

**VERIFIED** Verified By : AKHTAR Anam 06-Dec-2018  
Typed By : AKHTAR Anam 06-Dec-2018

Clinical History : Admitted with x4 episodes of amourosis fugax. PMH CABG. r/o stenosis.  
ENTERED BY: Sue Noble

ROLE: RLBUHT Profile 5  
BLEEP: 4209

RIGHT- The CCA is widely patent with no significant disease noted, no raised velocities noted. The carotid bifurcation is patent with mild mixed disease extending into the proximal ICA for an approximate length of 2cm, forming a <50% stenosis, no raised velocities noted. The distal ICA is patent with no no focal stenosis noted. The ECA is widely patent with no issues. Antegrade vertebral flow.

Event Number :

Examination Date : **06-Dec-2018**

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

Examinations : **US Doppler carotid artery Both**

LEFT- The CCA is widely patent with no significant disease, no raised velocities noted. The Carotid bifurcation is patent with mild mixed disease, forming a <50% stenosis, no raised velocities noted. The ICA is patent with significant mixed, dense and calcified plaque through the proximal and mid vessel forming a >90% stenosis, PSV 440cm/s, significant turbulent eddie flow noted beyond the disease. The ECA is widely patent with no issues identified. Antegrade vertebral flow.

Conclusion:  
>50% right carotid bifurcation disease, no raised velocities noted.  
>90% left proximal/mid ICA stenosis.

**VERIFIED** Verified By : AKHTAR Anam 12-Oct-2018

Typed By : AKHTAR Anam 12-Oct-2018

Clinical History :

ENTERED BY: Greta Wood

ROLE: RLBUHT Doctor

BLEEP: [NOT KNOWN]

Relevant Information: 85F with right MCA infarct, residual neurology currently left homonymous hemianopia only. Previously living alone independently, volunteering in local library, good function. PMH AF, angina  
(Information via Order Comms)  
on 12-Oct-2018 at 09:29)

The Carotid arteries are patent with no significant disease noted bilaterally, no raised velocities

Event Number :

Examination Date : **12-Oct-2018**

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

Examinations : **US Doppler carotid artery Both**

DOB :  
Hosp. No. :  
CRIS No. :  
NHS No. : ..

noted. The distal ICA's are kinked bilaterally. Antegrade vertebral flow bilaterally.

Examination Date : 12-Oct-2018

Event Number :

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

Examinations : US Doppler carotid artery Both

**VERIFIED** Verified By : AKHTAR Anam 11-Oct-2018  
Typed By : AKHTAR Anam 11-Oct-2018

Clinical History :

ENTERED BY: Binu Pushpan

ROLE: RLBUHT Doctor

BLEEP: 1234

Relevant Information: To be done on the 11/10/2018 left sided altered sensation- left side of face and arm to r/o right ICA stenosis Clinical right MCA territory infarct on 11-Oct-2018 at 10:48)

The Carotid arteries are widely patent with no evidence of disease bilaterally, no raised velocities noted. Antegrade vertebral flow bilaterally.

Event Number : L11000000

Examination Date : **11-Oct-2018**

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

Examinations : **US Doppler carotid artery Both**



Referrer :

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CRI:  
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**VERIFIED** Verified By : AKHTAR Anam 16-Oct-2018  
Typed By : AKHTAR Anam 16-Oct-2018

Clinical History :

ENTERED BY: Nikhil Sharma

ROLE: RLBUHT Doctor

BLEEP: switch

Relevant Information: Recurrent left arm weakness - TIAs.  
on 16-Oct-2018 at 14:07)

RIGHT- The right CCA is patent with no haemodynamically significant disease noted, turbulent flow remains throughout. The Carotid bifurcation is patent with mild mixed and calcified disease forming a <50% stenosis, no raised velocities noted. Mild non significant disease extends into the proximal ICA and ECA forming a <50% stenosis noted, no raised velocities

Event Number :

Examination Date : **16-Oct-2018**

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

Examinations : **US Doppler carotid artery Both**

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noted, turbulent flow remains throughout, ? cardiac issues. Antegrade vertebral flow.

LEFT- The CCA is patent with no significant disease, no raised velocities noted. The Carotid bifurcation is patent with mild mixed and dense plaque forming a <50% stenosis, no raised velocities noted. Disease extends into the proximal ICA and ECA, no focal stenosis noted. Turbulent flow remains throughout carotid arteries ? cardiac issues, bilateral Antegrade vertebral flow.

Conclusion:

Turbulent flow through Carotid arteries bilaterally, ? Cardiac issues.  
<50% carotid bifurcation/proximal ICA disease bilaterally, no raised velocities noted.

Event Number :  
Ref. Source :  
Examinations : US Doppler carotid artery Both

Examination Date : 16-Oct-2018

y Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Hosp  
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**VERIFIED** Verified By : AKHTAR Anam 22-Nov-2018  
Typed By : AKHTAR Anam 22-Nov-2018

**Clinical History :**

38 yr old lady admitted with 3 week history of occipital headache 8/10, worse at night. Yesterday at 21.00 hrs developed right facial droop, dysarthria, dribbling, poor co ordination on right side. PMH Hiatus hernia, Hayfever. On review seen by Stroke Consultant need to exclude Dissection. For urgent CD please, thanks.  
ENTERED BY: colette wales

ROLE: RLBUHT Profile 5  
BLEEP: 4209

The Carotid arteries are widely patent with no evidence of disease bilaterally, no raised

Event Number :

Examination Date : **22-Nov-2018**

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

Examinations : **US Doppler carotid artery Both**

DOB:  
Hosp. No.:  
CRIS No.:  
NHS No.

velocities noted. Antegrade vertebral flow bilaterally.

Event Number :  
Ref. Source : HUSSAIN F, The Royal Liverpool University Hospital, Prescott Street, Liverpool, Merseyside, L7 8XP  
Examinations : US Doppler carotid artery Both  
Examination Date : 22-Nov-2018

DoB  
Hosp. No.  
CRIS No.  
NHS No

**VERIFIED** Verified By : AKHTAR Anam 16-Nov-2018  
Typed By : AKHTAR Anam 16-Nov-2018

Clinical History :

ENTERED BY: Anita Godfrey-Akelemor

ROLE: RLBUHT Doctor

BLEEP: 4336

Relevant Information: POST STROKE WORK UP  
on 16-Nov-2018 at 11:22)

The Carotid arteries are widely patent with no evidence of disease bilaterally, no raised velocities noted. Antegrade vertebral flow bilaterally.

Turbulent flow noted throughout the carotid arteries bilaterally, ? Cardiac issues.

Event Number :

Examination Date : **16-Nov-2018**

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

Examinations : **US Doppler carotid artery Both**



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**VERIFIED** Verified By : AKHTAR Anam 15-Nov-2018  
 Typed By : AKHTAR Anam 15-Nov-2018

Clinical History :  
 ENTERED BY: S Chacko

ROLE: RLBUHT Profile 6  
 BLEEP: 4209

Relevant Information: Pt developed acute lt arm, leg and facial weakness, dysarthria. Smokes 10/day. C.doppler to r/o stenosis please.  
 on 15-Nov-2018 at 10:11)

The Carotid arteries are patent with no haemodynamically significant stenosis noted throughout bilaterally, no raised velocities noted. Kinked ICA bilaterally, no associated velocity increase noted. antegrade vertebral flow bilaterally.

Event Number : -----

Examination Date : **15-Nov-2018**

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

Examinations : **US Doppler carotid artery Both**



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**VERIFIED** Verified By : AKHTAR Anam 13-Nov-2018  
Typed By : AKHTAR Anam 13-Nov-2018

Clinical History :  
ENTERED BY: S Chacko

ROLE: RLBUHT Profile 6

BLEEP: 4209

Relevant Information: Pt woke up with rt facial and arm numbness. C.doppler to r/o stenosis please.

(Information via Order Comms)  
on 13-Nov-2018 at 14:52)

RIGHT- The CCA and ECA are widely patent with no evidence of disease, no focal stenosis noted. The Carotid bifurcation is patent with mild non significant mixed disease extending into

Event Number : [REDACTED]

Examination Date : **13-Nov-2018**

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

Examinations : **US Doppler carotid artery Both**

DoB :  
Hosp. No. :  
CRIS No. :  
NHS No. :

the proximal ICA forming a <50% stenosis, no raised velocities noted. The distal ICA is patent with no issues identified. Abnormal antegrade vertebral flow.

The SCA is patent with mild mixed and calcified disease in the proximal vessel, PSV 89-148cm/s.

LEFT- The Carotid arteries are patent with minimal mixed disease in the carotid bifurcation forming a <30% stenosis, no raised velocities noted. Antegrade vertebral flow.

conclusion:  
>50% Carotid bifurcation/ proximal ICA disease bilaterally, no raised velocities noted.

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**VERIFIED** Verified By : AKHTAR Anam 06-Nov-2018  
Typed By : AKHTAR Anam 06-Nov-2018

Clinical History :

ENTERED BY: Fathimath Farah Shiham

ROLE: RLBUHT Doctor

BLEEP: 4869

Relevant Information: likely TIA For further evaluation sudden onset slurred speech and RUL weakness, resolved within 24hrs.  
on 06-Nov-2018 at 11:18)

RIGHT- The CCA is widely patent with no evidence of disease, no raised velocities noted. The Carotid bifurcation is patent with mild/moderate mixed disease, forming a <50% stenosis. Disease becomes more significant at the ICA origin with elevated velocities PSV 230cm/s,

Event Number :

Examination Date : **06-Nov-2018**

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

Examinations : **US Doppler carotid artery Both**

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Hosp. N  
CRIS N  
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suggesting a 60-69% stenosis, I suspect the stenosis is more towards the lower end of this scale based on B-mode images alone. The ICA beyond this level is widely patent with turbulent flow. The ECA is widely patent with no issues identified. Antegrade vertebral flow.

LEFT- The Carotid arteries are patent with no haemodynamically significant disease noted throughout, no raised velocities noted. Mild mixed disease in the carotid bifurcation, extending into the proximal ICA forming a <50% stenosis, no raised velocities noted. Antegrade vertebral flow.

Conclusion: 60-69% right ICA origin stenosis, however I suspect disease is more towards the lower end of the scale.

>50% left carotid bifurcation/proximal ICA disease, no raised velocities noted.

Ref. Locn. :  
Referrer :

DoB :  
Hosp. No. :  
CRIS No. :  
NHS No. :

**VERIFIED** Verified By : AKHTAR Anam 05-Nov-2018  
Typed By : AKHTAR Anam 05-Nov-2018

Clinical History : Bilateral bruit

RIGHT- The CCA is widely patent with no evidence of disease, no raised velocities, turbulent flow throughout. The Carotid bifurcation is patent with mild (<30%) mixed plaque no focal stenosis noted. The proximal ECA and ICA are patent with no focal stenosis noted. Mild mixed and dense disease noted through the mid -distal ICA with elevated velocities through this segment, PSV 270cm/s-suggesting an approximate 70% stenosis based on PSV alone, however disease does not appear as significant on B-mode.  
The SCA is patent with turbulent triphasic flow, no focal stenosis noted. Antegrade vertebral flow.

LEFT- The CCA is widely patent with no evidence of disease, no focal stenosis noted, turbulent

Event Number :

Examination Date : **05-Nov-2018**

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

Examinations : **US Doppler carotid artery Both**

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flow throughout. The Carotid bifurcation is patent with mild mixed plaque (<30%), no focal stenosis noted. Minimal non significant (<30%) mixed disease in the proximal ICA and ECA, no focal stenosis noted. Mild smooth mixed and dense plaque noted through the mid ICA, forming an approximate 60-69% stenosis based on PSV alone- again disease does not appear as significant on B-mode, turbulent flow remains throughout.

The SCA is patent with turbulent triphasic flow, no focal stenosis noted. Antegrade vertebral flow.

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

Conclusion:  
Elevated velocities noted through the mid-distal ICA segment bilaterally, suggesting an approximate 70% stenosis on the right and 60-69% on the left, however disease does not appear to be as significant on B-mode bilaterally (<50%).

Event Number :  
Ref. Source : BRENNAN JA, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP  
Examination Date : 05-Nov-2018

Examinations : US Doppler carotid artery Both