



CardioRisk Laboratories

At the Heart of Good Health

♥ DETECT
♥ ASSESS
♥ PREVENT

Dr. Ralph Sutherlin
Valerie Sutherlin
2200 East Warm Springs Avenue, Suite 102
Boise, ID 83712
Re: Patient Jonathan Broman

August 30, 2019

This patient was scanned on July 10 of 2019. The information below represents that information we were able to derive from the images. Information regarding important clinical finders and regarding the nature of each of the images provided appears below. Please let us know if you have any additional questions or concerns.

Respectfully,

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Notes on Image Quality:

- The first image is labeled R5 is a good and valid image. Good interfaces.
- The image labeled R2 is also a good and valid image. Although the interfaces are not real clear, there is enough of an interface for me to measure.
- The image labeled R8 is a beautiful image. The calipers are a little bit proximal well into the common carotid. I think if you look at this image again, the origin of the bifurcation is about a half a centimeter to the left of where it's marked on here.
- The image labeled RCCA is a good and valid image, indicating the far wall. We don't see the near wall very well, so that's where we take the measurement, but it's a good and valid image.
- The image labeled RCB is a good valid image. Interesting that you've marked the far wall because I see the trace of what appears to be an LI/MA interface on that near wall. I would like a clearer picture but the reader would probably use this far wall just because your arrow is pointing to it. The near wall is not real clear, but if you look at the image, at very least there's some inflammation on that near wall.

Early Detection of Cardio-Vascular Disease..."before it's too late"





- You are consistent though, in the image labeled RCB-T the arrow is pointing to more mild inflammation in that far wall.
- The image labeled RICA is a good and valid image. It's of the internal carotid, or well into the internal. Good far wall interface that we can use.
- The image labeled RICA-T the transverse of the internal is also pointing to the far wall. Good job there. A very good, clear image that we should be able to get measurements on. These are good images Val, and you should be commended for that.
- The image labeled L5 is a good and valid image with good interfaces throughout.
- The image labeled L2 is a good and valid image. Your calipers are probably a full centimeter into the common, and almost, if not outside of the study area. Pretty far outside of it. I think if you look you can see the bifurcation is clearly differentiated to the left, about one centimeter.
- The image labeled L8 is also a good and valid image with good interfaces on both the near and far wall. The calipers once again are well outside of the study area. The bifurcation begins quite a bit, at least a full centimeter into the to the left of where these calipers are, so be careful with that.
- The image labeled LCCA is a replica of the image labeled L8. We have a good interface, you've indicated the near wall that may or may not be true but again mild amount of inflammation, if any.
- The image labeled LCB is a good valid image. We've got some pathology showing up in that far wall, it's clear. I'm hoping that when we get to the transverse you will see it again, but this patient has plaque indicated in the far wall image.
- Unfortunately, in the transverse image we do not see that pathology. I would strongly recommend re-scanning this patient to get verification. It's quite possible that's anatomy not pathology. It looks a lot like pathology but without that second confirmation in the transverse view, we can't know for sure. I would say probable plaque in the patient's left bifurcation, but strongly recommend re-scanning this patient to verify if the plaques are there or not.
- The image labeled LICA is a good and valid image into the internal carotid. I've got a good interface on that far wall.





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- Finally, the image labeled LICA-T is a valid image of the far wall and a good, clear interface. Good job on the scan.

Like I said, I do recommend re-scanning this patient because of the possible or probable pathology finding in the patient's far wall on his left bifurcation. We just need to get that confirmed in both planes because that will change this patient's diagnosis.

Hope that helps.

