

Carotid Duplex Final Report St. Telephone: 913-888-8866

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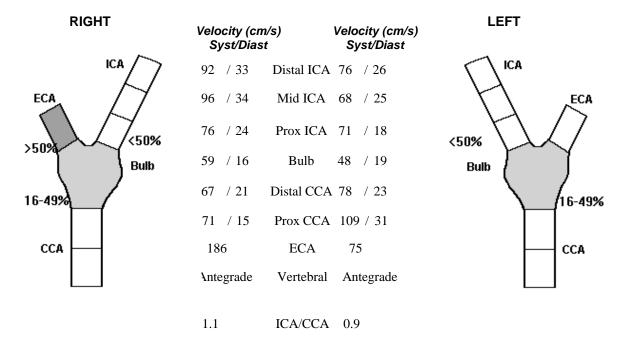
901 West 43rd St. Kansas City, MO 64111

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Name:	SAMPLE, PATIENT	Date:	00/00/2009	Location: SA	AMPLE LOCATION
DOB:	04/07/1954	Wt:	205	Sonographer: Sa	ample, MHS, RDCS,
Age:	55	Ht:	69	Ordering Physician:	
Sex:	М			Sample MD, Doc	ctor 999-999-9999

Procedure CPT - 93880

Indication :	Carotid stenosis without infarction
ICD 9 Codes:	433.10



NATURAL HISTORY OF CAROTID STENOSIS ANNUAL % RATE OF VASUCULAR EVENTS

%STENOSIS	TIA,%	STROKE,%	CARDIAC EVENT,%	VASCULAR DEATH,%
<50% (mild)	1.0	1.3	2.7	1.8
50-75% (mod)	3.0	1.3	6.6	3.3
>75% (severe)	7.2	3.3	8.3	6.5

Norris JW, Zhu CZ, Bornstein NM, Chambers BR:

Vascular risks of asymptomatic cartoid stenosis, Stroke 1991, 22:1485-1490.

Patient Followup Recommendations: 1 year, If clinically indicated

Final Interpretation:

Duplex Imaging of the carotid arteries (extra cranial carotid circulation) revealed: .

Right Carotid System:.

Mild irregular fibrocalcific atherosclerotic plaque is seen in the bulb extending into the proximal internal (ICA) and external carotid artery (ECA).

Visually and by Doppler criteria the estimated percent of stenosis in the right bulb is in the range of 16-49%. Doppler flow velocities in the right internal carotid artery are consistent with a <50% in the range of 16-49%. Doppler flow velocities of the right external carotid artery are consistent with a >50% stenosis.

Antegrade vertebral flow with normal flow velocities.

Summary: Mild stenosis of the right internal carotid artery (<50% stenosis in the range of 16-49%).

Left Carotid System:.

Mild irregular fibrocalcific atherosclerotic plaque is seen in the bulb extending into the proximal internal (ICA) and external carotid artery (ECA).

Visually and by Doppler criteria the estimated percent of stenosis in the left bulb is in the range of 16-49%.

Doppler flow velocities in the left internal carotid artery are consistent with a <50% in the range of 16-49%.

Doppler flow velocities of the left external carotid artery are consistent with a <50% stenosis.

Antegrade vertebral flow with normal flow velocities.

Summary: Mild stenosis of the left internal carotid artery (<50% stenosis in the range of 16-49%).

Coronary risk factor modification should be considered. Coronary event risk is higher than stroke risk at this stage. Statin agents should be considered. An Antiplatelet agent may be appropriate (eg: aspirin). Follow up in one year is appropriate if clinically indicated.

Consider Echocardiography and possibly stress testing the risk of CAD is relatively high with the above profile.

Reading Cardiologist MD