

**Carotid Duplex**Examined **18/01/2019 11:05**

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Reference

Carol PaxtonAccession **CR-19-0003261****Patient** **Samantha Hadley**
D.O.B. **10/02/1968****NHS No** **610 711 3355**
Patient Ref **5280822****Reason** Routine
Outcome Intimal thickening

Right	Diameter (cm)	PSV (m/s)	EDV (m/s)	Stenosis
Common		0.70		< 25%
Plaque	Normal			
Disease length from BIF				
Bifurcation				< 25%
Plaque	Normal			
Disease length from BIF				
Internal		0.72		< 30%
Plaque	Intimal Thickening			
Disease length from BIF		Pk ICA/Pk CCA = 1.0		
External		0.87		< 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		0.65		< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Bifurcation				< 30%
Plaque	Intimal Thickening			
Disease length from BIF				
Internal		0.72		< 25%
Plaque	Normal			
Disease length from BIF		Pk ICA/Pk CCA = 1.1		
External		0.88		< 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**

Intimal thickening identified in the right internal carotid artery, forming a less than 30% reduction in luminal diameter bilaterally - no evidence of intimal dissection.

The left internal carotid artery appears widely patent with no evidence of any plaque morphology, intimal dissection or other abnormality identified.

Assessed by **Sharifa Kiyegga**

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Checked by _____