



Reason	TIA clinic
Outcome	Dissection

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		1.21		< 30%
Plaque	Dense Mixed			
Disease length from BIF				
Bifurcation				< 50%
Plaque	Dense Calcified			
Disease length from BIF				
Internal		0.75	0.24	< 50%
Plaque	Dense Calcified			
Disease length from BIF	0.70cm but is obscured	Pk ICA/Pk CCA = 0.6		
External		1.25		< 30%
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		1.00		< 50%
Plaque	Mixed Soft			
Disease length from BIF				
Bifurcation				< 40%
Plaque	Mixed			
Disease length from BIF				
Internal		0.80	0.29	< 50%
Plaque	Mixed			
Disease length from BIF		Pk ICA/Pk CCA = 0.8		
External		1.25		< 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

RIGHT:

Dense and calcified plaques identified in the right internal carotid artery. The proximal ICA is obscured for ~0.7cm. Waveforms proximal and distal to the obscured region suggest no significant (<50%) disease.

LEFT:

There appears to be a ?dissection ?free-floating thrombus in the distal CCA and extending to the proximal ICA, based on greyscale imaging. Turbulent flow noted in the this region. Colour flow appears normal. Cine loop saved for review. Suggest alternative imaging.

Assessed by Ranit Shail, MCVS

Printed on 24/07/2024 at 11:34 am

Checked by _____



Carotid Duplex

Solomon Ugoya

Examined **24/06/2024 13:30**

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Reference

Accession **04758022**

Patient **David Georgory**

NHS No **624 933 0682**

D.O.B. **10/02/1965**

Patient Ref **AE56348**

SUGGEST VASCULAR REVIEW

SUGGEST ALTERNATIVE IMAGING

Assessed by **Ranit Shail, MCVS**

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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.