

Reason Stroke
Outcome Stenosis moderate, Calcified, Poor images

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.98	0.17	< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					50% - 59%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.33		40% - 49%
Plaque	Dense Mixed Calcified				
Disease length from BIF			Pk ICA/Pk CCA = 1.4	Pk ICA/End CCA = 7.8	
External			1.64		< 50%
Plaque	Dense Mixed Calcified				
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		< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.66		< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF			Pk ICA/Pk CCA = 0.9		
External			1.24		< 40%
Plaque	Dense Mixed Calcified				
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

*Portable scan performed on ward

*Challenging assessment due to patient movement during scan - some poor images obtained

RIGHT

Poor views of the right carotid arteries due to poor patient co-operation and movement during scan. Where seen, mixed, dense and calcified plaque identified in the right carotid bifurcation, forming a 50-59% stenosis based on greyscale, colourflow imaging and direct luminal diameter reduction. Mixed, dense and calcified

Assessed by Charlotte Roberts, MCVS

Printed on 11/07/2024 at 11:04 am

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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

plaque identified in the right internal carotid artery, forming a 40-49% stenosis. Disease length ~1.8cm.
Distal ICA appears patent with mild disease.

LEFT

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

Suggest alternative imaging.

Suggest vascular surgical opinion, if appropriate.

Assessed by

Charlotte Roberts, MCVS

Printed on 11/07/2024 at 11:04 am

Checked by _____

Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

Reason Pre-op
Outcome Calcified, disease - mild, Irregular heart rate

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.78		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 40%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Internal		0.58		< 40%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
	Pk ICA/Pk CCA = 0.7			
External		0.94		< 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		0.67		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 40%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Internal		0.73		< 40%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
	Pk ICA/Pk CCA = 1.1			
External		0.78		< 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

*Pre-op Tx

*Irregular heart rate noted

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

Assessed by Charlotte Roberts, MCVS

Printed on 11/07/2024 at 10:09 am

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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

Reason Routine
Outcome Stenosis moderate, Obscured, Calcified, Poor images

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.49	0.09	< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					60% - 69%
Bifurcation					
Plaque	Dense Mixed Calcified				
Disease length from BIF					60% - 69%
Internal			1.94	0.45	60% - 69%
Plaque	Dense Mixed Calcified				
Disease length from BIF			Pk ICA/Pk CCA = 4.0	Pk ICA/End CCA = 21.6	
External			1.77		60% - 69%
Plaque	Dense Mixed Calcified				
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			0.87		< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					< 50%
Bifurcation					
Plaque	Dense Mixed Calcified				
Disease length from BIF					< 50%
Internal			0.97		< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF			Pk ICA/Pk CCA = 1.1		
External			1.36		< 40%
Plaque	Dense Mixed Calcified				
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, dense and calcified plaque identified in the right carotid bifurcation, forming a 60-69% stenosis. The right internal carotid artery was partially obscured for sections measuring ~0.5cm and ~0.6cm, due to calcification causing acoustic shadowing. Velocities obtained distal to the obscured region indicate a 60-69% stenosis, with mixed, dense and calcified plaque where seen. Unable to rule out more significant stenosis within obscured region. Disease length ~2.4cm including bifurcation. Distal ICA appears patent.

Assessed by Charlotte Roberts, MCVS

Printed on 11/07/2024 at 10:45 am

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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

LEFT

The left internal carotid artery was partially obscured for sections measuring ~0.5cm and ~0.5cm, due to calcification causing acoustic shadowing. Velocities obtained distal to the obscured region indicate a less than 50% stenosis, with mixed, dense and calcified plaque where seen. Unable to rule out more significant stenosis within obscured region.

Suggest alternative imaging, if felt appropriate.

Assessed by Charlotte Roberts, MCVS

Printed on 11/07/2024 at 10:45 am

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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

Reason Pre-op CABG
Outcome Calcified, disease - mild

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.94		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.83		< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Pk ICA/Pk CCA = 0.9					
External			1.26		< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	Mild Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.98		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.04		< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Pk ICA/Pk CCA = 1.1					
External			1.47		< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	Mild 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 plaque identified in the right and left internal carotid arteries, forming a less than 50% stenosis bilaterally.

Assessed by Charlotte Roberts, MCVS

Printed on 11/07/2024 at 10:09 am

Checked by

Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

Reason TIA clinic
Outcome Stenosis mild, Calcified, Poor images

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.86		< 30%
Plaque	Mixed			
Disease length from BIF				
Bifurcation				< 40%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Internal		0.40		< 40%
Plaque	Dense Mixed Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 0.5		
External		0.45		< 40%
Plaque	Dense Mixed Calcified			
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		0.48		< 40%
Plaque	Mixed			
Disease length from BIF				
Bifurcation				50% - 59%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Internal		0.76		< 50%
Plaque	Dense Mixed Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 1.6		
External		0.68		< 40%
Plaque	Dense Mixed Calcified			
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

RIGHT

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

LEFT

The left carotid bifurcation was partially obscured by acoustic shadowing from calcification for ~0.5cm.

Assessed by Charlotte Roberts, MCVS

Printed on 11/07/2024 at 10:50 am

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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

Where seen, mixed, dense and calcified plaque identified forming a 50-59% stenosis. Unable to rule out more significant stenosis within obscured region. Disease length ~1.5cm. No raised velocities identified within the proximal ICA distal to obscured region. Mixed, dense and calcified plaque identified in the left internal carotid artery, forming a less than 50% stenosis.

Suggest vascular surgical opinion, if appropriate.
Suggest alternative imaging, if appropriate.

Assessed by Charlotte Roberts, MCVS

Printed on 11/07/2024 at 10:50 am

Checked by _____

Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

Reason TIA clinic
Outcome Calcified, disease - mild, Irregular heart rate

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.59		< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.57		< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF		Pk ICA/Pk CCA = 1.0			
External			0.59		< 50%
Plaque	Dense Mixed Calcified				
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		< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.74		< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF		Pk ICA/Pk CCA = 1.2			
External			0.67		< 50%
Plaque	Dense Mixed Calcified				
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

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

Assessed by Charlotte Roberts, MCVS

Printed on 11/07/2024 at 10:56 am

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Reason	TIA clinic
Outcome	Stenosis moderate, Calcified, Poor images, Irregular heart rate

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.84	0.16	< 40%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Bifurcation				50% - 59%
Plaque	Dense Mixed Calcified			
Disease length from BIF				
Internal		2.17	0.20	60% - 69%
Plaque	Dense Mixed Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 2.6	Pk ICA/End CCA = 13.6	
External		2.05		< 50%
Plaque	Dense Mixed Calcified			
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		1.12	0.18	< 30%
Plaque	Mixed			
Disease length from BIF				
Bifurcation				< 0%
Plaque	Dense Mixed Calcified but is obscured			
Disease length from BIF				
Internal		1.60	0.24	50% - 59%
Plaque	Dense Mixed Calcified			
Disease length from BIF		Pk ICA/Pk CCA = 1.4	Pk ICA/End CCA = 8.9	
External		2.13		< 50%
Plaque	Dense Mixed Calcified			
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

*Challenging assessment due to calcification causing acoustic shadowing bilaterally - some poor images obtained

RIGHT

Poor views of the right carotid bifurcation and proximal internal carotid artery due to calcification causing acoustic shadowing. Where seen, mixed, dense and calcified plaque forms a 50-59% stenosis in the right

Assessed by Charlotte Roberts, MCVS

Printed on 11/07/2024 at 11:07 am

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carotid bifurcation and a 60-69% stenosis in the right ICA based on velocities obtained. Disease length ~3.3cm including bifurcation. Distal ICA appears patent.

LEFT

Poor views of the left carotid system due to calcification causing acoustic shadowing. The left carotid bifurcation was entirely obscured - unable to accurately grade disease length within this region. The left proximal ICA was obscured for ~1cm by calcification. Velocities obtained distal to the obscured region indicate a 50-59% stenosis, unable to rule out more significant stenosis within obscured region. Distal ICA appears patent.

Suggest vascular surgical opinion.

Suggest alternative imaging.

Assessed by Charlotte Roberts, MCVS

Printed on 11/07/2024 at 11:07 am

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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

Reason	TIA clinic
Outcome	Stenosis severe, Calcified, Subclavian Steal

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.80		< 30%
Plaque	Mixed				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			0.85		< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
			Pk ICA/Pk CCA = 1.1		
External			2.15		50% - 59%
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	Mild Turbulence		Good Signal	Triphasic	Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			1.01		< 40%
Plaque	Dense Mixed				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Dense Mixed				
Disease length from BIF					
Internal			1.29		< 40%
Plaque	Dense Mixed				
Disease length from BIF					
			Pk ICA/Pk CCA = 1.3		
External			1.95		< 50%
Plaque	Dense Mixed				
Disease length from BIF					
Vertebral	Open Oscillatory				
Subclavian	Severe Turbulence		Slightly Reduced	Monophasic	Ierate/Severe Stenosis

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

LEFT

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

Assessed by Charlotte Roberts, MCVS

Printed on 17/07/2024 at 12:56 pm

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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

Poor views of the proximal subclavian artery due to depth, however turbulent monophasic waveforms identified, PSV 405cm/s, indicating a moderate/severe stenosis. Distally subclavian artery appears widely patent with slightly reduced monophasic waveforms, PSV 92cm/s.
The left vertebral artery was identified as patent with oscillatory flow.

Conclusion: Images suggestive of left partial subclavian steal.

Suggest vascular surgical opinion, if appropriate.
Suggest alternative imaging, is appropriate.

Assessed by Charlotte Roberts, MCVS

Printed on 17/07/2024 at 12:56 pm

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Reason Reason CARG

Reason Stroke
Outcome Stenosis moderate, Thrombus

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.85	0.25	< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					50% - 59%
Plaque	Mixed Soft				
Disease length from BIF					
Internal			2.62	0.68	60% - 69%
Plaque	Mixed Soft				
Disease length from BIF					
		Pk ICA/Pk CCA = 3.1		Pk ICA/End CCA = 10.5	
External			1.33		< 30%
Plaque	Intimal Thickening				
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		< 30%
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					< 30%
Plaque	Mixed				
Disease length from BIF					
Internal			0.84		< 25%
Plaque	Normal				
Disease length from BIF					
		Pk ICA/Pk CCA = 0.8			
External			1.26		< 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****RIGHT**

Mixed plaque and echolucent material ?soft plaque ?thrombus identified in the right carotid bifurcation forming a 50-59% stenosis based on greyscale and colourflow imaging. Mixed plaque and echolucent material ?soft plaque ?thrombus identified in the right internal carotid artery, forming a 60-69% stenosis based on greyscale, colourflow imaging and velocities obtained. Disease length ~1.8cm including bifurcation. Distal ICA appears patent.

Assessed by Charlotte Roberts, MCVS

Printed on 18/07/2024 at 3:58 pm

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LEFT

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

SUGGEST VASCULAR SURGICAL OPINION.

Assessed by Charlotte Roberts, MCVS

Printed on 18/07/2024 at 3:58 pm

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require further help, please discuss the report with the person who referred you for the examination.

Reason Pre-op CABG
Outcome Stenosis severe, Calcified

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.46	0.12	< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			4.64	1.62	90% - 95%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
		Pk ICA/Pk CCA = 10.1	Pk ICA/End CCA = 38.7		
External			0.93		< 50%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		Mild Turbulence	Good Signal	Triphasic	Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common			0.81		< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Bifurcation					< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Internal			1.13		< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
		Pk ICA/Pk CCA = 1.4			
External			0.90		< 40%
Plaque	Dense Mixed Calcified				
Disease length from BIF					
Vertebral		Open Orthograde			
Subclavian		Mild 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, dense and calcified plaque identified in the right internal carotid artery, forming a 90-95% stenosis.
Disease length ~ 1.9cm including bifurcation. Distal ICA appears patent

LEFT

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

Assessed by Charlotte Roberts, MCVS

Printed on 23/07/2024 at 3:02 pm

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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

stenosis.

SUGGEST VASCULAR SURGICAL OPINION.

Assessed by Charlotte Roberts, MCVS

Printed on 23/07/2024 at 3:02 pm

Checked by _____

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