

Carotid Reports

1. 06/02/2024

Clinical history:

left sided facial and arm numbness.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent with mild intimal thickening, normal velocities.

Carotid bifurcation - patent with no intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent with mild intimal thickening, normal velocities.

Carotid bifurcation - patent with no intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

A few left-sided thyroid nodules are noted, however further classification is beyond the remit of this examination.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.
- A few small left-sided thyroid nodules.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

2. 06/06/2024

Clinical history:

right pulsatile tinnitus for few months.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with no intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with no intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist Ultrasonographer

3. 06/02/2024

Clinical history:

as provided in the referral letter: left sided facial numbness and slurred speech. please look for carotid artery stenosis.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with no intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with no intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist Ultrasonographer

4. 06/02/2024

Clinical history:

slurred speech.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent with mild intimal thickening, normal velocities.

Carotid bifurcation - patent with mild intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent with mild intimal thickening, normal velocities.

Carotid bifurcation - patent with no intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist Ultrasonographer

5. 07/02/2024

Clinical history:

right sided paraesthesia.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist Ultrasonographer

6. 07/02/2024

Clinical history:

speech disturbance.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent with intimal thickening, normal velocities.

Carotid bifurcation - patent. 10mm calcified plaque noted causing <50% stenosis.

Internal carotid artery - patent. 16mm mixed plaques noted arising from the ICA origin causing approximately 50% stenosis (according to NASCET luminal reduction and PSV ratio of 2.0). The larger plaque contains an anechoic core with a thin juxtaluminal cap. Patent mid-distally with a calibre of 5mm.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent with intimal thickening, normal velocities.

Carotid bifurcation - patent with mild intimal thickening.

Internal carotid artery - widely patent with mild intimal thickening and a small dense focal plaque causing <30% stenosis, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

1. Right sided ~50% ICA stenosis.
2. Vascular surgical opinion advised.

FURTHER ACTION REQUIRED

It remains the responsibility of the referring clinician to ensure that the appropriate action is taken as a result of this report.

Scanned and reported by Ben Warner-Michel CS21218
Clinical specialist Ultrasonographer

7. 07/02/2024

Clinical history:

slurred speech and dizziness. Please look for evidence of Carotid Artery Disease. Many thanks.

Report:

Right side:

Subclavian artery - widely patent, biphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening.

Internal carotid artery - widely patent with mixed plaques causing <30% stenosis. Tortuous just beyond the origin causing a 'kinking' of the vessel after which mildly elevated velocities were detected, however this appears to be due to vessel geometry as opposed to actual stenosis.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, biphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening and small dense focal plaque causing <30% stenosis.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist Ultrasonographer

8. 23/02/2024

Clinical history:

visual disturbance in the right eye.

Report:

Bilateral endarterectomy patches noted.

Restenosis of the proximal internal carotid artery is noted bilaterally.

On the left side a 10mm irregular mixed plaque causes a >70% stenosis ~15mm distal to the ICA origin. The ICA is patent beyond this and measures 3.5mm.

On the right side a 22mm irregular mixed plaque arising from the ICA origin causes a >90% stenosis. The ICA is patent beyond this and measures 4.3mm.

>50% stenosis of the left external carotid artery origin noted. Intimal hyperplasia of the left carotid bifurcation noted causing ~50% stenosis within the bulb.

Tri/biphasic flow in both subclavian arteries and antegrade flow within both vertebral arteries.

Conclusion:

Tight bilateral ICA restenosis post-endarterectomy, >90% on the right side and >70% on the left side.

URGENT VASCULAR SURGICAL REFERRAL ADVISED.

FURTHER ACTION REQUIRED

It remains the responsibility of the referring clinician to ensure that the appropriate action is taken as a result of this report.

Scanned and reported by Ben Warner-Michel CS21218
Clinical Specialist Ultrasonographer

9. **26/02/24**

Clinical history:

visual blurring followed by left hemisensory symptoms.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening and small dense focal plaque forming <30% stenosis.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening and small dense focal plaque forming <30% stenosis.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist Ultrasonographer

10. 26/02/2024

Clinical history:

LE branch retinal artery occlusion.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening and dense plaque forming <50% stenosis.

Internal carotid artery - patent dense plaque forming <50% stenosis, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, biphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - patent with intimal thickening and dense plaques forming <50% stenosis, normal velocities.

Carotid bifurcation - patent with mild intimal thickening.

Internal carotid artery - large smooth mixed plaque at the ICA origin extending for 24mm. ICA PSV and NASCET caliper reduction indicate 70-79% stenosis. PSV ratio indicates 50-69% stenosis. St. Mary's ratio indicated 80-89% stenosis. Patent mid-distally and measures ~6mm in calibre.

External carotid artery - patent, normal velocities.

Conclusion:

70-89% left ICA origin stenosis ipsilateral to retinal artery branch occlusion. Urgent vascular surgical referral advised.

FURTHER ACTION REQUIRED

It remains the responsibility of the referring clinician to ensure that the appropriate action is taken as a result of this report.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist Ultrasonographer

11. 26/02/2024

Clinical history:

word finding difficulties.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities. Mild intimal thickening.

Carotid bifurcation - patent with mild intimal thickening and a small focal dense plaque forming <30% stenosis.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with no intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

12. 01/03/2024

Clinical history:

TIA clinic. R hand weakness..

Report:

Right side:

Subclavian artery - widely patent, biphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with no intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, biphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with no intimal thickening and a small dense focal plaque measuring <30% stenosis.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

13. 01/05/2024

Clinical history:

TIA clinic. Speech disturbance.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities. Mild intimal thickening.

Carotid bifurcation - patent with mild intimal thickening and dense plaques forming <30% stenosis.

Internal carotid artery - widely patent with dense plaques forming <30% stenosis, normal velocities.

External carotid artery - widely patent, normal velocities.

A 10mm simple cyst is noted within the right thyroid lobe.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.
- Simple thyroid cyst.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

14. 01/03/2024

15. Clinical history:

TIA clinic. R arm and R leg weakness.

Report:

Right side:

Subclavian artery - widely patent, biphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening and small focal dense plaques forming <30% stenosis.

Internal carotid artery - widely patent with small focal dense plaque forming <30% stenosis, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening and small focal dense plaque forming <30% stenosis.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

15. 01/03/2034

Clinical history:

L sided sensorimotor symptoms. TIA clinic.

Report:

Right side:

Subclavian artery - widely patent, biphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening.

Internal carotid artery - widely patent with small dense focal plaques forming <30% stenosis, normal velocities. Tortuous mid-distally.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, biphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

The left thyroid lobe appears grossly heterogeneous and mildly enlarged with prominent vascularity. [*Patient*] reports feeling of a mass in the left side of the neck, and that she feels dizzy when turning her head. ?Goitre.

Conclusion:

1. No haemodynamically significant carotid artery disease noted according to NASCET criteria.
2. ?Left-sided goitre. Dedicated thyroid USS advised.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

16. 26/03/2024

Clinical history:

TIA clinic 26.3.24 -right face, arm weakness..

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening.

Internal carotid artery - widely patent with mild intimal thickening, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

A few small left-sided thyroid nodules are noted.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

- A few small left-sided thyroid nodules noted.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

17. 26/03/2024

Clinical history:

word finding difficulty.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent with small focal dense plaque forming <30% stenosis and mild intimal thickening, normal velocities.

Carotid bifurcation - patent with mild intimal thickening and dense plaque forming <30% stenosis

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

A few small right-sided thyroid nodules are noted.

Left side:

Subclavian artery - widely patent, biphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent with mild intimal thickening, normal velocities.

Carotid bifurcation - patent with mild intimal thickening and small focal dense plaque forming <30% stenosis.

Internal carotid artery - widely patent with mild intimal thickening, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.
- Few small right-sided thyroid nodules.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

18. 26/03/2024

Clinical history:

expressive dysphasia.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with no intimal thickening and small dense plaque forming <30% stenosis.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with no intimal thickening and small dense plaque forming <30% stenosis.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

19. 26/03/2024

Clinical history:

retinal stroke

Report:

Right side:

Subclavian artery - widely patent, biphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mixed plaques forming <30% stenosis.

Internal carotid artery - patent with mixed plaques forming <30% stenosis, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, biphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mixed plaques forming <50% stenosis, mild intimal thickening.

Internal carotid artery - patent with mixed plaques forming <30% stenosis, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

20. 27/03/2024

Clinical history:

TIA clinic 27/3: episodes of right eye visual loss.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with no intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with no intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

21. 27/03/2024

Clinical history:

TIA clinic 27/3: episode of dysphasia.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - patent with dense plaques distally forming <50% stenosis, normal velocities.

Carotid bifurcation - patent with dense plaques forming <50% stenosis.

Internal carotid artery - patent with dense plaques at the origin. Slightly elevated velocities at the origin however luminal reduction measurement of the proximal ICA indicates a <30% stenosis.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - patent with dense plaques distally forming <50% stenosis, normal velocities.

Carotid bifurcation - patent with dense plaques forming <50% stenosis.

Internal carotid artery - patent with dense plaques at the origin. Slightly elevated velocities at the origin however luminal reduction measurement of the proximal ICA indicates a <30% stenosis.

External carotid artery - widely patent, normal velocities..

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

22. 15/04/2024

Clinical history:

left visual loss and ataxia.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent with mild intimal thickening, normal velocities.

Carotid bifurcation - patent with intimal thickening.

Internal carotid artery - widely patent with mild intimal thickening, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent with mild intimal thickening, normal velocities.

Carotid bifurcation - patent with mixed plaque forming <50% stenosis.

Internal carotid artery - widely patent with mild intimal thickening, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

23. 15/04/2024

Clinical history:

right eye visual loss.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening and small dense plaques forming <30% stenosis.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent with mild intimal thickening, normal velocities.

Carotid bifurcation - patent with mild intimal thickening and small dense plaques forming <30% stenosis.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

24. 22/04/2024

Clinical history:

transient speech impairment.

Report:

Right side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening and dense plaques forming <30% stenosis.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with no intimal thickening and dense plaques forming <30% stenosis.

Internal carotid artery - widely patent, normal velocities. Tortuous mid-distally.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer

25. 22/04/2024

Clinical history:

confusion and dizziness.

Report:

Right side:

Subclavian artery - widely patent, biphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent, normal velocities.

Carotid bifurcation - patent with mild intimal thickening.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Left side:

Subclavian artery - widely patent, triphasic waveforms.

Vertebral artery - patent with orthograde flow.

Common carotid artery - widely patent with mild intimal thickening, normal velocities.

Carotid bifurcation - patent with no intimal thickening and dense plaques forming <30% stenosis.

Internal carotid artery - widely patent, normal velocities.

External carotid artery - widely patent, normal velocities.

Conclusion:

- No haemodynamically significant carotid artery disease noted according to NASCET criteria.

Scanned and reported by Ben Warner-Michel CS21218

Clinical specialist ultrasonographer