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|---------|---------------|
| Reason | Stroke |
| Outcome | Widely patent |

| Right | Diameter (cm) | PSV (m/s) | EDV (m/s) | Stenosis |
|-------------------------|---------------------|-------------|-----------|---------------|
| Common | | 1.03 | | < 25% |
| Plaque | Normal | | | |
| Disease length from BIF | | | | |
| Bifurcation | | | | < 25% |
| Plaque | Normal | | | |
| Disease length from BIF | | | | |
| Internal | | 0.48 | 0.11 | < 25% |
| Plaque | Normal | | | |
| Disease length from BIF | | | | |
| | Pk ICA/Pk CCA = 0.5 | | | |
| External | | 1.35 | | < 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 | | 0.51 | | < 25% |
| Plaque | Normal | | | |
| Disease length from BIF | | | | |
| Bifurcation | | | | < 30% |
| Plaque | | | | |
| Disease length from BIF | | | | |
| Internal | | 0.32 | 0.10 | < 25% |
| Plaque | Normal | | | |
| Disease length from BIF | | | | |
| | Pk ICA/Pk CCA = 0.6 | | | |
| External | | 1.77 | | < 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

Challenging assessment due poor patient condition and patient movement during scan

Irregular heart rate noted

The right and left internal carotid arteries appear widely patent. No evidence of any plaque morphology, intimal dissection or other abnormality identified all less than 25%.

Assessed by Ranit Shail, MCVS

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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.