



# 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 John Bruder

August 30, 2019

This patient was scanned on August 5 of 2019. The information below represents that information we were able to derive from the images. Information regarding important clinical findings 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 labeled R5 is a good image, valid with good interfaces.
- Next image is labeled R2, is also a valid image with good interfaces. The calipers are about three quarters of a centimeter into the common carotid as opposed to on the origin of the bifurcation.
- The image labeled R8 is a great image with valid interfaces.
- The RCCA is a duplicate of R8 but it's a valid image with good interfaces.
- The image labeled RCB is also a valid image. With little hints of inflammation on both the near and far walls. The arrow is pointing to possible pathology and the internal carotid. We have a good interface on both the near and far wall of the bifurcation.
- The image labeled RCB-T for the transverse of the bifurcation is also valid image. We have a good LI and MA interface on the far wall.
- The image labeled RICA is a good, valid image. There is pathology on the far wall about a centimeter and a half into that proximal end of the internal carotid. It appears to be heterogeneous in nature. But it is eccentric.
- And we see further evidence of that on the cross sectional view the image labeled RICA-T is a valid image and we see confirmation of the pathology.
- The image labeled L5 is a valid image. It's perfectly marked and annotated. Good LI/MA interfaces

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





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- The image labeled L2 also marked appropriately with good interfaces.
  - The image labeled L8 has good interfaces, marked appropriately.
  - The image labeled LCCA is a replica of the L8. Good image and we have both near and far walls. It appears that we're moving the transducer minimally. On that left side we want to make sure that we're getting all the way around circumstantially.
  - The image labeled LCB is a valid image in the right segment. We have pathology in that far wall extending from the bifurcation into the internal carotid. It's heterogeneous in nature. I see confirmation of this in the cross-section image labeled LCB-T
  - The image labeled LICA does not capture that pathology very well, you can see it vaguely, but the arrow is pointing to the near wall. I think the pathology is in that far wall but in the cross section it appears you've identified additional potential pathology in that near wall of the internal carotid from the transverse view. A good image overall and no need to rescan, we should be able to get you a report on this

