

VERIFIED Verified By : EXTERNAL RADIOLOGIST 04-Apr-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 04-Apr-2023

Clinical History : Clinical Information: Visual disturbance, peripheral vision loss for 20mins

Reason For Exam: ?Stroke

Clinical History: Clinical Information: Visual disturbance, peripheral vision loss for 20mins

Reason For Exam: ?Stroke

US Doppler carotid artery Both, 04/04/2023, 10:34

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is mild calcification noted in the bifurcation.

ICA peak systolic velocity = 0.58m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is mild calcification noted in the bifurcation.

ICA peak systolic velocity = 0.43m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Cardiac arrhythmia noted.

The bilateral thyroid lobes appear enlarged.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82862499

Examination Date : **04-Apr-2023**

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 04-Apr-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 04-Apr-2023

Clinical History : Clinical Information: sudden episode of LOC followed by blurred vision in right eye which gradually resolved over 2 hrs
Reason For Exam: ?Stroke

Clinical History: Clinical Information: sudden episode of LOC followed by blurred vision in right eye which gradually resolved over 2 hrs
Reason For Exam: ?Stroke

US Doppler carotid artery Both, 04/04/2023, 09:43

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.75m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is a small soft homogenous plaque noted in the ECA.

ICA peak systolic velocity = 0.67 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Incidental findings:

Rt: At the antero-medial aspect of the bifurcation of CCA there is a heterogenous mildly vascularised density (? reactive lymphnode).

Lt: The thyroid appears enlarged.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82862493

Examination Date : 04-Apr-2023

Ref. Source : KAMMAN K, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : ~~US Doppler carotid artery Both~~

VERIFIED Verified By : EXTERNAL RADIOLOGIST 04-Apr-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 04-Apr-2023

Clinical History : Clinical Information: sudden onset of weakness in legs, one episode of incontinence
Reason For Exam: ?Stroke

Clinical History: Clinical Information: sudden onset of weakness in legs, one episode of incontinence
Reason For Exam: ?Stroke

US Doppler carotid artery Both, 04/04/2023, 10:08

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is irregular heterogenous hypoechoic plaque noted at the distal CCA/bifurcation with no stenosis, unable to rule out ulceration.

The ICA is mildly tortuous.

ICA peak systolic velocity = 0.87m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid and external carotid are patent with no haemodynamically significant disease.

There is calcified plaque in the bifurcation extending to proximal ICA causing ~50% diameter reduction however no raised velocities in the said area.

ICA peak systolic velocity = 0.65m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

Lt: ~50% stenosis (by diameter reduction).

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82862497

Examination Date : **04-Apr-2023**

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 05-Apr-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 05-Apr-2023

Clinical History : Clinical Information: TIA
Reason For Exam: Dizziness, unsteady gait - rule out stenosis

Clinical History: Clinical Information: TIA
Reason For Exam: Dizziness, unsteady gait - rule out stenosis

US Doppler carotid artery Both, 05/04/2023, 10:06

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is mild calcification noted in the bifurcation.

ICA peak systolic velocity = 0.51m/s (normal < 1.25m/s).

The vertebral artery is patent with high resistance antegrade flow suggestive of a distal segment disease or hypoplasia.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is mild calcification noted in the bifurcation.

ICA peak systolic velocity = 0.53m/s (normal < 1.25m/s).

The vertebral artery is patent and the dominant vertebral artery; with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82869048

Examination Date : **05-Apr-2023**

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 05-Apr-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 05-Apr-2023

Clinical History : Clinical Information: TIA
Reason For Exam: Headache, leg weakness - rule out stenosis

Clinical History: Clinical Information: TIA
Reason For Exam: Headache, leg weakness - rule out stenosis

US Doppler carotid artery Both, 05/04/2023, 09:57

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.78m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.96m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82867535

Examination Date : **05-Apr-2023**

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 05-Apr-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 05-Apr-2023

Clinical History : Clinical Information: TIA
Reason For Exam: Visual Disturbance, rule out stenosis

Clinical History: Clinical Information: TIA
Reason For Exam: Visual Disturbance, rule out stenosis

US Doppler carotid artery Both, 05/04/2023, 09:12

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.79m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.86m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
 Julie Andrews Unit

Event Number : E-82867281

Examination Date : **05-Apr-2023**

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 05-Apr-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 05-Apr-2023

Clinical History : Clinical Information: occluded cca
Reason For Exam: interval scan

Clinical History: Clinical Information: occluded cca
Reason For Exam: interval scan

US Doppler carotid artery Lt, 05/04/2023, 11:06

On the Left:

The CCA is occluded with heterogenous thrombus.

The thrombus still appears pulsatile as reported last scan.

The ICA is patent and appears to be filled by retrograde flow via ECA branches.

Damped low resistance antegrade flow noted in the ICA PSV 0.32m/sec.

The vertebral artery is patent with normal antegrade flow.

Reported by: Tara Roberto SVT 928

Event Number : E-82799877

Examination Date : **05-Apr-2023**

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Lt**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 31-Jan-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 31-Jan-2023

Clinical History : Clinical Information: rule out carotid stenosis
Reason For Exam: vasovagal/syncope ? carotid stenosis

Clinical History: Clinical Information: rule out carotid stenosis
Reason For Exam: vasovagal/syncope ? carotid stenosis

US Doppler carotid artery Both, 31/01/2023, 15:12

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is a small homogenous hypoechoic plaque noted in the bifurcation.

ICA peak systolic velocity = 0.59m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.72m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82556870

Examination Date : **31-Jan-2023**

Ref. Source : ALI T, Ashford and St Peter's Hospitals NHS Trust, St Peter's Hospital, Guildford Road, Chertsey, Surrey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 31-Jan-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 31-Jan-2023

Clinical History : Clinical Information: Episode of left sided numbness/tingling
Reason For Exam: ?TIA

Clinical History: Clinical Information: Episode of left sided numbness/tingling
Reason For Exam: ?TIA

US Doppler carotid artery Both, 31/01/2023, 14:22

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.70m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 1.05m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82550993

Examination Date : **31-Jan-2023**

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 31-Jan-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 31-Jan-2023

Clinical History : Clinical Information: blacked out. r/o TIA
Reason For Exam: blacked out. r/o TIA

Clinical History: Clinical Information: blacked out. r/o TIA
Reason For Exam: blacked out. r/o TIA

US Doppler carotid artery Both, 31/01/2023, 11:35

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

Small calcified plaque noted in the CCA and proximal ICA.

ICA peak systolic velocity = 0.82m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is mild calcification noted in the bifurcation.

ICA peak systolic velocity = 0.66m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82548765

Examination Date : **31-Jan-2023**

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 31-Jan-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 31-Jan-2023

Clinical History : Clinical Information: ?POCS
Reason For Exam: FAST+, R arm/leg weakness with facial droop to right side on presentation

Clinical History: Clinical Information: ?POCS
Reason For Exam: FAST+, R arm/leg weakness with facial droop to right side on presentation

US Doppler carotid artery Both, 31/01/2023, 10:18

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There are small heterogenous and calcified plaques noted in the proximal ICA.

ICA peak systolic velocity = 0.43m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

The proximal ICA is noted with smooth homogenous hypoechoic plaque however not causing raised velocities.

ICA peak systolic velocity = 0.61m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82554111

Examination Date : **31-Jan-2023**

Ref. Source : Temporary access card, Ashford and St Peter's Hospitals NHS Trust, St Peter's Hospital, Guildford Road

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 31-Jan-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 31-Jan-2023

Clinical History : Clinical Information: intermittent double vision in the left eye. ?TIA
Reason For Exam: intermittent double vision in the left eye. ?TIA

Clinical History: Clinical Information: intermittent double vision in the left eye. ?TIA
Reason For Exam: intermittent double vision in the left eye. ?TIA

US Doppler carotid artery Both,31/01/2023, 09:49

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.58m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.84m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82508819

Examination Date : 31-Jan-2023

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 31-Jan-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 31-Jan-2023

Clinical History : Clinical Information: slurred speech. ?stroke
Reason For Exam: slurred speech. ?stroke

Clinical History: Clinical Information: slurred speech. ?stroke
Reason For Exam: slurred speech. ?stroke

US Doppler carotid artery Both, 31/01/2023, 09:19

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There are small calcified plaques noted in the bifurcation.

ICA peak systolic velocity = 0.68m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There are small calcified plaques noted in the bifurcation.

ICA peak systolic velocity = 0.69m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82548282

Examination Date : **31-Jan-2023**

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 31-Jan-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 31-Jan-2023

Clinical History : Clinical Information: episode of expressive dysphasia. ?TIA
Reason For Exam: episode of expressive dysphasia. ?TIA

Clinical History: Clinical Information: episode of expressive dysphasia. ?TIA
Reason For Exam: episode of expressive dysphasia. ?TIA

US Doppler carotid artery Both,31/01/2023, 09:01

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.93m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is mild calcification noted in the bifurcation.

ICA peak systolic velocity = 0.65m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82547803

Examination Date : 31-Jan-2023

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 03-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 03-Feb-2023

Clinical History : Clinical Information: ?TIA/Stroke to rule out stenosis
Reason For Exam: possible TIA, due in TIA clinic, neurological symptoms for approx 1 hour

Clinical History: Clinical Information: ?TIA/Stroke to rule out stenosis
Reason For Exam: possible TIA, due in TIA clinic, neurological symptoms for approx 1 hour

US Doppler carotid artery Both,03/02/2023, 09:41

On the Right:

The common carotid and external carotid are patent with no haemodynamically significant disease.

There is calcification noted in the bifurcation.

The ICA is noted with heterogenous plaque causing 50-59% ICA stenosis.

ICA peak systolic velocity = 1.54m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is calcification noted in the bifurcation.

The ICA is noted with calcified plaques.

ICA peak systolic velocity = 0.94m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

Rt: 50-59% ICA stenosis.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82572394

Examination Date : **03-Feb-2023**

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 01-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 01-Feb-2023

Clinical History : Clinical Information: rule out carotid stenosis/thrombus
Reason For Exam: light headed, dizzy, feeling faint previous CVA

Clinical History: Clinical Information: rule out carotid stenosis/thrombus
Reason For Exam: light headed, dizzy, feeling faint previous CVA

US Doppler carotid artery Both,01/02/2023, 15:03

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is mild calcification noted in the bifurcation and proximal ICA.

ICA peak systolic velocity = 0.52m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is mild calcification noted in the bifurcation.

ICA peak systolic velocity = 0.48m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
 Julie Andrews Unit

Event Number : E-82563640

Examination Date : **01-Feb-2023**

Ref. Source : CHIKUSU CM, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 01-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 01-Feb-2023

Clinical History : Clinical Information: visual disturbance in the right eye. r/o TIA
Reason For Exam: visual disturbance in the right eye. r/o TIA

Clinical History: Clinical Information: visual disturbance in the right eye. r/o TIA
Reason For Exam: visual disturbance in the right eye. r/o TIA

US Doppler carotid artery Both,01/02/2023, 10:20

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There are calcified plaques noted in the CCA, ICA and ECA.

ICA peak systolic velocity = 0.91m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid and external carotid arteries are patent with no haemodynamically significant disease.

There are calcified plaques noted in the CCA, ICA and ECA causing 50-59% ICA stenosis.

ICA peak systolic velocity = 1.74m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

Lt: 50-59% ICA stenosis.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
 Julie Andrews Unit

Event Number : E-82554543

Examination Date : **01-Feb-2023**

Ref. Source : GUPTA AK, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 01-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 01-Feb-2023

Clinical History : Clinical Information: episode of loss of sensation on the left arm. ?
TIA

Reason For Exam: episode of loss of sensation on the left arm. ?TIA

Clinical History: Clinical Information: episode of loss of sensation on the left arm. ?TIA

Reason For Exam: episode of loss of sensation on the left arm. ?TIA

US Doppler carotid artery Both,01/02/2023, 09:41

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There are calcified plaques noted in the CCA, proximal ICA and proximal ECA.

ICA peak systolic velocity = 0.52m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid and external carotid arteries are patent with no haemodynamically significant disease.

There are calcified plaques noted in the CCA, proximal ICA and proximal ECA causing 50-59% ICA stenosis.

The proximal ICA was poorly visualised due to acoustic shadowing.

ICA peak systolic velocity = 1.31m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

Lt: 50-59% ICA stenosis.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
 Julie Andrews Unit

Event Number : E-82554965

Examination Date : **01-Feb-2023**

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 01-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 01-Feb-2023

Clinical History : Clinical Information: Asymmetric retinopathy R >L
Reason For Exam: Asymmetric retinopathy R >L

Clinical History: Clinical Information: Asymmetric retinopathy R >L
Reason For Exam: Asymmetric retinopathy R >L

US Doppler carotid artery Both, 01/02/2023, 10:01

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is mild calcification noted in the bifurcation.

There is intima media thickening noted in the CCA.

ICA peak systolic velocity = 0.76m/s (normal < 1.25m/s).

The vertebral artery is patent with high resistance antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is mild calcification noted in the bifurcation.

There is intima media thickening noted in the CCA.

ICA peak systolic velocity = 0.50m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82528251

Examination Date : 01-Feb-2023

Ref. Source : JOSHI L, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Su

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 01-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 01-Feb-2023

Clinical History : Clinical Information: episode of loss of consciousness. r/o TIA.
Reason For Exam: episode of loss of consciousness. r/o TIA.

Clinical History: Clinical Information: episode of loss of consciousness. r/o TIA.
Reason For Exam: episode of loss of consciousness. r/o TIA.

US Doppler carotid artery Both, 01/02/2023, 09:20

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is mild calcification noted in the bifurcation and proximal ICA.

The mid ICA is kinked.

There is intima media thickening noted in the CCA.

ICA peak systolic velocity = 0.65m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is mild calcification noted in the bifurcation and proximal ICA.

There is intima media thickening noted in the CCA.

The distal ICA is kinked.

ICA peak systolic velocity = 0.43m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82555130

Examination Date : **01-Feb-2023**

Ref. Source : KAMMAN K, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 08-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 08-Feb-2023

Clinical History : Clinical Information: as above

Reason For Exam: reduced vision right eye with evidence of possible middle maculopathy ?thromboembolic

Clinical History: Clinical Information: as above

Reason For Exam: reduced vision right eye with evidence of possible middle maculopathy ?thromboembolic

US Doppler carotid artery Both,08/02/2023, 10:02

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with intimal thickening noted throughout.

There are heterogenous and calcified plaques noted in the CCA, bifurcation and proximal ICA.

ICA peak systolic velocity = 0.93m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with intimal thickening noted throughout.

There are heterogenous and calcified plaques noted in the CCA, bifurcation and proximal ICA causing 50% bifurcation stenosis, 50% ECA stenosis and 50-59% ICA stenosis.

ICA peak systolic velocity = 1.84m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

Lt: 50-59% ICA stenosis.

Lt: 50% bifurcation stenosis.

Lt: 50% ECA stenosis.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
 Julie Andrews Unit

Event Number : E-82595708

Examination Date : **08-Feb-2023**

Ref. Source : JOSHI L, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Su

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 08-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 08-Feb-2023

Clinical History : Clinical Information: stenosis?
Reason For Exam: visual phenomena RE

Clinical History: Clinical Information: stenosis?
Reason For Exam: visual phenomena RE

US Doppler carotid artery Both,08/02/2023, 09:32

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 1.03m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.98m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82588291

Examination Date : **08-Feb-2023**

Ref. Source : Dr F Zacharaki, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 08-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 08-Feb-2023

Clinical History : Clinical Information: episode of amnesia. r/o TIA
Reason For Exam: episode of amnesia. r/o TIA

Clinical History: Clinical Information: episode of amnesia. r/o TIA
Reason For Exam: episode of amnesia. r/o TIA

US Doppler carotid artery Both,08/02/2023, 08:54

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.47m/s (normal < 1.25m/s).

There is an intima media thickening noted at the anterior wall of CCA.

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.64m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82588702

Examination Date : **08-Feb-2023**

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 07-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 07-Feb-2023

Clinical History : Clinical Information: ?TIA to rule out stenosis please
Reason For Exam: sudden confusion, blurred vision and headache

Clinical History: Clinical Information: ?TIA to rule out stenosis please
Reason For Exam: sudden confusion, blurred vision and headache

US Doppler carotid artery Both,07/02/2023, 15:09

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.61m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.66m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82572411

Examination Date : **07-Feb-2023**

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 03-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 03-Feb-2023

Clinical History : Clinical Information: plaque burden
Reason For Exam: mixed hyperlipid.high risk CVS disease in family and for himself

Clinical History: Clinical Information: plaque burden
Reason For Exam: mixed hyperlipid.high risk CVS disease in family and for himself

US Doppler carotid artery Both,03/02/2023, 13:17

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is mild calcification noted in the proximal ICA.

ICA peak systolic velocity = 0.74m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

There is mild calcification noted in the proximal ICA.

ICA peak systolic velocity = 0.89m/s (normal < 1.25m/s).

The vertebral artery is patent with high resistance waveforms, ? narrowed distal segment.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
 Julie Andrews Unit

Event Number : E-82535334

Examination Date : **03-Feb-2023**

Ref. Source : DAS Gautam, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 22-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 22-Feb-2023

Clinical History : Clinical Information: L stenosis?
Reason For Exam: LE arterial embolus

Clinical History: Clinical Information: L stenosis?
Reason For Exam: LE arterial embolus

US Doppler carotid artery Both, 22/02/2023, 09:55

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.
The bifurcation is noted with a large heterogenous plaque however not causing raised velocities.

The proximal ICA is noted with irregular heterogenous plaque, unable to rule out plaque ulceration.

ICA peak systolic velocity = 0.89m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid is patent with no haemodynamically significant disease.
Mild homogenous plaque noted in the distal CCA.

The ECA is patent with 50% stenosis.

There is large calcified plaque noted in the bifurcation extending to proximal ICA causing >75% area reduction. This was poorly visualised and no raised velocities noted. The mid ICA appears narrowed.

ICA peak systolic velocity = 0.63m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

Rt: Large heterogenous plaque noted in the bifurcation.

Rt: Irregular plaque noted in the prox ICA, unable to rule out ulceration.

Lt: Possible tight stenosis in the ICA.

Difficult scan alternate mode of imaging is suggested.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82656183

Examination Date : **22-Feb-2023**

Ref. Source : Dr F Zacharaki, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 21-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 21-Feb-2023

Clinical History : Clinical Information: ?stroke
Reason For Exam: right nystagmus, unsteady gait 2 weeks

Clinical History: Clinical Information: ?stroke
Reason For Exam: right nystagmus, unsteady gait 2 weeks

US Doppler carotid artery Both, 21/02/2023, 13:06 On the Right:
The common carotid, external carotid and internal carotid arteries are patent with calcified plaques causing 50-59% ICA stenosis.
There is an intima media thickening noted in the CCA.
ICA peak systolic velocity = 1.47 m/s (normal < 1.25m/s).
The vertebral artery is patent with normal antegrade flow.

On the Left:
The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.
There is an intima media thickening noted in the CCA.
There is mild calcification noted in the bifurcation and proximal ICA.
ICA peak systolic velocity = 0.77m/s (normal < 1.25m/s).
The vertebral artery is patent with normal antegrade flow.

Conclusion:
Rt: 50-59% ICA stenosis.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82659436

Examination Date : **21-Feb-2023**

Ref. Source : MANZOOR Amir, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cher

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 08-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 08-Feb-2023

Clinical History : Clinical Information: To rule out carotid dissection
Reason For Exam: Neck pain, CTA showed ?dissection ?calcification

Clinical History: Clinical Information: To rule out carotid dissection
Reason For Exam: Neck pain, CTA showed ?dissection ?calcification

US Doppler carotid artery Both, 08/02/2023, 15:27

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.82m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 0.63m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82598946

Examination Date : **08-Feb-2023**

Ref. Source : SRIRAM T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, S

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 08-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 08-Feb-2023

Clinical History : Clinical Information: to exclude carotid stenosis
Reason For Exam: R facial numbness and blurred vision

Clinical History: Clinical Information: to exclude carotid stenosis
Reason For Exam: R facial numbness and blurred vision

US Doppler carotid artery Both,08/02/2023, 11:05

On the Right:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 1.17m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

On the Left:

The common carotid, external carotid and internal carotid arteries are patent with no haemodynamically significant disease.

ICA peak systolic velocity = 1.06m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Conclusion:

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928
Julie Andrews Unit

Event Number : E-82596513

Examination Date : **08-Feb-2023**

Ref. Source : Russo C, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Su

Examinations : **US Doppler carotid artery Both**