

Quality Control Worksheet – Report HAS NOT gone out

Today's date: 11/21/2024

Practice/Physician: TPC – Amy Doneen

Patient name: Baker, Derick

Scan date: 11/11/2024

Scan/reading information:

Scan Date	11/11/24	11/11/24 (REREAD)	04/15/24
Sonographer	Javier	Javier	Sheri
Reader	Diane Nielson	Diane Morgan (REREAD)	Diane Nielson

Concerns:

Scan Date	11/11/24	11/11/24 (REREAD)	04/15/24
Mean IMT	0.81 .	0.85	0.64
Max Region	0.91	0.99	0.73
LCB	1.1 = Todd = 1.0	2.1 H	.8

Patient is scanned 5 months after first exam. Significant increase in MM and no drastic increase in inflammation visible to office staff to justify this amount of change in such a short period.

Had Diane Morgan do a blind re-read of the same patient – who then called a plaque (LCB) not called by Diane Nielson. Diane Nielson unavailable for a blind re-read as she is traveling and scanning.

Prior exam only has five sections and both exams this year had six sections. Wanted to get this read and approved by you so we have an explanation for the change when we send this to Dr. Doneen

Todds Comments:

The LCB is best measured using the LCB-TRV image, which measured 1.0mm. I believe that D.M was attempting to measure an artifact on the near wall of the image labeled LCB. It is not a lesion or at least can not reliably be called as such given its weak appearance in the long view and no appearance in the Trv view.

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Also, only 3.3mm of the the L2 image could be visualized. I'm afraid the other readers may have inadvertently measured into the LCB, where the interfaces could be visualized.