

VERIFIED Verified By : Das Rajib Vascular Studies 19-Sep-2022
Typed By : Das Rajib Vascular Studies 19-Sep-2022

Clinical History :

77 y/o female admittted with reduced mobility, worse in right lower limb, ataxia, unable to stand

CT was unremarkable. No acute intracranial haemorrhage. Small focus of high density in the left MCA sylvian fissure may represent acute focus of MCA thrombus

Dr Saksena has requested for imaging for this patient ?Lacunar stroke

eGFR 78

Cr 66

** Entered by Ordercomms **

Provisional Diagnosis: Lacunar stroke

Clinical History :

US Doppler carotid artery Both [RDE26398730] :

There is some small amount of circumferential calcifications seen of the Carotid bifurcations extended in the proximal ICA and ECA, with no haemodynamic significance. CCA, ICA, ECA is patent bilaterally; normal doppler signals and velocities, no significant stenosis seen.

Lt vertebral artery is dominant over the rt side, normal antegrade doppler signals seen.

There is no sonographic evidence of any significant extracranial Carotid disease.

Event Number : E-25872993

Courier :

Examination Date : **19-Sep-2022**

Ref. Source : SAKSENA RAJESH, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TU

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 21-Sep-2022
Typed By : Das Rajib Vascular Studies 21-Sep-2022

Clinical History :

84yo started this morning at 08:00 am with expressive aphasia and confusion.

Symptoms resolving while in the Emergency Department.

?L PACI vs ?TIA

US to rule out carotid stenosis

Thank you.

**** Entered by Ordercomms ****

Provisional Diagnosis: ?tia ?L PACI

Clinical History :

US Doppler carotid artery Both [RDE26401315] :

There is some calcified plaques seen in the Carotid bifurcation, causing acoustic shadowing; therefore limited scan.

CCA, ICA, ECA is patent bilaterally, demonstrated normal doppler signals and velocities.

Patent Vertebral arteries, demonstrated normal antegrade doppler signals.

There is no sonographic evidence of any significant extracranial Carotid disease.

Event Number : E-25875310

Courier :

Examination Date : **21-Sep-2022**

Ref. Source : CIOBOTARU S, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNE

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 21-Sep-2022
Typed By : Das Rajib Vascular Studies 21-Sep-2022

Clinical History :

This patient is for AVR workup. I requested an US Doppler Carotid previously but it has not been done.

Can you please perform an US doppler carotids for her?

** Entered by Ordercomms **

Provisional Diagnosis: AVR workup

Clinical History :

US Doppler carotid artery Both [RDE26401461] :

Limited scan due to patient body habitus.

Tortuous carotid arteries.

CCA, ICA, ECA is patent bilaterally, showing normal doppler signal and velocities.

Patent vertebral arteries, normal antegrade doppler signals seen.

There is no sonographic evidence of any significant extracranial Carotid disease .

Event Number : E-25875443

Courier :

Examination Date : **21-Sep-2022**

Ref. Source : MAMMEN REGINA GHEVARGHESE, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERA

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 21-Sep-2022
Typed By : Das Rajib Vascular Studies 21-Sep-2022

Clinical History :

Sudden onset of loss of vision to left eye

** Entered by Ordercomms **

Provisional Diagnosis: ?stroke

Clinical History :

US Doppler carotid artery Both [RDE26401153] :

ICA is occluded bilaterally.

CCA, ECA is patent; normal doppler signals and velocities.

Patent vertebral arteries, showing normal antegrade doppler signals.

Result discussed with Stroke Nurse Katrina.

Event Number : E-25875159

Courier :

Examination Date : **21-Sep-2022**

Ref. Source : Halasz Gergely Dr, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TUR

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 21-Sep-2022
Typed By : Das Rajib Vascular Studies 21-Sep-2022

Clinical History :

?tia

** Entered by Ordercomms **

Provisional Diagnosis: ?tia

Clinical History :

US Doppler carotid artery Both [RDE26399438] :

CCA, ICA, ECA is widely patent, bilaterally, demonstrated normal doppler signals and velocities.

Lt Vertebral artery is dominant over the Rt side.

Vertebral arteries is patent bilaterally, demonstrated normal antegrade doppler waveforms.

There is no sonographic evidence of any significant extracranial Carotid disease.

Event Number : E-25873583

Courier :

Examination Date : **21-Sep-2022**

Ref. Source : RAMACHANDRAN SIVAKUMAR, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HC

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 21-Sep-2022
Typed By : Das Rajib Vascular Studies 21-Sep-2022

Clinical History :

Patient is due for an inpatient angiogram.

Stroke team have recommended US carotid dopplers to be done - can you please perform this ASAP?

** Entered by Ordercomms **

Provisional Diagnosis: As per stroke team advice - to be done before their inpatient angiogram

Clinical History :

US Doppler carotid artery Both [RDE26400671] :

Right Side:

Mild wall thickening seen in the common carotid artery, Small amount of Irregular , heterogenous plaque seen in carotid bulb and proximal internal carotid artery.
Normal Doppler signals in the common carotid artery (PSV 50 cm/sec, EDV 13 cm/sec) , internal carotid artery (PSV 88 cms/sec,EDV 38 cms/sec) and external carotid artery (PSV 117 cm/sec) with no significant flow disturbance.
Patent vertebral artery with antegrade flow.

Left Side:

Mild wall thickening seen in the common carotid artery, Small amount of Irregular , heterogenous plaque seen in carotid bulb and proximal internal carotid artery.
Normal Doppler signals in the common carotid artery (PSV 61 cm/sec, EDV 20 cm/sec) , internal carotid artery (PSV 94 cms/sec,EDV 30 cms/sec)
Velocities in the external carotid artery is enhanced (PSV 218 cm/sec) with significant flow disturbance, suggestive of significant ECA disease.
Patent vertebral artery with antegrade flow.

Summary / Diagnosis:

Right Side: No evidence of any significant extra-cranial carotid disease.

Left Side: Significant extracranial ECA disease.

NASCET method used for velocity criteria.

Event Number : E-25874711

Courier :

Examination Date : **21-Sep-2022**

Ref. Source : PARISIADOU, ANNA, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TI

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 26-Sep-2022
Typed By : Das Rajib Vascular Studies 26-Sep-2022

Clinical History :

speech difficulty

** Entered by Ordercomms **

Provisional Diagnosis: tia

Clinical History :

US Doppler carotid artery Both [RDE26401814] :

Right Side:

Carotid bifurcations is clear.

Normal Doppler signals in the common carotid artery (PSV 82 cm/sec, EDV 22 cm/sec) , internal carotid artery (PSV 59 cms/sec,EDV 11 cms/sec) and external carotid artery (PSV 63 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Left Side:

Carotid bifurcations is clear.

Normal Doppler signals in the common carotid artery (PSV 108 cm/sec, EDV 20 cm/sec) , internal carotid artery (PSV 75 cms/sec,EDV 16 cms/sec) and external carotid artery (PSV 64 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Summary / Diagnosis:

Right Side: No evidence of any significant extra-cranial carotid disease.

Left Side: No evidence of any significant extra-cranial carotid disease.

NASCET method used for velocity criteria.

Event Number : E-25875767

Courier :

Examination Date : **26-Sep-2022**

Ref. Source : NGEH JKT, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER R

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 29-Sep-2022
Typed By : Das Rajib Vascular Studies 29-Sep-2022

Clinical History :
CVD, unsteadiness

** Entered by Ordercomms **

Provisional Diagnosis: CVD, stroke on MRI
Clinical History :

US Doppler carotid artery Both [RDE26406242] :

Right Side:

Irregular , heterogeneous plaque seen in carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 55 cm/sec, EDV 12 cm/sec) , internal carotid artery (PSV 63 cms/sec,EDV 43 cms/sec) and external carotid artery (PSV 119 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Left Side:

Irregular , heterogeneous plaque seen in carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 66 cm/sec, EDV 10 cm/sec) , internal carotid artery (PSV 63 cms/sec,EDV 8.0 cms/sec) and external carotid artery (PSV 97 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Summary / Diagnosis:

Right Side: No evidence of any significant extra-cranial carotid disease.

Left Side: No evidence of any significant extra-cranial carotid disease.

NASCET method used for velocity criteria.

Event Number : E-25879723

Courier :

Examination Date : **29-Sep-2022**

Ref. Source : NGEH JKT, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER R

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 29-Sep-2022
Typed By : Das Rajib Vascular Studies 29-Sep-2022

Clinical History :

CVD, unsteadiness

** Entered by Ordercomms **

Provisional Diagnosis: CVD, stroke on MRI

Clinical History :

US Doppler carotid artery Both [RDE26406242] :

Right Side:

Irregular , heterogeneous plaque seen in carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 55 cm/sec, EDV 12 cm/sec) , internal carotid artery (PSV 63 cms/sec,EDV 43 cms/sec) and external carotid artery (PSV 119 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Left Side:

Irregular , heterogeneous plaque seen in carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 66 cm/sec, EDV 10 cm/sec) , internal carotid artery (PSV 63 cms/sec,EDV 8.0 cms/sec) and external carotid artery (PSV 97 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Summary / Diagnosis:

Right Side: No evidence of any significant extra-cranial carotid disease.

Left Side: No evidence of any significant extra-cranial carotid disease.

NASCET method used for velocity criteria.

Event Number : E-25879723

Courier :

Examination Date : **29-Sep-2022**

Ref. Source : NGEH JKT, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER R

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 30-Sep-2022
Typed By : Das Rajib Vascular Studies 30-Sep-2022

Clinical History :

As part of AVR and CABG workup

** Entered by Ordercomms **

Provisional Diagnosis: Pre-CABG and AVR

Clinical History :

US Doppler carotid artery Both [RDE26409808] :

Right Side:

Mild wall thickening seen of the common carotid artery. Mild - moderate wall thickening seen in the carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 46 cm/sec, EDV 11 cm/sec) , internal carotid artery (PSV 58 cms/sec,EDV 24 cms/sec) and external carotid artery (PSV 65 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Left Side:

Mild wall thickening seen of the common carotid artery. Mild - moderate wall thickening seen in the carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 48 cm/sec, EDV 11 cm/sec) , internal carotid artery (PSV 63 cms/sec,EDV 20 cms/sec) and external carotid artery (PSV 74 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Summary / Diagnosis:

Right Side: No evidence of any significant extra-cranial carotid disease.

Left Side: No evidence of any significant extra-cranial carotid disease.

NASCET method used for velocity criteria.

Event Number : E-25882962

Courier :

Examination Date : **30-Sep-2022**

Ref. Source : FIELD D, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER ROAD

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 30-Sep-2022
Typed By : Das Rajib Vascular Studies 30-Sep-2022

Clinical History :

This patient requires work up for MVR.

** Entered by Ordercomms **

Provisional Diagnosis: Work up for MVR

Clinical History :

US Doppler carotid artery Both [RDE26404989] :

Right Side:

Mild wall calcification seen in the common carotid artery, small amount of heterogeneous plaque seen in carotid bulb and proximal internal carotid artery.

Tortuous; Normal Doppler signals in the common carotid artery (PSV 87 cm/sec, EDV 16 cm/sec) , internal carotid artery (PSV 93 cms/sec,EDV 11 cms/sec) and external carotid artery (PSV 62 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Left Side:

Mild wall calcification seen in the common carotid artery, small amount of heterogeneous plaque seen in carotid bulb and proximal internal carotid artery.

Tortuous; Normal Doppler signals in the common carotid artery (PSV 98 cm/sec, EDV 16 cm/sec) , internal carotid artery (PSV 45 cms/sec,EDV 7.0 cms/sec) and external carotid artery (PSV 109 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Summary / Diagnosis:

Right Side: No evidence of any significant extra-cranial carotid disease.

Left Side: No evidence of any significant extra-cranial carotid disease.

Irregular Doppler waveforms suggestive of AF.

NASCET method used for velocity criteria.

Event Number : E-25878581

Courier :

Examination Date : **30-Sep-2022**

Ref. Source : FIELD D, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER ROA

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 01-Oct-2022
Typed By : Das Rajib Vascular Studies 01-Oct-2022

Clinical History :

67 yr old man, presents with 1 week history of left facial droop, left upper and lower limb weakness and incoordination, headache.
?stroke rule out bleed. Reports fall with head injury 2 months ago.

** Entered by Ordercomms **

Provisional Diagnosis: ?Stroke rule out bleed

Clinical History :

US Doppler carotid artery Both [RDE26400029] :

Right Side:

Mild wall thickening seen in the common carotid artery, small amount of heterogeneous plaque seen in carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 118 cm/sec, EDV 17 cm/sec) , internal carotid artery (PSV 65 cms/sec, EDV 21 cms/sec) and external carotid artery (PSV 115 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Left Side:

Small amount of heterogeneous plaque seen in carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 125 cm/sec, EDV 24 cm/sec) , internal carotid artery (PSV 50 cms/sec, EDV 15 cms/sec) and external carotid artery (PSV 100 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Summary / Diagnosis:

Right Side: No evidence of any significant extra-cranial carotid disease.

Left Side: No evidence of any significant extra-cranial carotid disease.

NASCET method used for velocity criteria.

Event Number : E-25874116

Courier :

Examination Date : **01-Oct-2022**

Ref. Source : IQBAL J, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER ROAD

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 27-Aug-2022
Typed By : Das Rajib Vascular Studies 27-Aug-2022

Clinical History :

left sided weakness and reduced sensation + left eye blurring of vision + painful left eye movement + ringing of ear left side - started on Monday after having a collapse at work at 9 am. Getting worse since then.

CT head - 2 days ago nil acute

needs carotid doppler for further assessment - request on behalf of Dr. Mahmood (Medical consultant)

** Entered by Ordercomms **

Provisional Diagnosis: ? carotid artery blockage?

Clinical History :

US Doppler carotid artery Both [RDE26351475] :

Carotid bifurcations is clear.

CCA, ICA, ECA is patent bilaterally, no significant stenosis.

Patent Vertebral arteries, demonstrated normal antegrade doppler waveforms.

There is no sonographic evidence of any significant extracranial Carotid disease.

Event Number : E-25830614

Courier :

Examination Date : **27-Aug-2022**

Ref. Source : IQBAL J, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER ROAD

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 07-Sep-2022
Typed By : Das Rajib Vascular Studies 07-Sep-2022

Clinical History :

?tia

** Entered by Ordercomms **

Provisional Diagnosis: ?tia

Clinical History :

US Doppler carotid artery Both [RDE26387844] :

Right Side:

Mild wall thickening seen in the common carotid artery, Irregular , heterogeneous plaque seen in carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 79 cm/sec, EDV 14 cm/sec) , internal carotid artery (PSV 122 cms/sec,EDV 29 cms/sec) and external carotid artery (PSV 102 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Left Side:

Mild wall thickening seen in the common carotid artery, Irregular , heterogeneous plaque seen in carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 43 cm/sec, EDV 4.0 cm/sec) and external carotid artery (PSV 102 cm/sec) with no significant flow disturbance.

ICA is totally occluded.

Patent vertebral artery with antegrade flow.

Summary / Diagnosis:

Right Side: No evidence of any significant extra-cranial carotid disease.

Left Side: ICA is occluded.

NASCET method used for velocity criteria.

Event Number : E-25863231

Courier :

Examination Date : **07-Sep-2022**

Ref. Source : RAMACHANDRAN SIVAKUMAR, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HC

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 08-Sep-2022
Typed By : Das Rajib Vascular Studies 08-Sep-2022

Clinical History :
visual disturbance

** Entered by Ordercomms **

Provisional Diagnosis: ?tia

Clinical History :

US Doppler carotid artery Both [RDE26389187] :

Carotid bifurcations is clear.

CCA, ICA, ECA is patent in both sides, showing normal doppler signals and velocities.

Patent Vertebral arteries, demonstrated normal antegrade doppler signals.

There is no sonographic evidence of any significant extracranial Carotid disease.

Event Number : E-25864437

Courier :

Examination Date : **08-Sep-2022**

Ref. Source : SAKSENA RAJESH, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TU

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 09-Sep-2022

Typed By : Das Rajib Vascular Studies 09-Sep-2022

Clinical History :

90 year old man with history of sudden left sided weakness and speech difficulty, speech difficulty resolved, still as mild left sided weakness. Has AF(ON APIXABAN).

** Entered by Ordercomms **

Provisional Diagnosis: Stroke

Clinical History :

US Doppler carotid artery Both [RDE26390897] :

Carotid bifurcations is clear.

CCA, ICA, ECA is patent bilaterally, demonstrated normal doppler signals and velocities.

Patent vertebral arteries, showing normal antegrade doppler waveforms.

There is no sonographic evidence of any significant extracranial Carotid disease.

Event Number : E-25866006

Courier :

Examination Date : **09-Sep-2022**

Ref. Source : RAMACHANDRAN SIVAKUMAR, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HC

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 12-Sep-2022
Typed By : Das Rajib Vascular Studies 12-Sep-2022

Clinical History :

Sudden onset of Rt paraesthesia to face arm and leg 2/7 ago. Pt attended ED but discharged herself. Returned today wit same symptoms. Not resolving, CT head-AW report-no ICH noted. Plan- admit to stroke unit-trat as Lacunar stroke. For MRI as advised by stroke team
she is inpatient

** Entered by Ordercomms **

Provisional Diagnosis: stroke?

Clinical History :

US Doppler carotid artery Both [RDE26392671] :

Carotid bifurcations is clear.
CCA, ICA, ECA is widely patent.
Patent vertebral arteries, showing normal antegrade doppler signals.

No significant extracranial Carotid disease.

Event Number : E-25867528

Courier :

Examination Date : **12-Sep-2022**

Ref. Source : RAMACHANDRAN SIVAKUMAR, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HC

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 16-Sep-2022
Typed By : Das Rajib Vascular Studies 16-Sep-2022

Clinical History : Clinical History :

US Doppler carotid artery Both [RDE26397170] :

Right Side:

Mild wall thickening seen in the common carotid artery and carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 156 cm/sec, EDV 24 cm/sec) , internal carotid artery (PSV 67 cms/sec,EDV 18 cms/sec) and external carotid artery (PSV 97 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Left Side:

Mild wall thickening seen in the common carotid artery and carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 141cm/sec, EDV 30 cm/sec) , internal carotid artery (PSV 93 cms/sec,EDV 15 cms/sec) and external carotid artery (PSV 124 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Summary / Diagnosis:

Right Side: No evidence of any significant extra-cranial carotid disease.

Left Side: No evidence of any significant extra-cranial carotid disease.

NASCET method used for velocity criteria.

Event Number : E-25871614

Courier :

Examination Date : **16-Sep-2022**

Ref. Source : SAKSENA RAJESH, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TU

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 16-Sep-2022
Typed By : Das Rajib Vascular Studies 16-Sep-2022

Clinical History :

Sudden onset of blurry vision at 4pm loss of coordination, on warfarin

** Entered by Ordercomms **

Provisional Diagnosis: Stroke

Clinical History :

US Doppler carotid artery Both [RDE26397438] :

Right Side:

Mild wall calcification seen in the common carotid artery and carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 40 cm/sec, EDV 9.0 cm/sec) , internal carotid artery (PSV 45 cms/sec, EDV 12 cms/sec) and external carotid artery (PSV 39 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Left Side:

Mild wall calcification seen in the common carotid artery and carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 76 cm/sec, EDV 12 cm/sec) , internal carotid artery (PSV 61 cms/sec, EDV 13 cms/sec) and external carotid artery (PSV 57 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Summary / Diagnosis:

Right Side: No evidence of any significant extra-cranial carotid disease.

Left Side: No evidence of any significant extra-cranial carotid disease.

NASCET method used for velocity criteria.

Event Number : E-25871863

Courier :

Examination Date : **16-Sep-2022**

Ref. Source : NGEH JKT, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER R

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 16-Sep-2022
Typed By : Das Rajib Vascular Studies 16-Sep-2022

Clinical History : Clinical History :

US Doppler carotid artery Both [RDE26397170] :

Right Side:

Mild wall thickening seen in the common carotid artery and carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 156 cm/sec, EDV 24 cm/sec) , internal carotid artery (PSV 67 cms/sec,EDV 18 cms/sec) and external carotid artery (PSV 97 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Left Side:

Mild wall thickening seen in the common carotid artery and carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 141cm/sec, EDV 30 cm/sec) , internal carotid artery (PSV 93 cms/sec,EDV 15 cms/sec) and external carotid artery (PSV 124 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Summary / Diagnosis:

Right Side: No evidence of any significant extra-cranial carotid disease.

Left Side: No evidence of any significant extra-cranial carotid disease.

NASCET method used for velocity criteria.

Event Number : E-25871614

Courier :

Examination Date : **16-Sep-2022**

Ref. Source : SAKSENA RAJESH, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TU

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 16-Sep-2022
Typed By : Das Rajib Vascular Studies 16-Sep-2022

Clinical History :

Mr Walter is awaiting a CABG.

Can you please perform this as part of CABG workup?

** Entered by Ordercomms **

Provisional Diagnosis: Triple vessel disease

Clinical History :

US Doppler carotid artery Both [RDE26397104] :

Right Side:

Mild wall thickening seen in the common carotid artery and carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 88 cm/sec, EDV 23 cm/sec) , internal carotid artery (PSV 51 cms/sec,EDV 18 cms/sec) and external carotid artery (PSV 161cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Left Side:

Mild wall thickening seen in the common carotid artery and carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 82 cm/sec, EDV 23 cm/sec) , internal carotid artery (PSV 75 cms/sec,EDV 25 cms/sec) and external carotid artery (PSV 156 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Summary / Diagnosis:

Right Side: No evidence of any significant extra-cranial carotid disease.

Left Side: No evidence of any significant extra-cranial carotid disease.

NASCET method used for velocity criteria.

Event Number : E-25871550

Courier :

Examination Date : **16-Sep-2022**

Ref. Source : HARKNESS A, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNEF

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 19-Aug-2022
Typed By : Das Rajib Vascular Studies 19-Aug-2022

Clinical History :

dizziness on neck extension. otherwise fit and healthy

** Entered by Ordercomms **

Provisional Diagnosis: ?vertebra basillar insufficiency

Clinical History :

US Doppler carotid artery Both [RDE26339067] :

Carotid bifurcations is clear.

CCA, ICA, ECA is patent bilaterally, showing normal doppler signals and velocities.

Patent Vertebral arteries, demonstrated normal antegrade doppler signals.

There is no sonographic evidence of any significant extracranial Carotid disease.

Event Number : E-25819470

Courier :

Examination Date : **19-Aug-2022**

Ref. Source : YOW KUAN HENG, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TUF

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 19-Aug-2022
Typed By : Das Rajib Vascular Studies 19-Aug-2022

Clinical History :

subacute Rt frontal lobe infarct reported on CT head. Admitted with headache and mild confusion

** Entered by Ordercomms **

Provisional Diagnosis: stroke

Clinical History :

US Doppler carotid artery Both [RDE26371942] :

Small amount of heterogenous plaques seen of the carotid bifurcation with no haemodynamic significance.

CCA, ICA, ECA is patent patent bilaterally, showing normal doppler signals and velocities.

Patent vertebral arteries, showing normal antegrade doppler signals.

There is no sonographic evidence of any significant extracranial carotid disease.

Event Number : E-25849017

Courier :

Examination Date : **19-Aug-2022**

Ref. Source : QASBA AJAZ, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 23-Aug-2022
Typed By : Das Rajib Vascular Studies 23-Aug-2022

Clinical History :

dizziness, lean to left

** Entered by Ordercomms **

Provisional Diagnosis: ?tia

Clinical History :

US Doppler carotid artery Both [RDE26369692] :

Carotid bifurcations is clear.

CCA, ICA, ECA is patent bilaterally, showing normal doppler signals and velocities.

Patent vertebral arteries, showing normal antegrade doppler signals.

There is no sonographic evidence of any significant extracranial Carotid disease.

Event Number : E-25846998

Courier :

Examination Date : **23-Aug-2022**

Ref. Source : NGEH JKT, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER R

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 23-Aug-2022
Typed By : Das Rajib Vascular Studies 23-Aug-2022

Clinical History :

Bilateral pallid discs

** Entered by Ordercomms **

Provisional Diagnosis: pallid disc?Compressive pathology

Clinical History :

US Doppler carotid artery Both [RDE26337223] :

CCA, ICA, ECA is patent bilaterally, showing normal doppler signals and velocities.
Patent vertebral arteries, demonstrated normal antegrade doppler signals.

There is no sonographic evidence of any significant extracranial Carotid disease.

Event Number : E-25817812

Courier :

Examination Date : **23-Aug-2022**

Ref. Source : SELLATHURAI B, PRIMARY CARE CENTRE, PRIMARY CARE CENTRE, TURNER ROAD, COLCHES

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 19-Aug-2022
 Typed By : Das Rajib Vascular Studies 19-Aug-2022

Clinical History :

US Doppler carotid artery Both [RDE26365854] :

Right Side:

Normal Doppler signals in the common carotid artery (PSV 93 cm/sec, EDV 26 cm/sec)
 , Tortous, internal carotid artery (PSV 85 cms/sec,EDV 24 cms/sec) and external
 carotid artery (PSV 63 cm/sec) with no significant flow disturbance.
 Patent vertebral artery with antegrade flow.

Left Side:

Normal Doppler signals in the common carotid artery (PSV 88 cm/sec, EDV 28 cm/sec)
 , Tortous, internal carotid artery (PSV 64 cms/sec,EDV 23 cms/sec) and external
 carotid artery (PSV 71 cm/sec) with no significant flow disturbance.
 Patent vertebral artery with antegrade flow.

Summary / Diagnosis:

Right Side: No evidence of any significant extra-cranial carotid disease.
 Left Side: No evidence of any significant extra-cranial carotid disease.

NASCET method used for velocity criteria.

Event Number : E-25843541

Courier :

Examination Date : **19-Aug-2022**

Ref. Source : SAKSENA RAJESH, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TU

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : Das Rajib Vascular Studies 19-Aug-2022
Typed By : Das Rajib Vascular Studies 19-Aug-2022

Clinical History :

US Doppler carotid artery Both [RDE26365856] :

Right Side:

Irregular , heterogeneous plaque seen in carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 48 cm/sec, EDV 12 cm/sec) , internal carotid artery (PSV 49 cms/sec,EDV 15 cms/sec) and external carotid artery (PSV 85 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Left Side:

Irregular , heterogeneous plaque seen in carotid bulb and proximal internal carotid artery.

Normal Doppler signals in the common carotid artery (PSV 74 cm/sec, EDV 12 cm/sec) , internal carotid artery (PSV 46 cms/sec,EDV 10 cms/sec) and external carotid artery (PSV 88 cm/sec) with no significant flow disturbance.

Patent vertebral artery with antegrade flow.

Summary / Diagnosis:

Right Side: No evidence of any significant extra-cranial carotid disease.

Left Side: No evidence of any significant extra-cranial carotid disease.

NASCET method used for velocity criteria.

Event Number : E-25843543

Courier :

Examination Date : **19-Aug-2022**

Ref. Source : SAKSENA RAJESH, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TU

Examinations : **US Doppler carotid artery Both**