

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

Clinical History :

ENTERED BY: Thomas Naylor

ROLE: RLBUHT Doctor

BLEEP: [NOT KNOWN]

Relevant Information: Known right ICA stenosis 2014 NOW new infarct left frontal lobe
(previous dopplers 2014 after posterior CVA) ?right stenosis degree now
(Information via Order Comms)
on 16-Oct-2018 at 13:14)

RIGHT- The CCA is patent with mild mixed disease, no focal stenosis noted. The Carotid bifurcation is patent with mild/moderate mixed and calcified irregular plaque, forming <50%

Event Number :

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

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

Examinations : **US Doppler carotid artery Both**

stenosis, no raised velocities noted. Disease extends into the proximal ICA, forming a 50-60% stenosis, PSV 163cm/s. The distal ICA is patent with no significant noted, turbulent flow noted in keeping with proximal disease. The ECA is patent with no haemodynamically significant disease noted. Antegrade vertebral flow.

LEFT- The CCA is patent with mild mixed disease throughout, no focal stenosis noted. The Carotid bifurcation is patent with mild mixed and calcified disease, forming a 50% stenosis, no raised velocities. Mild mixed disease extends into the proximal ICA and ECA forming a <50% stenosis, no raised velocities noted. Antegrade vertebral flow.

Conclusion:
50-60% right proximal ICA stenosis.
<50% left Carotid bifurcation and proximal ICA disease, no raised velocities noted.

VERIFIED Verified By : AKHTAR Anam 04-Dec-2018
Typed By : AKHTAR Anam 04-Dec-2018

Clinical History :

ENTERED BY: Fathimath Farah Shiham

ROLE: RLBUHT Doctor

BLEEP: 2421

Relevant Information: R lacunar stroke. left sided weakness For further evaluation on 04-Dec-2018 at 10:08)

RIGHT- The CCA is patent with mild mixed disease noted throughout, no focal stenosis noted, PSV 108cm/s, turbulent flow. The Carotid bifurcation is patent with mild mixed and dense plaque, no raised velocities noted. Disease extends into the proximal ECA with no focal velocity increase, turbulent flow noted. The ICA is patent with a short segment measuring

Event Number :

Examination Date : **04-Dec-2018**

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

Examinations : **US Doppler carotid artery Both**

approximately 0.5cm obscured due to shadowing. Flow prior to and beyond this segment is not suggestive of haemodynamically significant disease, vessel remains patent distally with no issues. Antegrade vertebral flow.

LEFT- The CCA is patent with mild mixed disease noted throughout, no focal stenosis noted. The Carotid bifurcation is patent with mild/moderate mixed and dense plaque forming a <50% stenosis, no raised velocities noted. The ECA is patent with minimal non significant disease, no focal stenosis, turbulent flow noted. The ICA is patent with mild/moderate mixed and dense plaque noted at the vessel origin, PSV 135cm/s suggesting a low end of the 50-59% stenosis based on PSV alone, however disease did not appear as significant on B-mode alone. The distal ICA is patent with no significant issues identified. Antegrade vertebral flow.

Conclusion:
<50% right Carotid bifurcation/Proximal ICA disease, no raised velocities noted.
~50% left ICA origin stenosis based on PSV alone, does not appear as significant on B-mode.

VERIFIED Verified By : AKHTAR Anam 03-Dec-2018
Typed By : AKHTAR Anam 03-Dec-2018

Clinical History :

ENTERED BY: Jamal Khan

ROLE: RLBUHT Consultant

BLEEP: [NOT KNOWN]

Relevant Information: Awaiting inpatient CABG Previous TIA For carotid doppler USS please as part of CABG work up thanks
on 03-Dec-2018 at 09:16)

AN ADDENDUM HAS BEEN ENTERED AT THE END OF THIS REPORT

RIGHT- The CCA is widely patent with no evidence of significant disease, no focal stenosis noted. The Carotid bifurcation is patent with mild mixed and dense plaque forming a <50%

Event Number : 1

Examination Date : **03-Dec-2018**

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

Examinations : **US Doppler carotid artery Both**

stenosis, no raised velocities. Mild non significant disease extends into the proximal ICA forming a <30% stenosis, no raised velocities noted throughout. Widely patent ECA with no issues identified. Antegrade vertebral flow.

LEFT-The CCA is widely patent with no evidence of significant disease, no focal stenosis noted. The Carotid bifurcation is patent with mild mixed and dense plaque forming a <50% stenosis, no raised velocities. Mild non significant disease extends into the proximal ICA forming a <30% stenosis, no raised velocities noted throughout. Widely patent ECA with no issues identified. Antegrade vertebral flow.

Conclusion:
<50% carotid bifurcation disease bilaterally, no raised velocities noted.

APPENDUM START by AKHTAR Anam 03-Dec-2018 09:49
Turbulent flow remains through the carotid arteries bilaterally, known cardiac issues.

Dr
Hosp. N
CRIS N
NHS

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

Clinical History :
ENTERED BY: Connor Toal

ROLE: RLBUHT Doctor

BLEEP: 4441

Relevant Information: Admitted with right sided chest pain Currently being treated for PE May have possible malignancy Had CTPA 2 days ago - has reported some double vision since then On examination carotid bruit present Must exclude TIA and look for any causes Question ? Carotid stenosis on 05-Nov-2018 at 14:44)

RIGHT- The CCA is patent with mild mixed and calcified disease throughout, forming a <50%

Event Number :

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

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

Examinations : **US Doppler carotid artery Both**

Conclusion:
>90% right proximal ICA stenosis.

LEFT- The CCA is patent with mild mixed and calcified disease throughout, forming a <50% stenosis, no focal stenosis noted. The Carotid bifurcation is patent with mild mixed and calcified plaque forming <50% stenosis, no raised velocities noted. The ECA is widely patent with no haemodynamically significant disease noted. The ICA is patent with significant mixed, dense and calcified plaque in the proximal vessel, forming a 80-89% stenosis on PSV alone. Abnormal antegrade vertebral flow.

the significant proximal disease. Abnormal antegrade vertebral flow.

>90% stenosis, PSV >500cm/s. The mid-distal ICA is patent with turbulent flow, in keeping with no issues. The proximal ICA is patent with significant mixed and calcified disease, forming a calcified disease, forming a <50% stenosis, no raised velocities. The ECA is widely patent with stenosis, no focal stenosis noted. The Carotid bifurcation is patent with mild mixed and

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

Royal Liverpool and Broadgreen University Hospitals NHS Trust: Clinical Report

DoB
No.
No.
NHS No.

80-89% left proximal ICA stenosis.

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

Event Number :

Ref. Source : VERMA SP, 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 01-Nov-2018
Typed By : AKHTAR Anam 01-Nov-2018

Clinical History :
Rt Handed male, Recent episode of Lt hemispheric TIA affecting speech, for US carotid doppler
ENTERED BY: Syed Asher Hussein Zaidi
ROLE: RLBUHT Doctor
BLEEP:

The Carotid arteries are patent with no haemodynamically significant disease noted throughout bilaterally, no raised velocities noted. Mild mixed disease in the carotid bifurcation, forming a <30% stenosis bilaterally, no focal velocity increase. Antegrade vertebral flow bilaterally.

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 : **01-Nov-2018**

VERIFIED Verified By : AKHTAR Anam 26-Nov-2018
Typed By : AKHTAR Anam 26-Nov-2018

Clinical History :

ENTERED BY: s p verma

ROLE: RLBUHT Consultant

BLEEP: [NOT KNOWN]

Relevant Information: Bilateral CA stenosis 2014, awaiting AVR

on 26-Nov-2018 at 09:54)

RIGHT- The CCA is patent with no significant disease noted throughout, no raised velocities. The Carotid bifurcation is patent with moderate irregular mixed, dense and calcified disease forming a no greater than 50% stenosis on B-mode alone, no focal stenosis noted. The ECA is patent with mild irregular mixed and calcified disease no focal stenosis noted, however views

Event Number :
Ref. Source : VERMA SP, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : US Doppler carotid artery Both
Examination Date : 26-Nov-2018

of the ECA origin are obscured for approximately 0.2cm. The ICA is patent with moderate mixed, dense and calcified plaque through the proximal vessel forming a 50-59% stenosis on PSV alone. I suspect the disease is more towards the lower end of the 50-59% NASCET criteria. Antegrade vertebral flow.

LEFT- The CCA is widely patent with no focal stenosis throughout, no raised velocities noted. The Carotid bifurcation appears significantly diseased with significant mixed, dense and calcified plaque forming extensive shadowing into the proximal ICA for an approximate length of 1.24cm. The proximal ECA is patent with mild/moderate disease, no focal stenosis noted. The proximal ICA is obscured due to calcific shadowing, however raised velocities noted through the proximal vessel, PSV 233cm/s, suggesting a 70-79% stenosis on PSV alone, given these velocities I suspect the disease is more towards the lower end of the scale, however I am unable to visualise the proximal segment of the vessel and therefore unable to comment on possible degree of disease though it. Antegrade vertebral flow.

Event Number :

Examination Date : **26-Nov-2018**

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

Examinations : **US Doppler carotid artery Both**

RPOOL,

Conclusion:

50% right ICA origin stenosis.

70-79% left proximal ICA stenosis, PSV would put this towards the lower end of this criteria.

Event Number : _____

Examination Date : **26-Nov-2018**

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

Examinations : **US Doppler carotid artery Both**

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

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

Clinical History :
ENTERED BY: Sue Noble

ROLE: RLBUHT Profile 5

BLEEP: 4209

Relevant Information: Patient admitted with left arm/leg weakness. Treated as LACI r/o stenosis
(Information via Order Comms)
on 13-Nov-2018 at 09:03)

RIGHT- The CCA is patent with mild mixed plaque throughout , lining the posterior wall, no focal stenosis noted, PSV 76cm/s. The Carotid bifurcation is patent with moderate mixed and

Event Number :

Examination Date : **13-Nov-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. :

The ECA is calcified disease, sub optimal vies due to shadowing, no obvious stenosis noted. The ECA is patent with moderate mixed and calcified disease at origin, extending into the proximal vessel, PSV 333cm/s. The ICA is patent and obscured through its initial portion for an approximate length of 0.8cm, flow beyond this level id not suggestive of significant occlusive disease proximally, PSV 114cm/s. the distal ICA is widely patent with no issues identified. Antegrade vertebral flow.

LEFT-The CCA is patent with moderate mixed and dense disease lining the posterior wall throughout, no focal stenosis noted. The Carotid bifurcation is patent with moderate mixed, dense and calcified disease. The ECA is patent with mixed and calcified plaque noted through the vessel origin, forming an approximate 70% stenosis on B-mode alone, PSV 426cm/s, turbulent flow. The ICA is obscured at its origin for approximately 0.5cm with significantly turbulent flow beyond, suggesting a haemodynamically significant proximal vessel stenosis. The distal ICA is patent with no significant disease, no focal stenosis noted. Antegrade vertebral flow.

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

Conclusion:

Bilateral ECA origin stenosis.

?Significant left proximal ICA stenosis.

Event Number :

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

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 01-Oct-2018
Typed By : AKHTAR Anam 01-Oct-2018

Clinical History :

ENTERED BY: Greta Wood

ROLE: RLBUHT Doctor

BLEEP: 2421 ext

Relevant Information: Expressive dysphasia. Episode of collapse and weakness. Dx unclear ?
TIA

(Information via Order Comms)
on 01-Oct-2018 at 10:46)

Difficult scan due to significant movement from extensive coughing.

Event Number :

Examination Date : **01-Oct-2018**

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

Examinations : **US Doppler carotid artery Both**

Conclusion:

RIGHT- Unable to visualise the CCA origin as vessel lays significantly medially, near the throat. The visualised segment of the CCA is patent with mild non significant mixed disease, no focal stenosis noted, PSV 51cm/s. The Carotid bifurcation is patent with moderate mixed, dense and calcified plaque forming a no greater than 50% stenosis based on B-mode alone. Mild mixed disease extends into the proximal ICA forming a <50% stenosis, no raised velocities noted. The Proximal ICA is patent with moderate irregular mixed, dense and calcified disease forming a 50-59% stenosis. Conflicting values obtained from the PSVR and ST. Mary's ratio, however I suspect the stenosis falls in the lower end of the 50-59% stenosis. The distal ICA is patent with no issues identified. Antegrade vertebral flow.

LEFT- The CCA is patent with minimal mixed disease, no focal stenosis noted, PSV 51cm/s. The Carotid bifurcation is patent with moderate mixed, dense and calcified disease extending into the proximal ICA and ECA, forming a <50% stenosis, no raised velocities noted. Antegrade vertebral flow.

, L15 5BW

Elevated velocities through the right proximal ICA, forming a stenosis in the lower end of the 50-59% grading criteria.

Event Number : -

Examination Date : **01-Oct-2018**

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

Examinations : **US Doppler carotid artery Both**

