



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason TIA clinic

Outcome Stenosis mild, Obscured, disease - mild

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.81	0.13	< 30%
Plaque	Dense Mixed			
Disease length from BIF				
Bifurcation				< 40%
Plaque	Dense Mixed			
Disease length from BIF				
Internal		1.13	0.19	< 40%
Plaque	Dense Mixed			
Disease length from BIF				
		Pk ICA/Pk CCA = 1.4	Pk ICA/End CCA = 8.7	
External		1.88		< 30%
Plaque	Mixed			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	Moderate Turbulence	Good Signal	Triphasic	Widely Patent

Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.89	0.13	< 30%
Plaque	Mixed			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Mixed			
Disease length from BIF				
Internal		1.07	0.20	< 40%
Plaque	Dense Mixed			
Disease length from BIF				
		Pk ICA/Pk CCA = 1.2	Pk ICA/End CCA = 8.2	
External		1.33		< 30%
Plaque	Mixed			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good Signal	Triphasic	Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

Mixed and dense plaques identified in the right and left internal carotid arteries (ICAs), forming a less than 40% stenosis bilaterally.

Left ICA was noted to be tortuous.

Right proximal subclavian artery appears patent where seen, however turbulent waveforms and elevated velocities identified, PSV 254-283cm/s, ?more proximal significant stenosis.

Assessed by Stephanie Wright, Vascular

Printed on 28/06/2023 at 1:04 pm

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Patient

NHS No

D.O.B.

Patient Ref

Reason TIA clinic

Outcome Intimal thickening

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.96	0.35	< 25%
Plaque	Normal				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			0.97	0.37	< 25%
Plaque	Normal				
Disease length from BIF					
External			1.14		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good Signal	Triphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.93	0.30	< 25%
Plaque	Normal				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			0.89	0.37	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
External			1.15		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good Signal	Triphasic	Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

The right internal carotid artery appears widely patent. No evidence of any plaque morphology, intimal dissection or other abnormality identified.

Intimal thickening identified in the left internal carotid artery, forming a less than 30% reduction in luminal diameter.

Assessed by Stephanie Wright, Vascular

Printed on 26/06/2023 at 4:41 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Reason TIA clinic

Outcome disease - mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.10	0.22	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.78	0.28	< 30%
Plaque	Mixed				
Disease length from BIF					
			Pk ICA/Pk CCA = 0.7	Pk ICA/End CCA = 3.5	
External			0.83		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.02	0.27	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.71	0.26	< 30%
Plaque	Mixed				
Disease length from BIF					
			Pk ICA/Pk CCA = 0.7	Pk ICA/End CCA = 2.6	
External			1.06		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX SCAN**

Minimal areas of mixed plaques identified in the right and left internal carotid arteries, forming a less than 30% stenosis bilaterally.

Assessed by Stephanie Wright, Vascular

Printed on 28/06/2023 at 12:50 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Reason TIA clinic

Outcome disease - mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.95	0.22	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.83	0.30	< 30%
Plaque	Mixed				
Disease length from BIF					
External			0.76		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.85	0.21	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.70	0.25	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
External			0.65		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

Minimal areas of mixed plaques identified in the right internal carotid artery, forming a less than 30% stenosis.

Intimal thickening identified in the left internal carotid artery, forming a less than 30% reduction in luminal diameter.

Assessed by Stephanie Wright, Vascular

Printed on 26/06/2023 at 4:46 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Reason TIA

Outcome Stenosis moderate, Calcified, Poor images

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.56	0.16	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 25%
Plaque	Normal				
Disease length from BIF					
Internal			1.08	0.33	< 25%
Plaque	Normal				
Disease length from BIF					
External			0.57		< 30%
Plaque	Normal				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good Signal	Biphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.98	0.30	< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					40% - 49%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.60 *	0.48	50% - 59%
Plaque	Dense Mixed Calcified				
Disease length from BIF	1.30cm				
External			1.99		60% - 69%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good Signal	Biphasic	Widely Patent

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

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

Notes

CAROTID DUPLEX ASSESSMENT

*Previous right carotid endarterectomy 15/05. Poor images obtained due to recent surgery/poor tissue resolution.

RIGHT

The right internal carotid artery appears widely patent. No evidence of any plaque morphology, intimal dissection or other abnormality identified.

LEFT

Assessed by Stephanie Wright, Vascular

Printed on 26/06/2023 at 4:43 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Mixed, dense and calcified plaques identified in the internal carotid artery, forming at least a 50-59% stenosis based on elevated velocities obtained, grey-scale images and velocity grading criteria. Total disease length is approximately 1.3cm; the left ICA appears patent distally.

Suggest referral for vascular opinion, if appropriate.



Patient

NHS No

D.O.B.

Patient Ref

Reason

TIA clinic

Outcome

Stenosis moderate, Obscured, Calcified, Irregular heart rate

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.74	0.16	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Mixed				
Disease length from BIF					
Internal			2.78 *	1.02	60% - 69%
Plaque	Mixed				
Disease length from BIF	but is obscured		Pk ICA/Pk CCA = 3.8	Pk ICA/End CCA = 17.4	
External			0.74		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	Moderate Turbulence		Good Signal	Triphasic	Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.81	0.21	50% - 59%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					60% - 69%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			2.23 *	0.63	60% - 69%
Plaque	Dense Mixed Calcified				
Disease length from BIF	3.00cm but is obscured		Pk ICA/Pk CCA = 2.8	Pk ICA/End CCA = 10.6	
External			0.88		< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Tri/biphasic	Widely Patent

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

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

Notes

CAROTID DUPLEX ASSESSMENT

*Irregular heart rate noted.

RIGHT

Mixed plaques identified in the internal carotid artery. Vessel dives deep/becomes obscured ~1.25cm distal to the bifurcation, where seen, elevated velocities obtained, indicative of at least a 60-69% stenosis, however unable to exclude more severe stenosis in obscured section. Unable to confirm distal vessel patency or measure total disease length.

Assessed by

Stephanie Wright, Vascular

Printed on 28/06/2023 at 12:52 pm

Checked by



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

LEFT

Mixed, dense and calcified plaques identified in the distal common carotid artery (CCA), the bifurcation (BIF) and the internal carotid artery (ICA). Disease forms a 50-59% stenosis in the CCA and a 60-69% stenosis in the bifurcation based on grey-scale images. Acoustic shadowing partially obscures the proximal internal carotid artery, where seen disease appears to form at least a 60-69% stenosis based on velocity grading criteria. Total disease length is approximately 3cm; the left ICA appears patent distally.

SUGGEST REFERRAL FOR VASCULAR OPINION, IF APPROPRIATE.

SUGGEST REFERRAL FOR ALTERNATIVE IMAGING MODALITY, IF APPROPRIATE.



Patient

NHS No

D.O.B.

Patient Ref

Reason

Pre-op

Outcome

Stenosis mild, Irregular heart rate

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.92	0.23	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.07	0.27	< 50%
Plaque	Dense Mixed				
Disease length from BIF					
External			1.00		< 40%
Plaque	Mixed				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good Signal	Triphasic	Mild/Moderate Disease
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.96	0.28	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			1.32 *	0.33	< 40%
Plaque	Dense Mixed				
Disease length from BIF					
External			1.02		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good Signal	Biphasic	Mild/Moderate Disease

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

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

Notes**CAROTID DUPLEX ASSESSMENT**

*Irregular heart rate noted.

Mixed and dense plaques identified in the right internal carotid artery, forming a less than 50% stenosis.

Slightly elevated velocities identified in the left internal carotid artery ?due to angle of vessel, where seen mixed and dense plaques identified, forming a less than 40% stenosis based on grey scale and colour-filling images obtained.

Assessed by Stephanie Wright, Vascular

Printed on 28/06/2023 at 12:54 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Reason

TIA clinic

Outcome

disease - mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.88	0.24	< 25%
Plaque	Normal				
Disease length from BIF					
Bifurcation					< 25%
Plaque	Normal				
Disease length from BIF					
Internal			0.78	0.25	< 25%
Plaque	Normal				
Disease length from BIF					
			Pk ICA/Pk CCA = 0.9	Pk ICA/End CCA = 3.3	
External			0.78		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.65	0.22	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.54	0.26	< 30%
Plaque	Mixed				
Disease length from BIF					
			Pk ICA/Pk CCA = 0.8	Pk ICA/End CCA = 2.5	
External			0.55		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

The right carotid artery was noted to dive deep immediately distal to bifurcation, where seen vessel appears widely patent with no evidence of any plaque morphology, intimal dissection or other abnormality identified.

Very minimal areas of mixed plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by

Stephanie Wright, Vascular

Printed on 28/06/2023 at 12:53 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Reason TIA

Outcome disease - mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.08	0.33	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.72	0.27	< 30%
Plaque	Mixed				
Disease length from BIF					
External			1.19		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good Signal	Triphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.21	0.36	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			1.05	0.31	< 30%
Plaque	Mixed				
Disease length from BIF					
External			1.02		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good Signal	Triphasic	Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

Minimal areas of mixed plaques identified in the right and left internal carotid arteries, forming a less than 30% stenosis bilaterally.

Assessed by Stephanie Wright, Vascular :

Printed on 26/06/2023 at 4:45 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Reason TIA

Outcome Stenosis mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.21	0.17	< 40%
Plaque	Dense Mixed				
Disease length from BIF					< 40%
Bifurcation					
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.68	0.14	< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF			Pk ICA/Pk CCA = 0.6	Pk ICA/End CCA = 4.0	
External			1.40		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.13	0.15	< 30%
Plaque	Mixed				
Disease length from BIF					< 30%
Bifurcation					
Plaque	Mixed				
Disease length from BIF					
Internal			1.21	0.13	< 30%
Plaque	Mixed				
Disease length from BIF			Pk ICA/Pk CCA = 1.1	Pk ICA/End CCA = 8.1	
External			1.32		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

Mixed, dense and calcified plaques identified in the right internal carotid artery, forming a less than 40% stenosis.

Mixed plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Stephanie Wright, Vascular

Printed on 26/06/2023 at 4:43 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Reason TIA clinic

Outcome Stenosis mild, Irregular heart rate

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.85	0.21	< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.76	0.16	< 40%
Plaque	Mixed				
Disease length from BIF					
		Pk ICA/Pk CCA = 0.9		Pk ICA/End CCA = 3.6	
External			1.29		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good Signal	Biphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.71	0.15	< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.00	0.24	< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
		Pk ICA/Pk CCA = 1.4		Pk ICA/End CCA = 6.7	
External			1.04		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

*Irregular heart rate.

Mixed plaques identified in the right internal carotid artery, forming a less than 40% stenosis.

Mixed, dense and calcified plaques identified in the left internal carotid artery, forming a less than 50% stenosis.

Assessed by Stephanie Wright, Vascular

Printed on 28/06/2023 at 12:57 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Reason

TIA clinic

Outcome

disease - mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.76	0.21	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.58	0.24	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
External			0.84		< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.73	0.17	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.67	0.20	< 30%
Plaque	Dense Mixed				
Disease length from BIF					
External			1.28		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

Intimal thickening identified in the right internal carotid artery, forming a less than 30% reduction in luminal diameter. Right ICA is noted to be highly tortuous/kinked.

Mixed and dense plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Stephanie Wright, Vascular :

Printed on 26/06/2023 at 4:41 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Reason

Stroke

Outcome

Stenosis moderate, Stenosis severe, Occlusion, Irregular heart rate

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.52		60% - 69%
Plaque	Mixed			
Disease length from BIF				
Bifurcation				70% - 79%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Internal		*		= 100%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
		P _k ICA/P _k CCA = 0.0		
External		5.89		90% - 95%
Plaque	Mixed			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good Signal	Biphasic	Widely Patent

Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.63	0.28	50% - 59%
Plaque	Mixed			
Disease length from BIF	2.90cm			
Bifurcation				< 50%
Plaque	Dense Mixed			
Disease length from BIF				
Internal		0.30 *		= 100%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
		P _k ICA/P _k CCA = 0.5		
			P _k ICA/End CCA = 1.1	
External		1.54		< 40%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Vertebral	Not Identified			
Subclavian	No Turbulence	Good Signal	Biphasic	Widely Patent

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

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

Notes

CAROTID DUPLEX ASSESSMENT

*Irregular heart rate noted.

RIGHT

Smooth and mixed plaques identified throughout the common carotid artery (CCA), forming at least a 60-69% stenosis in proximal and distal vessel. Isolated area of echogenic material noted in distal CCA, which appears to move with blood flow, ?soft plaques ?motile thrombus- see images on PACS. Mixed, dense and calcified plaques identified in the bifurcation, forming an ~70-79% stenosis based on area reduction tools.

Assessed by

Stephanie Wright, Vascular

Printed on 26/06/2023 at 12:26 pm

Checked by



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

The right internal carotid artery (ICA) appears occluded with mixed and dense plaques, with no colour, spectral or power Doppler signal obtained within the vessel lumen. Abnormal common carotid artery signal with zero flow during diastole supports more distal occlusion.
Right vertebral artery appears patent with normal orthograde flow.

LEFT

Smooth and mixed plaques identified in the distal CCA, forming a 50-59% stenosis based on diameter reduction tools. Disease extends for ~2.9cm.

The left origin of internal carotid artery (ICA) appears patent with abnormal waveforms and zero flow seen during diastole. Distal to origin, ICA appears occluded with mixed, dense and calcified plaques, with no colour, spectral or power Doppler signal obtained within the vessel lumen.

Unable to identify flow in left vertebral artery, ?occluded.

Suggest urgent vascular opinion, if appropriate.



Patient

NHS No

D.O.B.

Patient Ref

Reason TIA clinic

Outcome disease - mild

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.74	0.20	< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Dense			
Disease length from BIF				
Internal		0.72	0.19	< 30%
Plaque	Mixed			
Disease length from BIF		Pk ICA/Pk CCA = 1.0	Pk ICA/End CCA = 3.6	
External		1.04		< 30%
Plaque	Mixed			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good Signal	Biphasic	Widely Patent

Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.90	0.17	< 30%
Plaque	Mixed			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Mixed			
Disease length from BIF				
Internal		0.72	0.17	< 30%
Plaque	Mixed			
Disease length from BIF		Pk ICA/Pk CCA = 0.8	Pk ICA/End CCA = 4.2	
External		1.08		< 30%
Plaque	Mixed			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good Signal	Biphasic	Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

Minimal areas of mixed plaques identified in the right and left internal carotid arteries, forming a less than 30% stenosis bilaterally.

Assessed by Stephanie Wright, Vascular

Printed on 26/06/2023 at 4:47 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Reason

Pre-op, Stroke

Outcome

Stenosis moderate, Thrombus

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.82	0.21	< 40%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Mixed				
Disease length from BIF					
Internal			0.94	0.26	< 40%
Plaque	Dense Mixed				
Disease length from BIF					
		Pk ICA/Pk CCA = 1.1		Pk ICA/End CCA = 4.5	
External			0.89		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good Signal	Biphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.82	0.14	< 40%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					40% - 49%
Plaque	Mixed Soft				
Disease length from BIF					
Internal			1.56 *	0.25	70% - 79%
Plaque	Mixed Soft				
Disease length from BIF		1.50cm			
		Pk ICA/Pk CCA = 1.9		Pk ICA/End CCA = 11.1	
External			1.04		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		No Turbulence	Good Signal	Biphasic	Mild Stenosis

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

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

Notes

CAROTID DUPLEX ASSESSMENT

-Pre-op patency check.

Mixed and dense plaques identified in the right internal carotid artery, forming a less than 40% stenosis.

Mixed and soft plaques ? thrombus identified in the origin/proximal left internal carotid artery, forming an ~70-79% stenosis, based on area reduction tools, with significantly elevated velocities noted. Total disease length is approximately 1.5cm; the left ICA appears patent distally.

Assessed by Stephanie Wright, Vascular

Printed on 26/06/2023 at 12:01 pm

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Patient

NHS No

D.O.B.

Patient Ref

Reason Routine

Outcome Stenosis mild, Stenosis moderate, Obscured, Calcified, Poor images

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.94	0.21	< 50%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Bifurcation				50% - 59%
Plaque	Dense Mixed Calcified			
Disease length from BIF	but is obscured			
Internal		2.06 *	0.38	50% - 59%
Plaque	Dense Mixed Calcified			
Disease length from BIF	2.20cm but is obscured	Pk ICA/Pk CCA = 2.2	Pk ICA/End CCA = 9.8	
External		2.44		< 30%
Plaque	Mixed			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good Signal	Triphasic	Widely Patent

Left	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		1.11	0.26	40% - 49%
Plaque	Dense Mixed Calcified			
Disease length from BIF	but is obscured			
Bifurcation				50% - 59%
Plaque	Dense Mixed Calcified			
Disease length from BIF	but is obscured			
Internal		1.86 *	0.23	50% - 59%
Plaque	Dense Mixed Calcified			
Disease length from BIF	1.80cm but is obscured	Pk ICA/Pk CCA = 1.7	Pk ICA/End CCA = 7.2	
External		1.94		< 30%
Plaque	Mixed			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good Signal	Triphasic	Widely Patent

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

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

Notes

CAROTID DUPLEX ASSESSMENT

RIGHT

Mixed, dense and calcified plaques identified in the bifurcation and internal carotid artery (ICA). Acoustic shadowing in the bifurcation/internal carotid artery obscures the vessel lumen for approx 2.2cm. Elevated velocities obtained distal to obscured section of vessel are indicative of a 50-59% stenosis in the bifurcation and ICA, but cannot exclude more severe stenosis in obscured section. Total disease length including the bifurcation is approximately 2.2cm; the right ICA appears patent distally.

Assessed by Stephanie Wright, Vascular

Printed on 26/06/2023 at 4:39 pm

Checked by



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

LEFT

Mixed, dense and calcified plaques identified in the common carotid, bifurcation and internal carotid arteries. Distal common carotid artery was obscured due to acoustic shadowing from calcified plaques, where seen disease appears to form a 40-49% stenosis with no elevated velocities obtained. Acoustic shadowing in the bifurcation/internal carotid artery obscures the vessel lumen for approx 1.8cm. Elevated velocities obtained distal to obscured section of vessel are indicative of a 50-59% stenosis in the bifurcation and ICA, but cannot exclude more severe stenosis in obscured section. Total disease length including the bifurcation is approximately 1.8cm; the left ICA appears patent distally.

Suggest referral for alternative imaging modality, if appropriate.



Patient

NHS No

D.O.B.

Patient Ref

Reason

Pre-op

Outcome

Stenosis moderate, Stenosis severe, Obscured, Calcified

Right

	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		1.04	0.24	< 50%
Plaque	Dense Mixed			
Disease length from BIF				
Bifurcation				40% - 49%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Internal		2.47 *	0.78	70% - 79%
Plaque	Dense Mixed Calcified			
Disease length from BIF	3.00cm but is obscured			
		Pk ICA/Pk CCA = 2.4	Pk ICA/End CCA = 10.3	
External		1.94		< 50%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	Moderate Turbulence	Good Signal	Triphasic	Widely Patent

Left

	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		1.09	0.20	< 40%
Plaque	Mixed			
Disease length from BIF				
Bifurcation				40% - 49%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Internal		5.48 *	2.52	90% - 95%
Plaque	Dense Mixed Calcified			
Disease length from BIF	2.20cm			
		Pk ICA/Pk CCA = 5.0	Pk ICA/End CCA = 27.4	
External		1.61		< 40%
Plaque	Mixed			
Disease length from BIF				
Vertebral	Open Orthograde			
Subclavian	No Turbulence	Good Signal	Biphasic	Widely Patent

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

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

Notes**CAROTID DUPLEX ASSESSMENT****RIGHT**

Mixed, dense and calcified plaques identified in the internal carotid artery. Acoustic shadowing in the internal carotid artery obscures the vessel lumen for approx 1.6cm. Elevated velocities obtained distal to obscured section of vessel are indicative of at least a 70-79% stenosis, but cannot exclude more severe stenosis in obscured section. Total disease length is approximately 3cm; the right ICA appears patent distally.

Elevated velocities and turbulent waveforms identified in the proximal subclavian artery, PSV 389cm/s,

Assessed by Stephanie Wright, Vascular

Printed on 28/06/2023 at 1:04 pm

Checked by



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

?more proximal significant disease.

LEFT

Mixed, dense and calcified plaques identified in the internal carotid artery, forming a 90-95% stenosis based on elevated velocities obtained and velocity grading criteria. Total disease length is approximately 2.2cm; the left ICA appears patent distally.

High resistance/damped waveforms identified in the left vertebral artery.

SUGGEST REFERRAL FOR VASCULAR OPINION, IF APPROPRIATE.

SUGGEST REFERRAL FOR ALTERNATIVE IMAGING MODALITY, IF APPROPRIATE.



Patient

NHS No

D.O.B.

Patient Ref

Reason

Routine

Outcome

Stenosis mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.75	0.23	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.44	0.19	< 30%
Plaque	Dense Mixed				
Disease length from BIF					
		Pk ICA/Pk CCA = 0.6		Pk ICA/End CCA = 1.9	
External			0.79		< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.71	0.22	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.52	0.22	< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
		Pk ICA/Pk CCA = 0.7		Pk ICA/End CCA = 2.4	
External			0.78		< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

Mixed and dense plaques identified in the right internal carotid artery, forming a less than 30% stenosis.

Mixed, dense and calcified plaques identified in the left internal carotid artery, forming a less than 40% stenosis.

Assessed by Stephanie Wright, Vascular !

Printed on 27/06/2023 at 3:30 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Reason Pre-op CABG

Outcome Stenosis mild, Stenosis moderate, Obscured, Intimal hyperplasia

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.28	0.25	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 50%
Plaque	Dense Mixed				
Disease length from BIF					
Internal			1.29 *	0.41	50% - 59%
Plaque	Dense Mixed				
Disease length from BIF	1.70cm		Pk ICA/Pk CCA = 1.0	Pk ICA/End CCA = 5.2	
External			1.73		< 50%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	Mild/Moderate Turbulence		Good Signal	Triphasic	Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.01	0.27	< 40%
Plaque	Intimal Hyperplasia				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Intimal Hyperplasia				
Disease length from BIF					
Internal			1.38	0.38	< 40%
Plaque	Intimal Hyperplasia				
Disease length from BIF			Pk ICA/Pk CCA = 1.4	Pk ICA/End CCA = 5.1	
External			2.84		50% - 59%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Damped				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT****RIGHT**

Mixed and dense plaques identified in the internal carotid artery, forming a 50-59% stenosis based on grey-scale, colour images and elevated velocities obtained. Total disease length is ~1.7cm; distal ICA appears patent.

LEFT

Intimal hyperplasia identified in the internal carotid artery, forming a less than 40% reduction in luminal

Assessed by Stephanie Wright, Vascular

Printed on 26/06/2023 at 4:38 pm

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Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

diameter. Elevated velocities obtained, however no evidence of a focal stenosis identified. Vertebral artery appears patent however with damped/reduced orthograde flow ?full patency.

Suggest referral for alternative imaging modality to confirm vertebral patency and suggest vascular opinion, if appropriate.



Patient

NHS No

D.O.B.

Patient Ref

Reason

TIA clinic

Outcome

Stenosis mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.10	0.30	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.82	0.27	< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF			Pk ICA/Pk CCA = 0.7	Pk ICA/End CCA = 2.7	
External			1.05		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.03	0.27	< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.71	0.29	< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF			Pk ICA/Pk CCA = 0.7	Pk ICA/End CCA = 2.6	
External			1.15		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

Mixed, dense and calcified plaques identified in the right and left internal carotid arteries, forming a less than 40% stenosis bilaterally.

Assessed by

Stephanie Wright, Vascular

Printed on 26/06/2023 at 4:44 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Reason

TIA clinic

Outcome

disease - mild, Irregular heart rate

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.86	0.16	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.52	0.16	< 30%
Plaque	Mixed				
Disease length from BIF					
		Pk ICA/Pk CCA = 0.6		Pk ICA/End CCA = 3.3	
External			0.83		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.62	0.10	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.66	0.20	< 30%
Plaque	Mixed				
Disease length from BIF					
		Pk ICA/Pk CCA = 1.1		Pk ICA/End CCA = 6.6	
External			0.85		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

*Irregular heart rate noted.

Minimal areas of mixed plaques identified in the right and left internal carotid arteries, forming a less than 30% stenosis bilaterally.

Right proximal to mid common carotid artery was noted to be tortuous and tightly kinked. Left proximal to mid common carotid artery was also noted to be tortuous and kinked.

Assessed by Stephanie Wright, Vascular

Printed on 26/06/2023 at 4:48 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Reason

TIA clinic

Outcome

disease - mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.89	0.34	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Dense Mixed				
Disease length from BIF					
Internal			0.72	0.30	< 30%
Plaque	Mixed				
Disease length from BIF		Pk ICA/Pk CCA = 0.8		Pk ICA/End CCA = 2.1	
External			1.05		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.95	0.30	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.76	0.32	< 30%
Plaque	Dense Mixed				
Disease length from BIF		Pk ICA/Pk CCA = 0.8		Pk ICA/End CCA = 2.5	
External			1.19		< 25%
Plaque	Normal				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

Mixed plaques identified in the right internal carotid artery, forming a less than 30% stenosis.

Mixed and dense plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Stephanie Wright, Vascular

Printed on 26/06/2023 at 4:49 pm

Checked by

**Carotid Duplex**Examined **22/06/2023 11:40**

Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Stroke

Outcome

Stenosis mild, Stenosis moderate

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.71	0.22	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					40% - 49%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.93 *	0.32	50% - 59%
Plaque	Dense Mixed				
Disease length from BIF					
			Pk ICA/Pk CCA = 1.3	Pk ICA/End CCA = 4.2	
External			1.35		< 50%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.81	0.24	< 40%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.71	0.20	< 30%
Plaque	Mixed				
Disease length from BIF					
			Pk ICA/Pk CCA = 0.9	Pk ICA/End CCA = 3.0	
External			1.23		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence		Good Signal	Triphasic	Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

Smooth, mixed and dense plaques identified in the right internal carotid artery. No elevated velocities were detected, but based on greyscale imaging and diameter reduction tools disease appears to form a 50-59% stenosis. Total disease length is approximately 2.2cm; the right ICA appears patent distally.

Mixed plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Suggest referral for alternative imaging to confirm level of stenosis and vascular opinion, if appropriate.

Assessed by **Stephanie Wright, Vascular**

Printed on 26/06/2023 at 9:06 am

Checked by _____



Patient

NHS No

D.O.B.

Patient Ref

Reason Stroke

Outcome Stenosis mild, Stenosis severe, Obscured, Poor images, Thrombus

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.69	0.26	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					40% - 49%
Plaque	Mixed Soft				
Disease length from BIF					
Internal			5.23 *	2.74	90% - 95%
Plaque	Mixed Soft				
Disease length from BIF	2.30cm				
		Pk ICA/Pk CCA = 7.6		Pk ICA/End CCA = 20.1	
External			1.09		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.98	0.44	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Mixed				
Disease length from BIF					
Internal			1.24	0.50	< 50%
Plaque	Dense Mixed				
Disease length from BIF	but is obscured				
		Pk ICA/Pk CCA = 1.3		Pk ICA/End CCA = 2.8	
External			1.68		< 40%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT****RIGHT**

Mixed and soft plaques (?thrombus) identified in the internal carotid artery, forming a 90-95% stenosis based on elevated velocities obtained and velocity grading criteria. Total disease length is approximately 2.3cm; the right ICA appears patent distally.

LEFT

Mixed and dense plaques identified in the internal carotid artery. Disease appears to form a less than 50%

Assessed by Stephanie Wright, Vascular !

Printed on 28/06/2023 at 1:02 pm

Checked by



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

stenosis where seen, however vessel was poorly visualised and partially obscured in regions, therefore unable to exclude greater stenosis in obscured regions.

SUGGEST REFERRAL FOR VASCULAR OPINION, IF APPROPRIATE.

SUGGEST REFERRAL FOR ALTERNATIVE IMAGING MODALITY, IF APPROPRIATE.



Patient

NHS No

D.O.B.

Patient Ref

Reason

TIA clinic

Outcome

disease - mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.71	0.18	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.66	0.20	< 30%
Plaque	Mixed				
Disease length from BIF		Pk ICA/Pk CCA = 0.9		Pk ICA/End CCA = 3.7	
External			0.93		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent
Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.91	0.20	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.59	0.17	< 30%
Plaque	Dense Mixed				
Disease length from BIF		Pk ICA/Pk CCA = 0.6		Pk ICA/End CCA = 3.0	
External			1.22		< 30%
Plaque	Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET methods.

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

Notes**CAROTID DUPLEX ASSESSMENT**

Minimal areas of mixed plaques identified in the right internal carotid artery, forming a less than 30% stenosis.

Mixed and dense plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Stephanie Wright, Vascular

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Checked by