

## Quality Control Worksheet – Report HAS BEEN sent out

Today's date: 10/16/2024

QC Received by Angela

Practice/Physician: Whole Heart Family Medicine – Dr. McNamara

Patient name: Segura, Matthew

Scan date: 09/16/2024

Response is made: \_\_\_\_\_

### Scan/reading information:

|                    |                      |
|--------------------|----------------------|
| <b>Scan Date</b>   | <b>09/16/2024</b>    |
| <b>Sonographer</b> | <b>Ebony</b>         |
| <b>Reader</b>      | <b>Diane Nielson</b> |

### Concerns:

|                  |                   |
|------------------|-------------------|
| <b>Scan Date</b> | <b>09/16/2024</b> |
| <b>RCCA</b>      | <b>.8</b>         |
| <b>RCB</b>       | <b>1.1</b>        |
| <b>RICA</b>      | <b>.7</b>         |
| <b>LCCA</b>      | <b>.8</b>         |
| <b>LCB</b>       | <b>1.1</b>        |
| <b>LICA</b>      | <b>.9</b>         |
| <b>RCFA</b>      | <b>1.0</b>        |
| <b>LCFA</b>      | <b>1.2</b>        |

Patient received a CMT/FMT through CardioRisk on 09/16/24 but had no plaque on report. Patient had a carotid U/S through another company and plaque was found. The office wants to understand the difference in findings so they can explain it to patient. Please review all areas for plaque – I have attached the U/S report from their office that are mentioned in the email below

Melissa, "We have a patient that got his CMT/FMT on 9/16/2024 which showed no plaque BUT then got a Carotid u/s on 9/26/2024 which found "right and left smooth plaque" in the common and internal carotid arteries. Can you help me understand why the reports were different in their findings so that I can help the patient understand."

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### Todd's Comments:

There are small lesions on both the right and left carotids. Both appear on the far wall, at the origin of the ICA, and present as saddle plaques presenting in both the bifurcation and internal carotid arteries. Both lesions measure less than 1.5mm. Unfortunately, neither lesion is captured in the transverse plane. Our protocol requires verification in both longitudinal and transverse planes in order to rule out anatomical vs pathology. This is a sonographer error as the pathology is clearly visualized in both longitudinal images and should have been explored further. This presents as a good opportunity for further training.

On another note, this should have been sent back to the original reader for a blind re-read, and perhaps a 3<sup>rd</sup> time accompanied by the duplex report. Although we have no way of knowing from the duplex report, the depth or where in the internal carotid arteries they found this pathology, there is enough evidence of pathology on the sonographer's images to warrant further investigation by the reader. I find nothing in the duplex report, in terms of wave form or velocity measurement that would indicate ANY stenosis. PVI were below 200 – (102 and 107), not nearly enough to express ANY occlusion. Further, no evidence of spectral broadening or any abnormal velocity measurements. The indication is not supported by the data.

Communication to the account should come from me where I can explain the protocol rules and what I believe happened here. Also – we can offer to rescan the patient at our expense if that would be helpful.