Carotid Duplex

Ruth Davies

Examined **24/12/2018 13:21**
Reference
Accession **CR-18-0066797**

Patient	**Colin Carrol**	NHS No	**612 858 6821**
D.O.B.	**15/07/1966**	Patient Ref	**3000068**

Reason Stroke
Outcome Mild disease

Right		**Diameter (cm)**	**PSV (m/s)**	**EDV (m/s)**	**Stenosis**
Common			0.67		**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			0.62		**< 25%**
Plaque	Normal				
Disease length from BIF			**Pk ICA/Pk CCA = 0.9**		
External			1.07		**< 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			0.79		**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Bifurcation					**< 30%**
Plaque	Intimal Thickening				
Disease length from BIF					
Internal			0.55		**< 30%**
Plaque	Mixed				
Disease length from BIF			**Pk ICA/Pk CCA = 0.7**		
External			0.97		**< 25%**
Plaque	Normal				
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:

The right internal carotid artery appears widely patent with no evidence of any plaque morphology, intimal dissection or other abnormality identified.
Mixed plaques identified in the left internal carotid artery, forming a less than 30% stenosis.

Assessed by Sharifa Kiyegga
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