

Quality Control Worksheet – Report HAS NOT gone out

Today's date: 04/29/2024

Practice/Physician: James Fontaine

Patient name: Fontaine, James

Scan date: 04/19/2024

Scan/reading information:

Scan Date	04/19/24	7/6/22
Sonographer	Alisha	James Fontaine
Reader	Diane Nielson	Diane Morgan

Concerns:

Scan Date	04/19/24	7/6/22
RCB	.7 1.9 H	1.9 H
RICA	1.1 2.7 H	2.7 H
LCB	1.8 S 1.5 H	1.5 H
LICA	1.1 3.4 H	3.7 H

Todd's Comments:

We need to not use Alisha again until/unless she receives further training. She missed these lesions. There is no evidence of the RCB OR the RICA lesion which are CLEARLY visualized in the 2022 image set. She does not move her transducer at all on ANY of the R5, R2, R8 or RCCA images, and because of this, she missed these lesions completely. Looks like she repented and sent a few extra images of his RICA which very marginally shows a part of a lesion (but not the most vulnerable, nor the largest portion).

The image of the lesion in the LCB from the 2024 exam is poorly visualized and does not feature clearly defined borders. The only measurable portion is in the NW of the TRV image and measures approximately 2.0 H. Because of the poor quality of the images, I would leave the prior measurement in place as it was derived from very clear images with excellent interfaces.

The images of the patient's LICA are also poor. I was able to take a measurement only because I could see where the lesion was located, and I can see the doppler movement around a portion of the lesion. The sonographer missed it from ALL angles. I measured it @ 3.4 H

Quality Control Worksheet – Report HAS NOT gone out

I would recommend AGAINST attaching ANY of the images from segments containing plaque.
Include all the numbered images (e.g. R5,2,8, L5,2,8, and then attach LICA long and LICA Color,
then RCB TRV).