

HS

VERIFIED Verified By : AKHTAR Anam 11-Jan-2019
Typed By : AKHTAR Anam 11-Jan-2019

Clinical History :

ENTERED BY: Syed Asher Hussein Zaidi

ROLE: RLBHT Doctor

BLEEP: 07740980378

Relevant Information: Hemispheric TIA

on 11-Jan-2019 at 10:59)

The Carotid arteries are patent with no haemodynamically significant disease noted throughout bilaterally, no raised velocities noted. The Carotid bifurcation is patent with minimal non significant mixed disease extending into the ICA and ECA origin, forming a <30% stenosis, no raised velocities noted. The left distal is kinked with no associated elevated velocities noted.

Event Number :
Ref. Source : SHARMA N, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : US Doppler carotid artery Both
Examination Date : 11-Jan-2019

Antegrade vertebral flow bilaterally.

Conclusion:

<30% carotid bifurcation disease bilaterally, no raised velocities noted.

Event Number :

Examination Date : **11-Jan-2019**

Ref. Source : SHARMA N, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : AKHTAR Anam 11-Jan-2019
Typed By : AKHTAR Anam 11-Jan-2019

AN ADDENDUM HAS BEEN ENTERED AT THE END OF THIS REPORT

Clinical History :
ENTERED BY: Syed Asher Hussein Zaidi

ROLE: RLBUHT Doctor

BLEEP: [REDACTED]

Relevant Information: Hemispheric TIA
on 11-Jan-2019 at 09:58)

ADDENDUM START by AKHTAR Anam 11-Jan-2019 11:21

Event Number : [REDACTED]
Ref. Source : FITZSIMMONS PR, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : US Doppler carotid artery Both
Examination Date : 11-Jan-2019

MILLER, EILEEN ANN
15 CRAIGBURN ROAD, LIVERPOOL, L13 8BN
Ref. Loch. : **STROKE UNIT RLUH**
Referrer : **FITZSIMMONS PR**

DoB : **02-Aug-1936**
Hosp. No. : **RQ65102470**
CRIS No. : **1205650**
NHS No. **468 299 9141**

AN ADDENDUM HAS BEEN ENTERED AT THE END OF THIS REPORT

The Carotid arteries are patent with no haemodynamically significant disease noted, no raised velocities noted. The Carotid bifurcation is patent with mild mixed disease extending into the ICA origin bilaterally, forming a <50% stenosis, no raised velocities noted. Antegrade vertebral flow bilaterally.

ADDENDUM START by AKHTAR Anam 11-Jan-2019 11:21

Turbulent flow noted throughout carotid vessels bilaterally, ? cardiac issues.

Event Number :

Examination Date : **11-Jan-2019**

Ref. Source : FITZSIMMONS PR, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler carotid artery Both**

VERIFIED Verified By : AKHTAR Anam 18-Oct-2018
Typed By : AKHTAR Anam 18-Oct-2018

Clinical History :
ENTERED BY: Syed Asher Hussein Zaidi

ROLE: RLBUHT Doctor

BLEEP:

Relevant Information: Crescendo TIA, Rt sided weakness, 3 episodes since this am on 18-Oct-2018 at 11:29)

RIGHT- The CFA is patent and kinked at its origin, mild mixed and calcified disease throughout, no haemodynamically significant disease noted, no raised velocities noted. The Carotid bifurcation is patent with mild mixed and calcified disease forming a <50% stenosis, no raised velocities noted. Mild mixed and calcified disease extends into the proximal ICA and

Event Number :
Ref. Source : SHARMA N, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : US Doppler carotid artery Both
Examination Date : 18-Oct-2018

ECA forming a <50% stenosis, no raised velocities noted. The distal ICA is patent with no issues identified. Antegrade vertebral flow.

LEFT- The CFA is patent with mild non significant mixed and calcified plaque throughout, no haemodynamically significant stenosis noted. The carotid bifurcation is patent with mild mixed plaque forming a <50% stenosis, no raised velocities noted. Mild mixed disease extends into the proximal ICA and ECA, forming a <50% stenosis, no raised velocities noted. Antegrade vertebral flow.

Conclusion:
<50% Carotid bifurcation and proximal ICA stenosis bilaterally, no raised velocities noted.

Examination Date : **18-Oct-2018**

Event Number :

Ref. Source : SHARMA N, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler carotid artery Both**



VERIFIED Verified By : AKHTAR Anam 18-Oct-2018
Typed By : AKHTAR Anam 18-Oct-2018

Clinical History :
ENTERED BY: Chen Chen-Turner

ROLE: RLBUHT Doctor
BLEEP: -
Relevant Information: speech problems and left facial droop. Rule out carotid disease on 18-Oct-2018 at 10:32)

RIGHT- The CFA is patent with no haemodynamically significant disease noted, no raised velocities noted. Moderate mixed and calcified plaque in the carotid bifurcation extends into the proximal Eca, forming a stenosis at the ECA origin, PSV 243cm/s. Mild mixed and calcified disease noted through the proximal ICA forming a <50% stenosis, no raised velocities noted.

Event Number :
Ref. Source : HUSSAIN F, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : US Doppler carotid artery Both
Examination Date : 18-Oct-2018

The distal ICA is patent with no significant disease noted, no raised velocities. Antegrade vertebral flow.

LEFT- The CFA is patent with no haemodynamically significant disease noted, no raised velocities. The Carotid bifurcation is patent with moderate mixed and calcified plaque, forming a <50% stenosis. Mild mixed and calcified disease extends into the proximal ICA forming a <50% stenosis, no raised velocities noted. The ECA is patent with mixed and calcified disease, short segment obscured due to shadowing, beyond beyond this region is not suggestive of significant proximal stenosis. Antegrade vertebral flow.

Turbulent flow throughout carotid arteries bilaterally, ? cardiac issues.

Conclusion:

<50% Carotid bifurcation and proximal ICA disease bilaterally, no raised velocities noted.

Significant right ECA origin stenosis.

Examination Date : **18-Oct-2018**

Event Number :

Ref. Source : HUSSAIN F, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler carotid artery Both**

D
Hosp.
CRIS
NHS

VERIFIED Verified By : AKHTAR Anam 28-Nov-2018
Typed By : AKHTAR Anam 28-Nov-2018

Clinical History : sudden onset speech change +right arm symptoms ?sig left stenosis
ENTERED BY: Thomas Naylor

ROLE: RLBUHT Doctor
BLEEP: [NOT KNOWN]

The Carotid arteries are patent with mild disease in the carotid bifurcation extending into the proximal ICA bilaterally, forming a <50% stenosis, no raised velocities noted. Antegrade vertebral flow bilaterally.

Examination Date : 28-Nov-2018

Event Number :
Ref. Source : MANOJ AL, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : US Doppler carotid artery Both

Dr
Hosp. N
CRIS P
NHS

VERIFIED Verified By : AKHTAR Anam 27-Nov-2018
Typed By : AKHTAR Anam 27-Nov-2018

Clinical History : Patient has severe aortic stenosis. Being considered for open heart surgery and valve replacement. Assessment doppler pre surgery.
ENTERED BY: William Thompson

ROLE: RLBHT Doctor
BLEEP: 4443

The Carotid arteries are patent with mild mixed disease in the distal CCA and carotid bifurcation and proximal ICA bilaterally, forming <50% stenosis throughout, no raised velocities noted. Antegrade vertebral flow bilaterally.

Event Number : Ref. Source : MURRAY SW, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : **US Doppler carotid artery Both**
Examination Date : **27-Nov-2018**

Hosp
CRI
NF

Turbulent flow noted throughout carotid arteries bilaterally, known cardiac issues.

Event Number : Examination Date : **27-Nov-2018**

Ref. Source : MURRAY SW, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler carotid artery Both**

DOB : 08-Dec-1965
Hosp. No. : RQ65001162
CRIS No. : 1631553
NHS No. 618 279 0989

VERIFIED Verified By : AKHTAR Anam 05-Oct-2018
Typed By : AKHTAR Anam 05-Oct-2018

Clinical History :
ENTERED BY: Syed Asher Hussein Zaidi

ROLE: RLBUHT Doctor

BLEEP:

Relevant Information: Rt sided facial droop, ? LACI
on 05-Oct-2018 at 15:42)

RIGHT- The Carotid arteries are patent with no significant disease noted throughout, no raised velocities noted, Minimal non significant mixed plaque in the carotid bifurcation forms a <50% stenosis, no raised velocities noted. Antegrade vertebral flow.

Event Number :
Ref. Source : SHARMA N, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : US Doppler carotid artery Both
Examination Date : 05-Oct-2018

LEFT- The Carotid arteries are patent with no significant disease noted throughout, no raised velocities noted, Minimal non significant mixed plaque in the carotid bifurcation forms a <50% stenosis, no raised velocities noted. The ICA is patent and kinked through the mid vessel with associated raised velocities, PSV 157cm/s, no evidence of disease on B-mode. Antegrade vertebral flow.

conclusion:

<50% Carotid bifurcation disease bilaterally, no raised velocities noted.
Elevated velocities through the left mid ICA due to vessel geometry.

Examination Date : **05-Oct-2018**

Event Number : [REDACTED]

Ref. Source : SHARMA N, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler carotid artery Both**