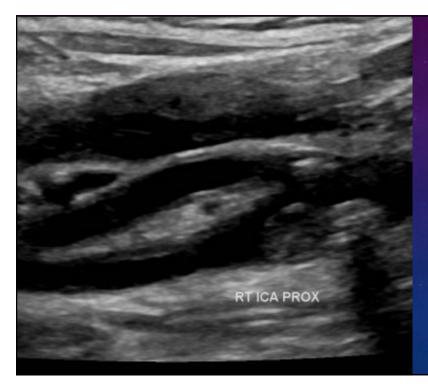
## CAROTID DUPLEX CASE STUDIES

MGB FIREMAN VASCULAR CENTER DRENA ROOT, RVT TECHNICAL DIRECTOR

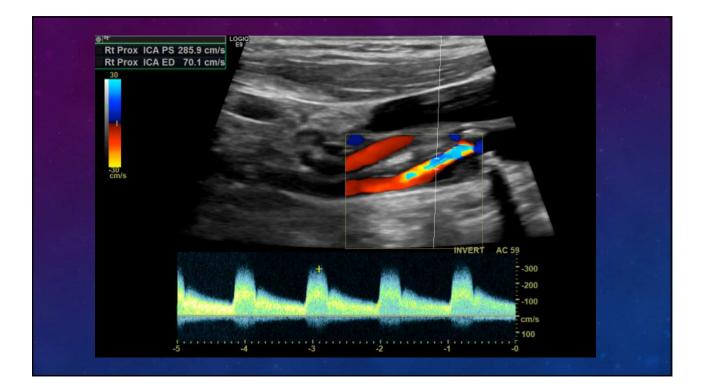




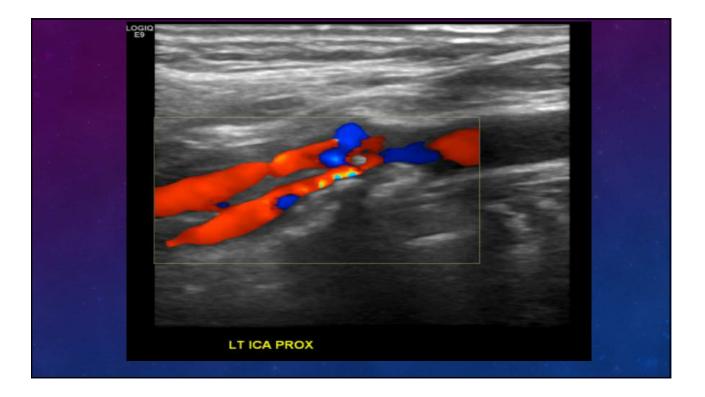
## >50% STENOSIS CLASSIC ATHEROSCLEROTIC PRESENTATION

• 77 Y FEMALE WITH ASX CAROTID STENOSIS WHO WENT ON TO HAVE CEA FOLLOWING DUPLEX

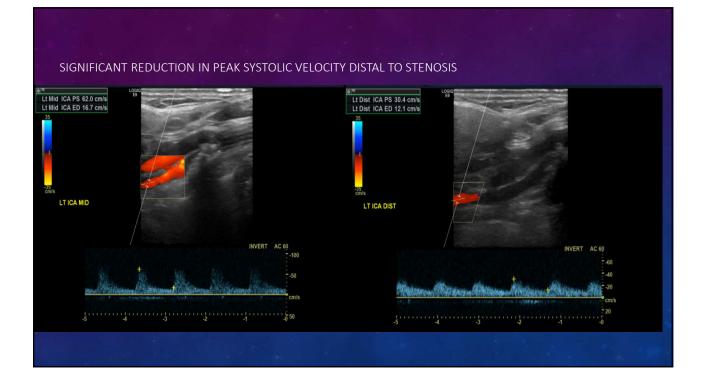




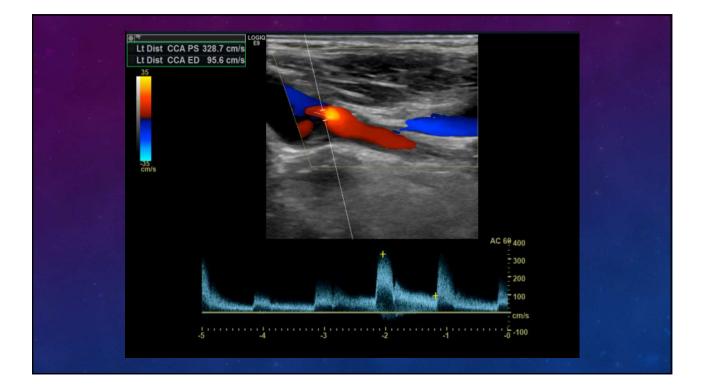




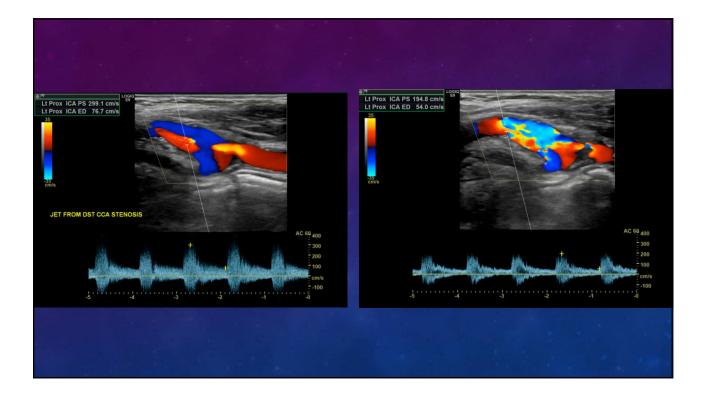




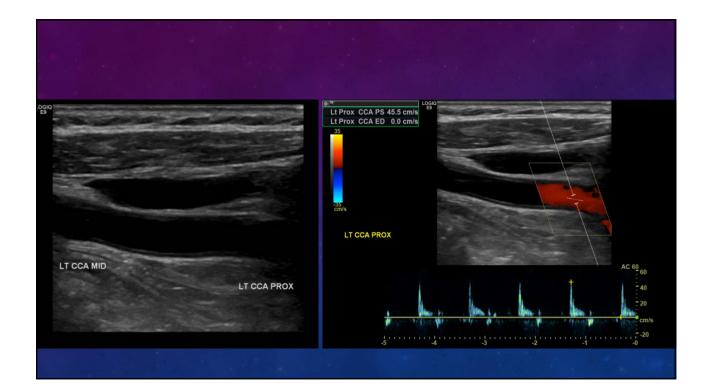


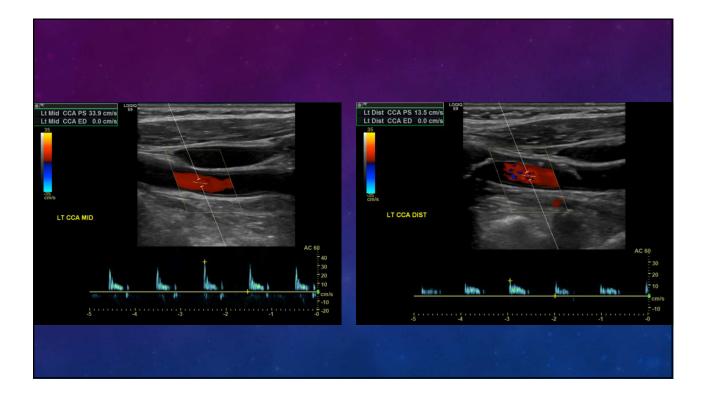




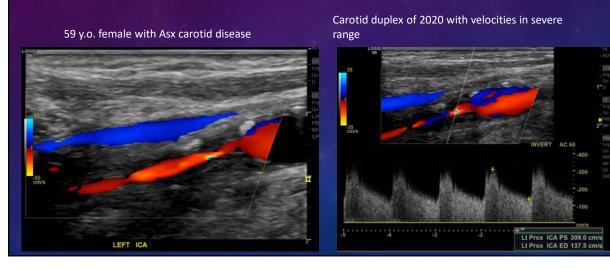








## SLOW PROGRESSION OF "STRING SIGN" MORPHOLOGY



## DECREASE IN PSV IN SETTING OF SEVERE ICA STENOSIS

Same patient with ICA stenosis

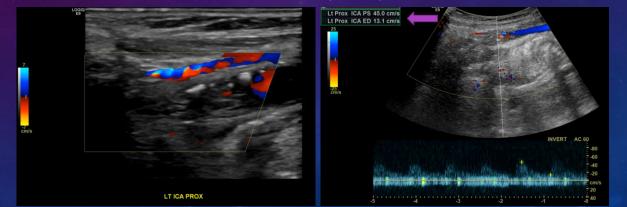
LT ICA

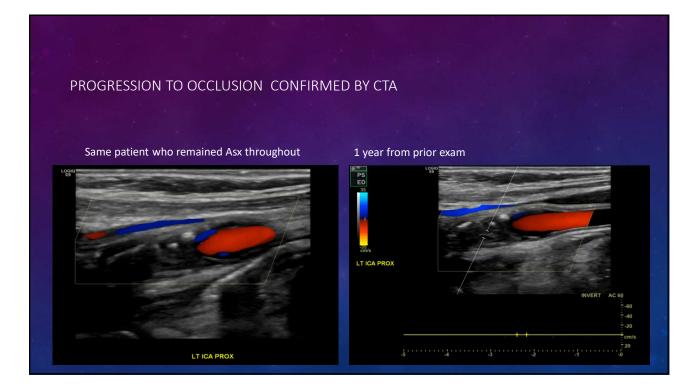
Carotid duplex 8 months later

## PROGRESSION OF DISEASE FROM PRIOR EXAM

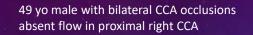
Same patient

1 year from previous exam





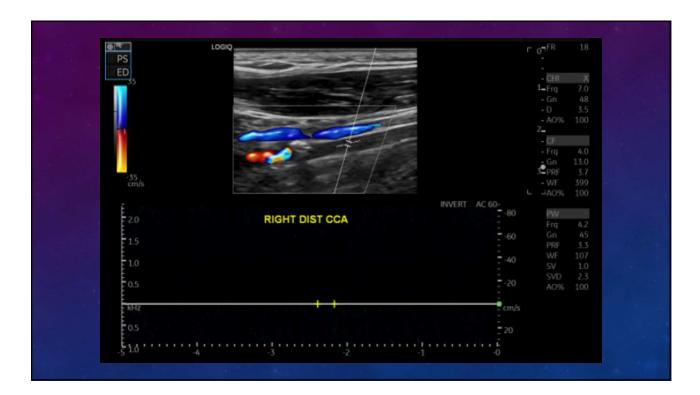
### CCA OCCLUSION WITH PATENT ICA FILLING FROM RETROGRADE ECA

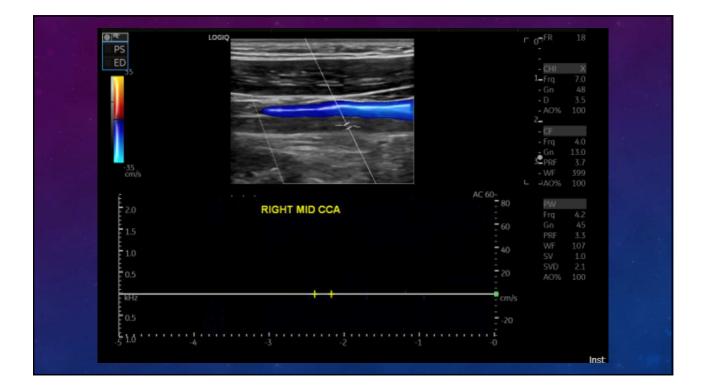


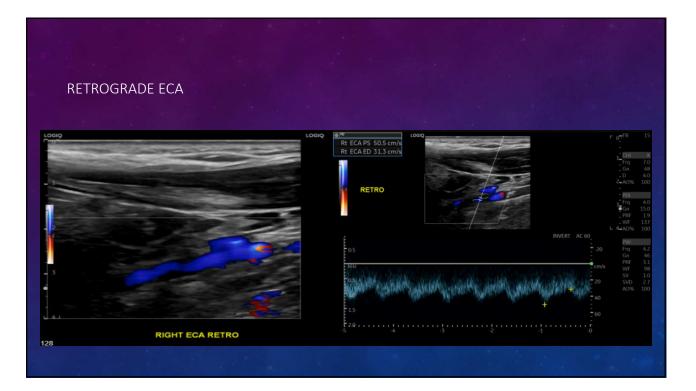
RIGHT PROX CCA

Some flow noted in carotid bifurcation





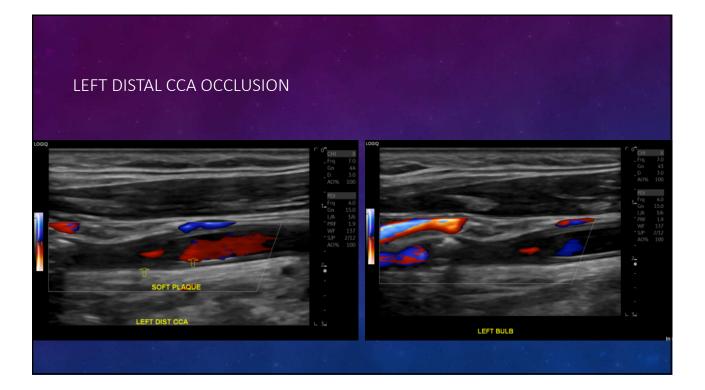


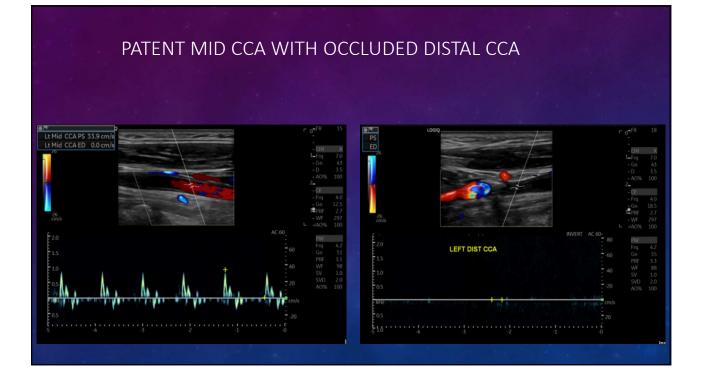




# <section-header>

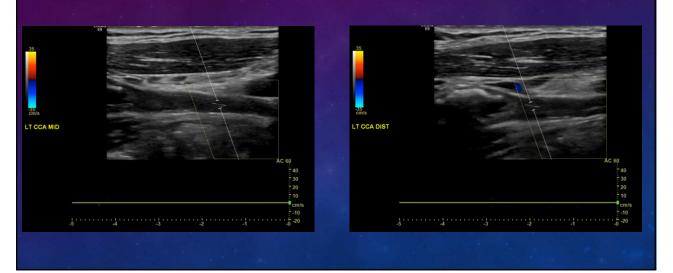


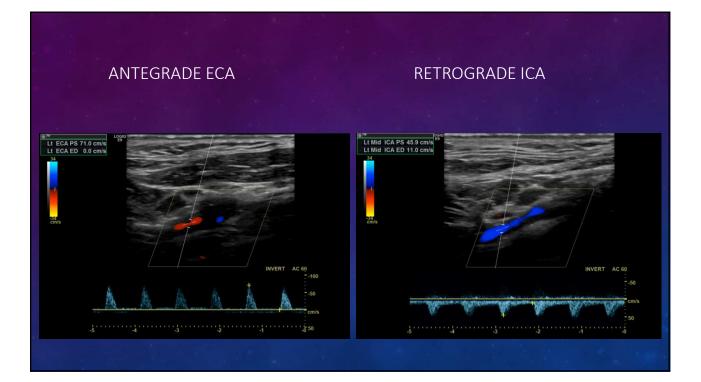




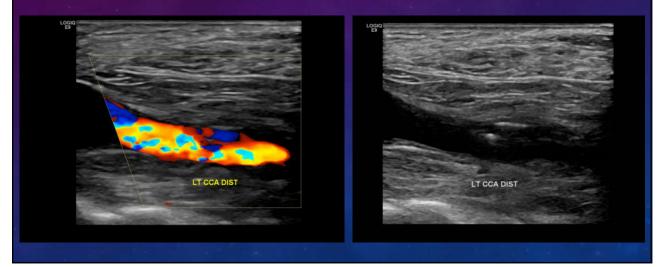


## 77 YO MALE WITH ASX CAROTID DISEASE (LEFT CCA OCCLUSION)



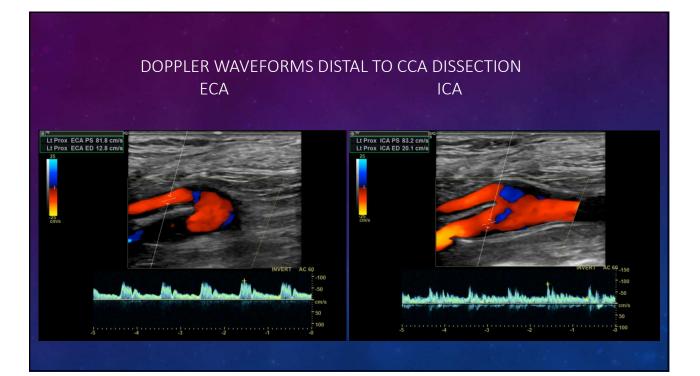


## 66 YO MALE EXTENSIVE RADIATION THERAPY FOR HEAD AND NECK CANCER; ASX FOR CAROTID DISEASE

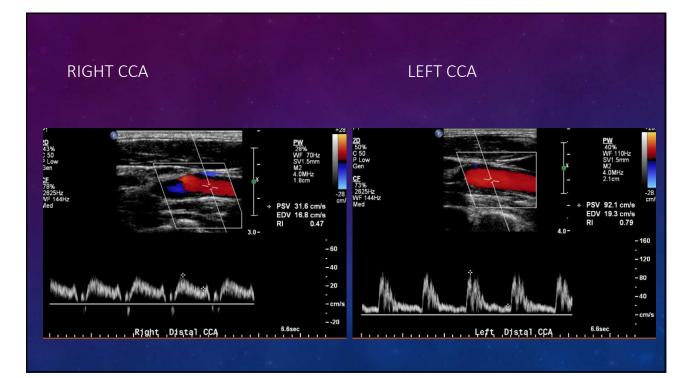




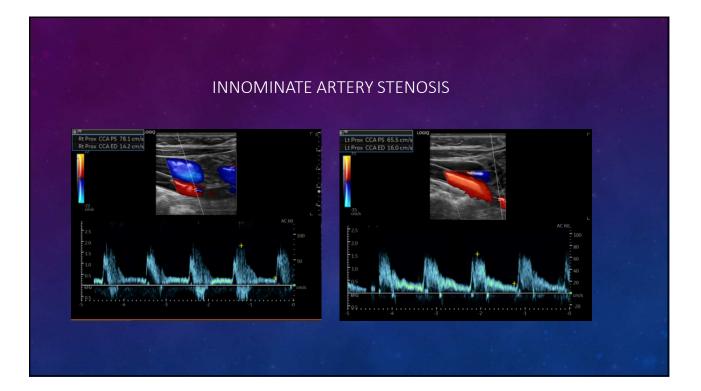








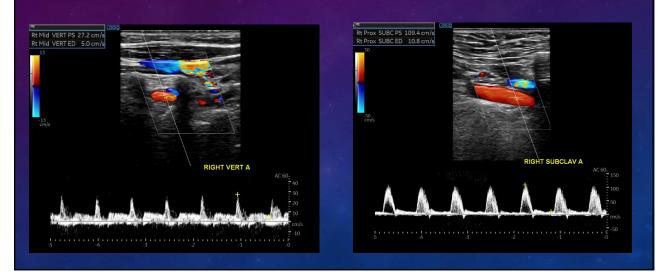
## RIGHT SUBCLAVIAN (MONOPHASIC) RIGHT VERTEBRAL (RETROGRADE)

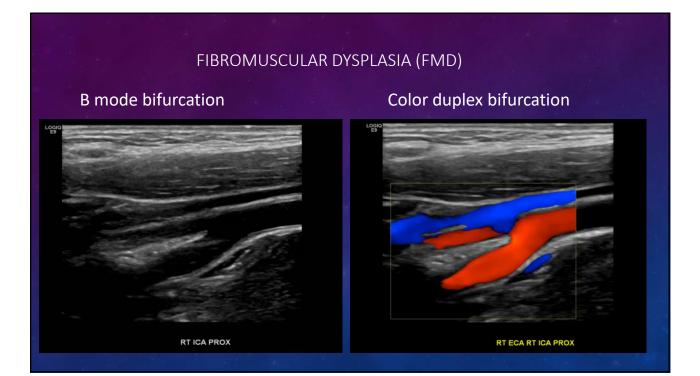






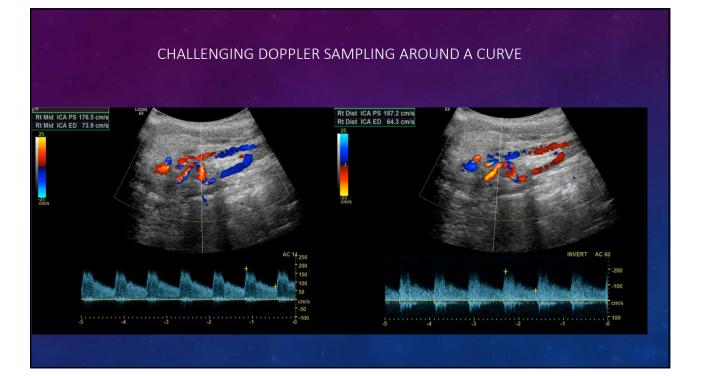
## SUBCLAVIAN SAMPLED DISTAL TO LEVEL OF CLAVICLE

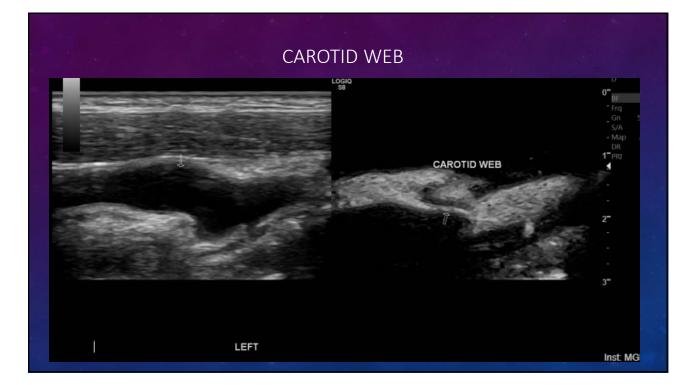


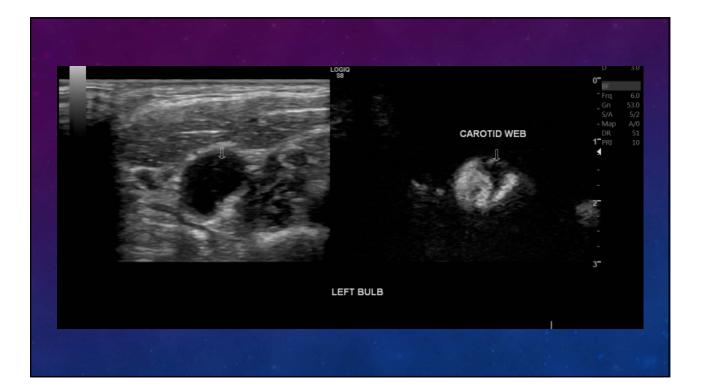




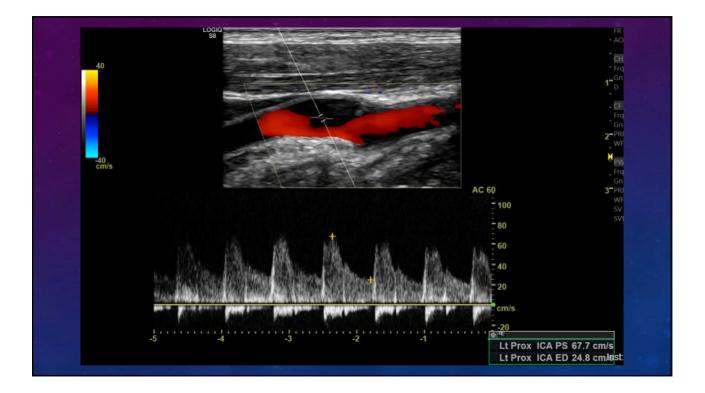


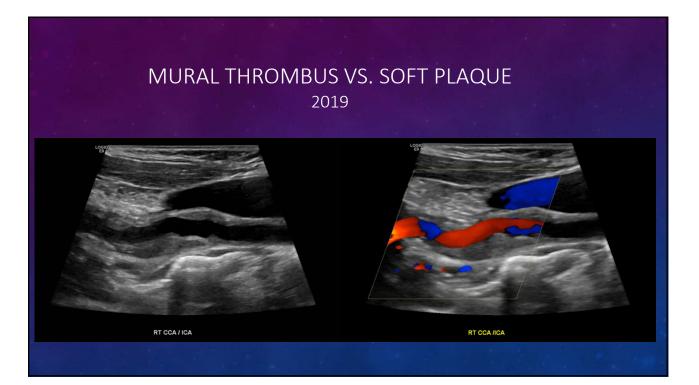












## SAME PATIENT 2021 (AFTER ANTICOAGULATION THERAPY)



