Reason TIA clinic

Outcome Stenosis severe, Obscured, Calcified, Poor images

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Mixed		0.72		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Calcified				**< 50%**
Disease length from BIF					
Internal					
Plaque	Dense Calcified		0.78		**< 50%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.1**		
External					
Plaque	Intimal Thickening		0.87		**< 30%**
Disease length from BIF					
Vertebral	Not Identified				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Mixed		0.56		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Calcified				**< 50%**
Disease length from BIF					
Internal					
Plaque	Mixed		6.11	3.14	**90% - 95%**
Disease length from BIF			**Pk ICA/Pk CCA = 10.9**		
External					
Plaque	Intimal Thickening		1.77		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX - Checked by KC.

Dense and calcified plaques identified in the right internal carotid artery. Vessel is heavily calcified and obscured proximally for a length of ~0.3cm. Distal to the obscured area, vessel appears patent where seen with velocities suggestive of a less than 50% stenosis. Unable to exclude a greater stenosis within obscured regions. Distal vessel is patent and tortuous.

Mixed plaques identified in the left internal carotid artery. Plaques appear to form a 90-95% stenosis based on velocity criteria. Distal to the disease, vessel is patent and tortuous.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:10 am

Checked by

SUGGEST VASCULAR SURGICAL OPINION.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:10 am

Checked by

Reason	TIA
Outcome	disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.83		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 30%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.57		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**		
External					
Plaque	Intimal Thickening		0.91		**< 30%**
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					
Plaque	Intimal Thickening		0.89		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 30%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed		0.68		**< 40%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**		
External					
Plaque	Intimal Thickening		0.87		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Intimal thickening identified in the right internal carotid artery, forming a less than 30% reduction in luminal diameter.

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

Assessed by Jimmy Chen

Printed on 07/12/2018 at 10:56 am

Checked by

Reason	TIA clinic
Outcome	Intimal thickening

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		1.11		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Intimal Thickening				**< 30%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.81		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**		
External					
Plaque	Intimal Thickening		0.80		**< 30%**
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					
Plaque	Intimal Thickening		1.02		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Intimal Thickening				**< 30%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.69		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**		
External					
Plaque	Intimal Thickening		0.80		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Intimal thickening identified in the right and left internal carotid arteries, forming a less than 30% reduction in luminal diameter bilaterally.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:01 am

Checked by

Reason	TIA clinic
Outcome	Stenosis moderate, Calcified

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.67		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Mixed				**< 40%**
Disease length from BIF					
Internal					
Plaque	Mixed		0.52		**< 40%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**		
External					
Plaque	Intimal Thickening		0.94		**< 30%**
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					
Plaque	Intimal Thickening		0.68		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 50%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed Calcified		1.25		**50% - 59%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.8**		
External					
Plaque	Intimal Thickening		0.88		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Mixed plaques identified in the right internal carotid artery, forming a less than 40% stenosis.

Mixed, dense and calcified plaques identified in the left internal carotid artery. Velocities obtained are suggestive of a less than 50% stenosis, however disease appears to form a 50-59% stenosis based on greyscale and colour-flow imaging. Disease extends for a length of ~0.55cm. Distal to the disease, vessel remains patent.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:02 am

Checked by _____

SUGGEST VASCULAR SURGICAL OPINION, IF FELT APPROPRIATE.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:02 am

Checked by

Reason	Stroke
Outcome	disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.50		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Intimal Thickening				**< 30%**
Disease length from BIF					
Internal					
Plaque	Mixed		0.55		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.1**		
External					
Plaque	Intimal Thickening		0.71		**< 30%**
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					
Plaque	Intimal Thickening		0.65		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 30%**
Disease length from BIF					
Internal					
Plaque	Mixed		0.52		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**		
External					
Plaque	Intimal Thickening		0.67		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX
*irregular heart rate noted throughout.

Minimal mixed plaques identified in the right and left internal carotid arteries, forming a less than 30% stenosis bilaterally.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:04 am

Checked by

Reason	TIA clinic
Outcome	disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.81		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Mixed				**< 30%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.51		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.6**		
External					
Plaque	Mixed		1.24		**< 30%**
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					
Plaque	Intimal Thickening		0.88		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 30%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed		0.56		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.6**		
External					
Plaque	Mixed		0.94		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX SCAN

Intimal thickening identified in the right internal carotid artery, forming a less than 30% reduction in luminal diameter.

Mixed and dense plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:03 am

Checked by _____

Reason	Stroke
Outcome	Poor images, disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.78		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Intimal Thickening				**< 30%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.71		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**		
External					
Plaque	Dense		0.55		**< 50%**
Disease length from BIF					
Vertebral	Not Identified				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Dense		0.59		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense				**< 30%**
Disease length from BIF					
Internal					
Plaque	Dense		0.75		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.3**		
External					
Plaque	Dense		0.98		**< 50%**
Disease length from BIF					
Vertebral	Not Identified				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

*sub-optimal images throughout due to short neck and vessel tortuosity.
*patient scanned in bed in a supine position.

Intimal thickening identified in the right internal carotid artery, forming a less than 30% reduction in luminal diameter.

Dense plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:06 am

Checked by

Reason	Stroke
Outcome	Calcified, disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Mixed		0.99	0.17	**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Intimal Thickening				**< 30%**
Disease length from BIF					
Internal					
Plaque	Dense Calcified		0.93	0.26	**< 40%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**	**Pk ICA/End CCA = 5.5**	
External					
Plaque	Intimal Thickening		1.28		**< 30%**
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					
Plaque	Mixed		1.16	0.22	**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Calcified				**< 30%**
Disease length from BIF					
Internal					
Plaque	Mixed		0.85	0.19	**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**	**Pk ICA/End CCA = 3.9**	
External					
Plaque	Intimal Thickening		1.12		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET velocity criteria.
Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX (Scanned by NS, Checked by JC).

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

Mixed plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:07 am

Checked by _____

Reason	TIA clinic
Outcome	Intimal thickening

Right		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.74		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Intimal Thickening				**< 30%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.72		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.0**		
External					
Plaque	Intimal Thickening		0.70		**< 30%**
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					
Plaque	Intimal Thickening		0.77		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Intimal Thickening				**< 30%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.68		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**		
External					
Plaque	Intimal Thickening		0.76		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Intimal thickening identified in the right and left internal carotid arteries, forming a less than 30% reduction in luminal diameter bilaterally.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:08 am

Checked by

Reason	TIA clinic
Outcome	Stenosis severe, Obscured, Calcified, Poor images

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Mixed		0.72		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Calcified				**< 50%**
Disease length from BIF					
Internal					
Plaque	Dense Calcified		0.78		**< 50%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.1**		
External					
Plaque	Intimal Thickening		0.87		**< 30%**
Disease length from BIF					
Vertebral	Not Identified				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Left

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Mixed		0.56		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Calcified				**< 50%**
Disease length from BIF					
Internal					
Plaque	Mixed		6.11	3.14	**90% - 95%**
Disease length from BIF			**Pk ICA/Pk CCA = 10.9**		
External					
Plaque	Intimal Thickening		1.77		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX - Checked by KC.

Dense and calcified plaques identified in the right internal carotid artery. Vessel is heavily calcified and obscured proximally for a length of ~0.3cm. Distal to the obscured area, vessel appears patent where seen with velocities suggestive of a less than 50% stenosis. Unable to exclude a greater stenosis within obscured regions. Distal vessel is patent and tortuous.

Mixed plaques identified in the left internal carotid artery. Plaques appear to form a 90-95% stenosis based on velocity criteria. Distal to the disease, vessel is patent and tortuous.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:09 am

Checked by _____

SUGGEST VASCULAR SURGICAL OPINION.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:09 am

Checked by

Reason	TIA clinic
Outcome	Calcified, disease - mild

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common					
Plaque	Intimal Thickening		0.69		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 40%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.64		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**		
External					
Plaque	Intimal Thickening		0.91		**< 30%**
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					
Plaque	Intimal Thickening		0.85		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 50%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed		0.89		**< 40%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.0**		
External					
Plaque	Intimal Thickening		0.73		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Intimal thickening identified in the right internal carotid artery, forming a less than 30% reduction in luminal diameter.

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

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:12 am

Checked by

Reason	TIA clinic
Outcome	disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.72		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Mixed				**< 30%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.61		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**		
External					
Plaque	Intimal Thickening		0.82		**< 30%**
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					
Plaque	Intimal Thickening		0.77		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Mixed				**< 30%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.68		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**		
External					
Plaque	Intimal Thickening		1.14		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Intimal thickening identified in the right and left internal carotid arteries, forming a less than 30% reduction in luminal diameter bilaterally.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:13 am

Checked by

Reason	Stroke
Outcome	disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.47		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Intimal Thickening				**< 30%**
Disease length from BIF					
Internal					
Plaque	Dense		0.42		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**		
External					
Plaque	Intimal Thickening		0.59		**< 30%**
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					
Plaque	Intimal Thickening		0.75		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Intimal Thickening				**> 30%**
Disease length from BIF					
Internal					
Plaque	Mixed		0.48		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.6**		
External					
Plaque	Intimal Thickening		0.78		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Dense plaques identified in the right internal carotid artery, forming a less than 30% stenosis.

Mixed plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:14 am

Checked by _____

Reason	TIA
Outcome	disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Mixed		0.88		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 40%**
Disease length from BIF					
Internal					
Plaque	Mixed		0.55		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.6**		
External					
Plaque	Intimal Thickening		1.03		**< 30%**
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					
Plaque	Mixed		0.70		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 40%**
Disease length from BIF					
Internal					
Plaque	Dense		0.48		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**		
External					
Plaque	Mixed		0.62		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Mixed plaques identified in the right internal carotid artery, forming a less than 30% stenosis.

Dense plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:15 am

Checked by

Reason	TIA clinic
Outcome	Calcified, disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Mixed		0.62		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 40%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed		0.39		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.6**		
External					
Plaque	Dense Mixed		0.74		**< 30%**
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					
Plaque	Mixed		0.73		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 30%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed		0.36		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.5**		
External					
Plaque	Mixed		0.79		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Mixed and dense plaques identified in the right and left internal carotid arteries, forming a less than 30% stenosis bilaterally.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:16 am

Checked by

Reason	TIA clinic
Outcome	disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.90		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense				**< 30%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed		0.52		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.6**		
External					
Plaque	Intimal Thickening		1.18		**< 30%**
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					
Plaque	Intimal Thickening		0.95		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Mixed				**< 30%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed		0.67		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**		
External					
Plaque	Intimal Thickening		0.82		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Mixed and dense plaques identified in the right and left internal carotid arteries, forming a less than 30% stenosis bilaterally.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:17 am

Checked by

Reason	TIA clinic
Outcome	disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Mixed		0.87		**< 40%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 40%**
Disease length from BIF					
Internal					
Plaque	Mixed		0.61		**< 50%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**		
External					
Plaque	Mixed		1.23		**< 40%**
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					
Plaque	Mixed		1.11		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 40%**
Disease length from BIF					
Internal					
Plaque	Mixed		0.66		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.6**		
External					
Plaque	Mixed		1.47		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Mixed plaques identified in the right internal carotid artery, forming a less than 50% stenosis.

Mixed plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:18 am

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Reason	TIA
Outcome	Obscured, Calcified, Poor images

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common					
Plaque	Mixed		0.46		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Calcified				**< 50%**
Disease length from BIF					
Internal					
Plaque	Dense Calcified		0.57		**< 50%**
Disease length from BIF	0.88cm but is obscured		**Pk ICA/Pk CCA = 1.2**		
External					
Plaque	Mixed		0.70		**< 30%**
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					
Plaque	Dense Mixed		0.64		**< 40%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 40%**
Disease length from BIF					
Internal					
Plaque	Dense Calcified		0.47		**< 50%**
Disease length from BIF	1.53cm but is obscured		**Pk ICA/Pk CCA = 0.7**		
External					
Plaque	Mixed		0.46		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

*poor images obtained due to high bifurcation and calcification.

Dense and calcified plaques identified in the right internal carotid artery. The proximal vessel is obscured for a length of ~0.88cm due to calcification. Distal to the obscured area, plaques appear to form a less than 40% stenosis based on greyscale imaging and velocity criteria, however unable to exclude a greater degree of stenosis within obscured region.

Dense and calcified plaques identified in the left internal carotid artery. The proximal vessel is obscured for

Assessed by Jimmy Chen

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a length of ~1.53cm due to calcification. Distal to the obscured area, plaques appear to form a less than 40% stenosis based on greyscale imaging and velocity criteria, however unable to exclude a greater degree of stenosis within obscured region.

Suggest alternative imaging, if felt appropriate.

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Reason	TIA clinic
Outcome	disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.61		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 30%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.47		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**		
External					
Plaque	Intimal Thickening		0.70		**< 30%**
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					
Plaque	Intimal Thickening		0.83		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Mixed				**< 30%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.39		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.5**		
External					
Plaque	Intimal Thickening		0.58		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Intimal thickening identified in the right and left internal carotid arteries, forming a less than 30% reduction in luminal diameter bilaterally.

Assessed by Jimmy Chen

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

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Mixed		0.65	0.06	**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**60% - 69%**
Disease length from BIF					
Internal					
Plaque	Dense Calcified		2.79	0.19	**60% - 69%**
Disease length from BIF	0.84cm		**Pk ICA/Pk CCA = 4.3**	**Pk ICA/End CCA = 46.5**	
External					
Plaque	Dense Calcified		1.52		**< 50%**
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					
Plaque	Dense Mixed		0.85		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed				**< 30%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed		0.65		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**		
External					
Plaque	Dense		1.27		**< 50%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

The right bifurcation is obscured with acoustic shadowing due to calcification. However, mixed, dense and calcified plaques identified in the right internal carotid artery. Plaques appear to form a 60-69% stenosis based on greyscale imaging and velocity criteria. Disease extends for a length of 0.84cm from the bifurcation. Distal to the disease, vessel is patent at this time.

Mixed and dense plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:20 am

Checked by _____

SUGGEST VASCULAR SURGICAL OPINION, IF FELT APPROPRIATE.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:20 am

Checked by

Reason	Stroke
Outcome	disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Normal		1.27		**< 25%**
Disease length from BIF					
Bifurcation					
Plaque	Intimal Thickening				**< 30%**
Disease length from BIF					
Internal					
Plaque	Normal		0.45		**< 25%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.4**		
External					
Plaque	Normal		1.52		**< 25%**
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					
Plaque	Mixed		1.38		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Mixed				**< 30%**
Disease length from BIF					
Internal					
Plaque	Normal		1.13		**< 25%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**		
External					
Plaque	Normal		1.59		**< 25%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

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

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:22 am

Checked by

Reason	TIA
Outcome	disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Intimal Thickening		0.97		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Intimal Thickening				**< 30%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.57		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.6**		
External					
Plaque	Intimal Thickening		0.95		**< 30%**
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					
Plaque	Intimal Thickening		0.90		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Mixed				**< 40%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.81		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**		
External					
Plaque	Intimal Thickening		1.05		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Triphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Intimal thickening identified in the right and left internal carotid arteries, forming a less than 30% reduction in luminal diameter bilaterally.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:23 am

Checked by

Reason	TIA clinic
Outcome	Poor images, disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Mixed		1.24		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Mixed				**< 30%**
Disease length from BIF					
Internal					
Plaque	Mixed		1.06		**< 50%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**		
External					
Plaque	Mixed		0.87		**< 30%**
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					
Plaque	Mixed		1.07		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense				**< 30%**
Disease length from BIF					
Internal					
Plaque	Dense		1.11		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.0**		
External					
Plaque	Mixed		0.79		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Mixed plaques identified in the origin of the right internal carotid artery, visually forming a less than 30% stenosis - no elevated velocities obtained. Mid-distal vessel was poorly visualised due to vessel depth, however, vessel appears patent based on colour-flow imaging. Suggest alternative imaging, if felt appropriate.

Dense plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:24 am

Checked by _____

Reason	TIA
Outcome	disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Mixed		0.87		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 40%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed		1.06		**< 50%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.2**		
External					
Plaque	Mixed		1.17		**< 30%**
Disease length from BIF					
Vertebral					
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Left

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Mixed		0.97		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Mixed				**< 40%**
Disease length from BIF					
Internal					
Plaque	Mixed		0.83		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**		
External					
Plaque	Mixed		0.77		**< 40%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET velocity criteria.
Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

Mixed and dense plaques identified in the right internal carotid artery, forming a less than 50% stenosis.

Mixed plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:25 am

Checked by _____

Reason	TIA clinic
Outcome	Calcified, Poor images, disease - mild

Right

		Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common					
Plaque	Mixed		0.70		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 50%**
Disease length from BIF					
Internal					
Plaque	Intimal Thickening		0.75		**< 30%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.1**		
External					
Plaque	Intimal Thickening		1.45		**< 30%**
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					
Plaque	Mixed		0.86		**< 30%**
Disease length from BIF					
Bifurcation					
Plaque	Dense Mixed Calcified				**< 50%**
Disease length from BIF					
Internal					
Plaque	Dense Mixed		0.88		**< 40%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.0**		
External					
Plaque	Mixed		1.09		**< 30%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

The right bifurcation is largely obscured with acoustic shadowing due to calcification, however no elevated velocities obtained suggestive of a less than 50% stenosis - suggest alternative imaging if felt appropriate. Intimal thickening identified in the right internal carotid artery, forming a less than 30% reduction in luminal diameter.

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

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:25 am

Checked by _____

Reason	TIA
Outcome	Intimal thickening

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common					
Plaque	Normal		0.77		**< 25%**
Disease length from BIF					
Bifurcation					
Plaque	Intimal Thickening				**< 30%**
Disease length from BIF					
Internal					
Plaque	Normal		0.64		**< 25%**
Disease length from BIF			**Pk ICA/Pk CCA = 0.8**		
External					
Plaque	Normal		0.87		**< 25%**
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					
Plaque	Normal		0.82		**< 25%**
Disease length from BIF					
Bifurcation					
Plaque	Intimal Thickening				**< 30%**
Disease length from BIF					
Internal					
Plaque	Normal		0.90		**< 25%**
Disease length from BIF			**Pk ICA/Pk CCA = 1.1**		
External					
Plaque	Normal		0.77		**< 25%**
Disease length from BIF					
Vertebral	Open Orthograde				
Subclavian	No Turbulence	Good Signal	Biphasic		Widely Patent

Stenosis based on NASCET velocity criteria.

Joint recommendations for reporting carotid ultrasound investigations in the United Kingdom'. Oates et al. Eur J Vasc Endovasc Surg. 2009 Mar;37(3):251-61

Notes

CAROTID DUPLEX

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

Assessed by Jimmy Chen

Printed on 07/12/2018 at 11:26 am

Checked by