



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 Kevin Moyer

August 30, 2019

This patient was scanned on July 15 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 valid image. The calipers are well into the proximal end of the common carotid, so they need to be closer to the bifurcation. It's a good and valid image with good interfaces.
- The image labeled R2 is annotated properly and we have a good interface on that far wall.
- The image labeled R8 is a good and valid image. We see both near and far wall with a modest amount of inflammation on the far wall.
- The image labeled RCCA is a replica of the image labeled R8. It's a good and valid image. The arrow is indicating the near wall, but I think the far wall is actually thicker. But it's pretty close and there is a modest amount of inflammation in this patient's artery.
- The image labeled RCB has a good and valid interface on the far wall. We see no interface on the near wall, but it's a good and valid image.

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





- The image labeled RCB-T is a good and valid image. It does not appear to capture the same pathology as shown in the longitudinal view, so keep your eye on that. But it does capture the far wall and it's a good and valid image. Appears to be in the bifurcation.
- The image labeled RICA is a good, valid image of the right internal artery. It could be improved by making the internal carotid portion of the image more horizontal. You can see that it slopes downward and to the left. That's affecting the ability to see the LI/MA interface. But it's marked appropriately, and I believe we have an interface that we could get a measurement on.
- The image labeled RICA-T is the transverse of the internal. It does not have the same pathology or does not appear to be of the same pathology, but it is a valid image with good interface. I don't think there's pathology anyway in the internal carotid just some thickening.
- The image labeled L5 is a valid image. The calipers are marked well into the common carotid, outside of the study area. So, take a look at that image, the origin of the bifurcation is at least a centimeter to the left side, but it's a valid image. There are good interfaces all the way to the bifurcation.
- The image labeled L2 is marked appropriately. There are really good interfaces. These are great images. Wow. Good job.
- The image labeled L8 is another good and valid image. I've got both near and far wall interfaces. The image labeled LCCA is a replica of the image labeled L8. It's a good and valid image pointing to the near wall and we've got good interfaces both ways. There are modest amounts of inflammation. Once again in this patient's left common carotid. Absent an intervention, this will eventually lead to plaque formation.
- There appears to be possible pathology in the patient's left bifurcation. The arrows are pointing to the near wall, but I think the far wall is thicker and certainly better differentiated. But these are good images and we shouldn't have any problem getting measurements. I don't think these are large enough to be plaques but they're right on the outer edge. You can see a lipid, it's a fatty streak inside of the pathology. These are atherosclerotic lesions, even though they may not exceed the measurement for a plaque.
- The image labeled LCB-T captures the near wall pathology but not the far wall. It's a good and valid image.
- The image labeled LICA is actually of the bifurcation, so we don't have a good interface in the internal carotid. This is an invalid image.





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- The image labeled LICA-T is also invalid. There are no interfaces that we can use. I can see that you are in the internal carotid, so that's good. But you could improve this image by simply using the subtle rocking motion, you're in the right area, you're in the right segment. Just a slight rocking motion would have brought out that interface for you.

No need to rescan this patient unless you want to get a formal read, now that you're certified. But the finding is that the patient has a modest amount of inflammation on both the Right and Left sides that, again, absent an intervention will eventually result in plaque formation.

Hope that helps.

