C-IMT.
3. CVD risk: Increased

LEFT:

1. Carotid duplex : Plaque encroaching lumen by 2.4mm in the ICA.
2. C-IMT(mean): 0.92+/-0.06mm which falls above the 75th percentile for age and gender matched

UA Carotid and Vertebral

VERIFIED=Attended-08-Feb-2023=EXTERNAL/EXTERNAL-08-Feb-2023

08/02/2023, 11:14, UA Carotid and Vertebral

Duplex scanning demonstrated patent right internal carotid artery post-endarterectomy with evidence of minor intimal hyperplasia. The left internal carotid artery was patent with evidence of minor fibrous plaque. Vertebral and subclavian arteries' velocities were within the normal range bilaterally.

Conclusion:

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

Next planned surveillance scan:

Stable (R) CAE. Next planned scan August 2023.

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

Report Date: 08/02/2023, 12:52

07/02/2023, 12:16, 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: 07/02/2023, 12:33

01/02/2023, 11:01, 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%, (L) nearer 25% and (R) nearer 20%.

Reported By: L. Stone, Trainee Clinical Scientist.

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

Report Date: 01/02/2023, 12:23

01/02/2023, 17:28, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous plaque in the left internal carotid artery origin 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 16%).
2. Minor (R) ICA disease, 1-15%.

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

Report Date: 01/02/2023, 17:31

Conclusion:

- Next Planned Surveillance:

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.
Report Date: 30/01/2023, 15:29

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

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

Reported By: W. Navarro, Clinical Vascular Ultrasound Scientist.
Report Date: 30/01/2023, 15:52

26/01/2023, 11:42, UA Carotid and Vertebral

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

Conclusion:

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

Reported By: S. Poyntz, Trainee Clinical Scientist.

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

Report Date: 26/01/2023, 13:06

18/01/2023, 14:23, 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 25%).

Reported By: L. Stone, Trainee Clinical Scientist.

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

Report Date: 18/01/2023, 16:47

18/01/2023, 17:27, UA Carotid and Vertebral

Duplex scanning demonstrated minor fibrous plaques in bilateral internal carotid arteries. There was a stenosis in the left external carotid artery. There was diffuse, fibrous thickening in the left common carotid artery. Bilateral vertebral and subclavian arteries velocities were within the normal range.

Conclusion:

1. Minor bilateral ICAs disease, 16-49% (both nearer 16%).
2. (L) ECA stenosis.
3. Diffuse, fibrous thickening in the (L) CCA, 16-49%.

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

Report Date: 18/01/2023, 17:28

16/01/2023, 11:42, UA Carotid and Vertebral

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

Conclusion:

No progression of disease since last duplex scan 29.04.2021.

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

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

Report Date: 16/01/2023, 12:51

16/01/2023, 16:16, 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%, (L) nearer 25% and (R) nearer 16%.

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

Report Date: 16/01/2023, 17:25

13/01/2023, 12:07, UA Carotid and Vertebral

Duplex scanning demonstrated fibrous/calcified plaque causing a moderate stenosis on 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. Moderate (L) ICA stenosis, 50-79% (nearer 50%).
2. Minor (R) ICA disease, 16-49% (nearer 20%).

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

Report Date: 13/01/2023, 12:12