

Quality Control Worksheet – Report HAS BEEN sent out

Today's date: 11/7/2022

QC Received by Ashley

Practice/Physician: Dr. Cher Jacobsen

Patient name: Mary Larson and Patricia Hinman

Scan date: 8/11/2022

Response is made: _____

Scan/reading information:

Scan Date	8/11/2022
Sonographer	Alisha
Reader	Diane Nielson

Concerns:

(THYROID FINDINGS)

9/29/2022 Ashley: "I just spoke with Dr. Jacobsen directly and she is being very nice about her concerns. The main concern are the thyroid nodules that Alisha flagged on 8/11/22. One of the patients flagged was Dr. Jacobsen's husband. Alisha had said she was very worried about the thyroid nodules, so Dr. Jacobsen sent the patients for further testing, and they could not find anything. Dr. Jacobsen wanted you to look over those scans. She also wanted you to help figure out a process for flagging patients and further testing. She is wondering if when Alisha is scanning, she might be able to tell Dr. Jacobsen directly rather than informing the patients first and then have a way of telling Dr. Jacobsen if it is a huge red flag or something that might be less severe. Dr. Jacobsen would like more information on how to tell when the patients should go in for further testing or not. She just does not want to stress her patients out and have them spend lots of money if it is something unnecessary."

Images of each patient are in the folder. Alisha said that she did NOT take thyroid images, but you are able to see the thyroid with her CIMT images. We have spoken with Alisha regarding incidental findings/thyroid. She will take images just in case and report any findings directly to the doctor.

CardioRisk™ Scan Patient Results

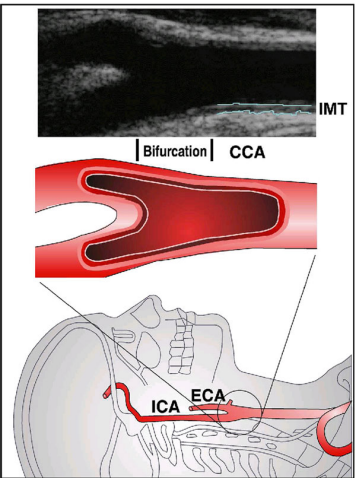
Patient Name: LARSON, MARY HELEN
Gender: F
Date of Exam: 8/11/2022
Date of Birth: 2/4/1956
Referring Provider: CHER JACOBSEN

Patient Age	66	Patient IMT	0.65 mm
Arterial Age	56	Normal IMT	<.50 mm

CV Event Risk

All measurements in mm

Test Criteria:	Normal	Moderate	High	Last Visit ⁺	Alert Value [*]
Early Event Risk ⁺⁺	0.8				2.5
Average CCA Mean IMT	0.65				0.73
Average CCA Max Region		0.76			0.75
Plaque Burden ^{**}	NONE				



Comments: The following values are the largest intima-media thickness (IMT) measurements found in each carotid artery segment. Any measurement equal to or 1.3mm is defined as 'plaque' and is characterized as being: **S = Soft; H = Heterogeneous; or E = Echogenic** (includes mineral deposits like calcium). All measurements are in millimeters.

Right CCA .7; Bulb .8; Internal Carotid .7
Left CCA .7; Bulb .7; Internal Carotid .6
Doppler was used bilaterally.

++ Early Event Risk refers to a patient's increased risk of having an event in the next 5.1 years \pm 2.3 years. It does not suggest the patient will have an event in that time frame, only that the hazard ratio significantly increases (from 1 to between 4.1 and 6.7 depending on the patient's Framingham risk score) (D Baldassare et al / Atherosclerosis xxx 2006 xxx-xxxx)

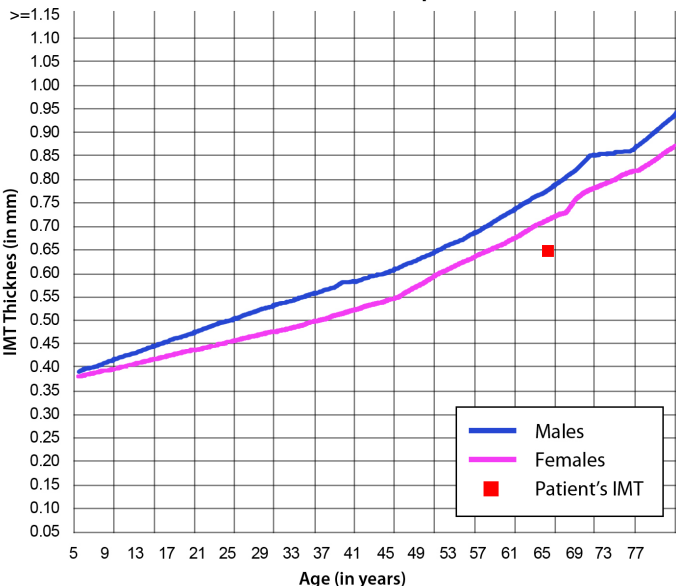
+ A progression rate of .034 mm or greater in the thickness of the mean IMT per year, increases the risk of future events significantly. (Hodis HN, et al / Ann Intern Med 1998;128:262-9)

* The Alert Value is the threshold measurement at which this patient's risk is inflated beyond a 'Normal' reading.

** Plaque Burden is the sum of the plaques found and measured. It does not have an Alert Value because plaques of any size are atherosclerotic and increase patient risk. The Plaque Burden score is intended to help physicians track progression of disease over time.

Patients with values in yellow or red on ANY risk test criteria have inflated risk.

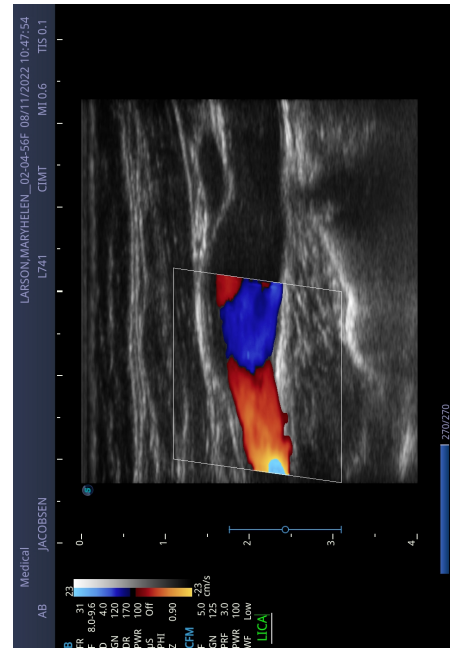
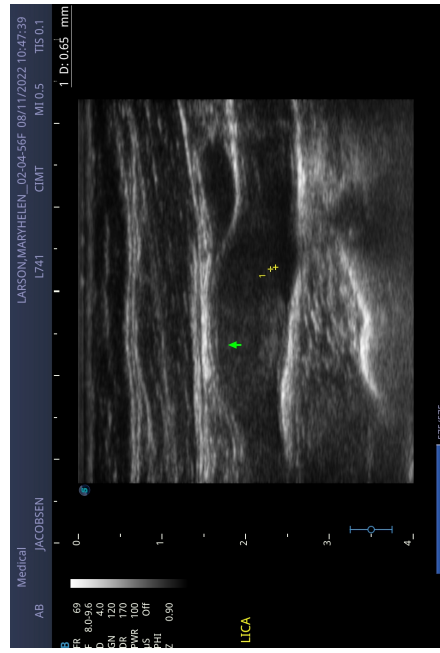
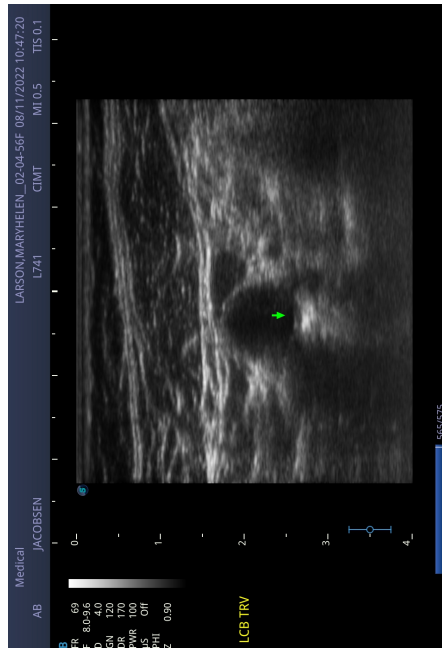
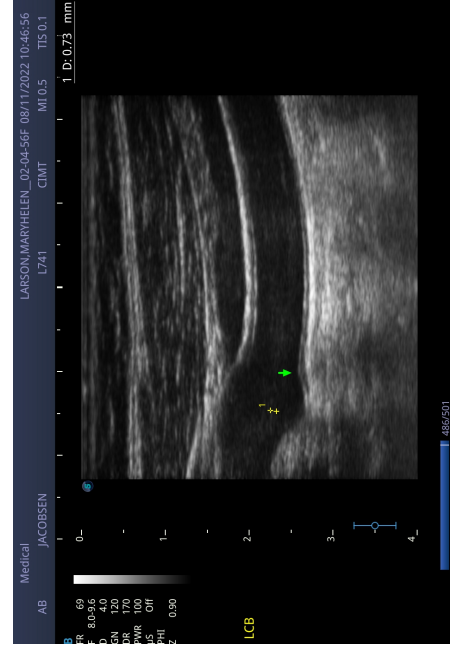
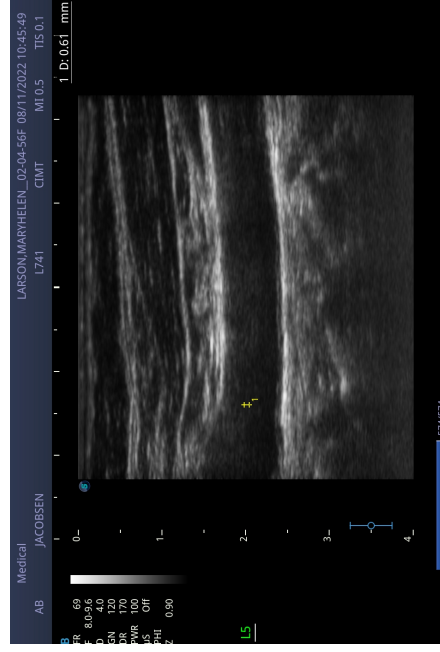
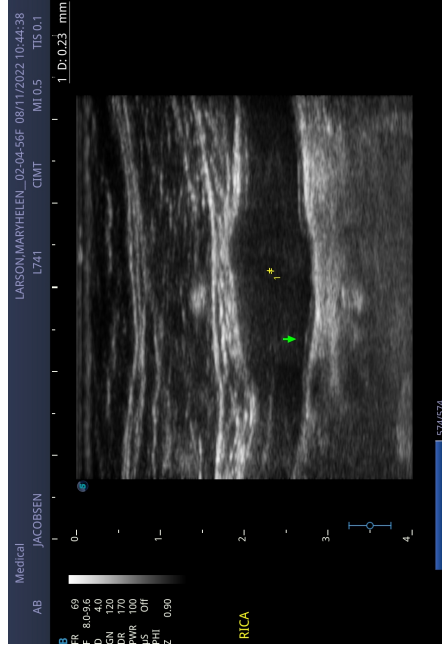
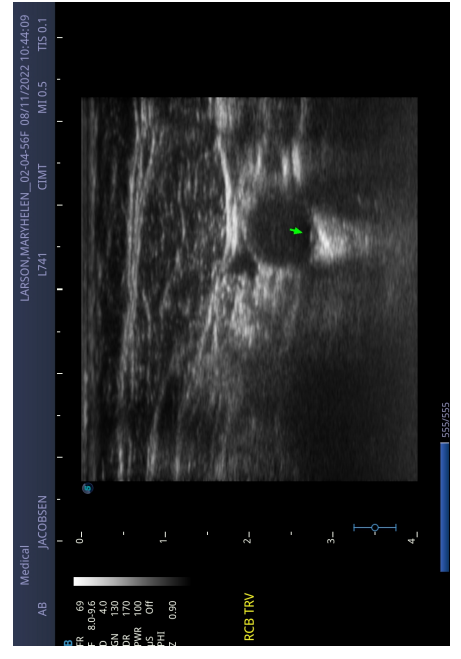
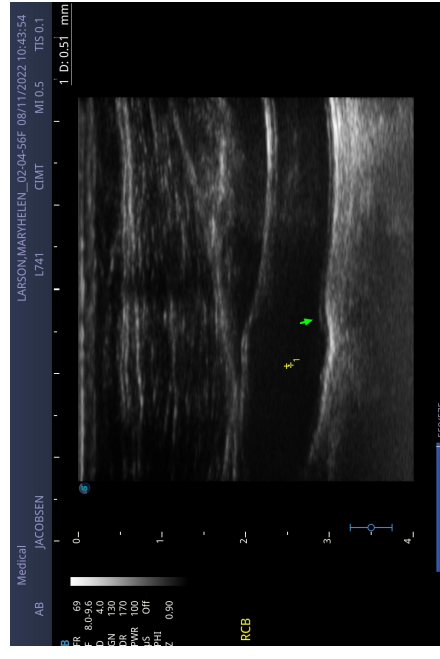
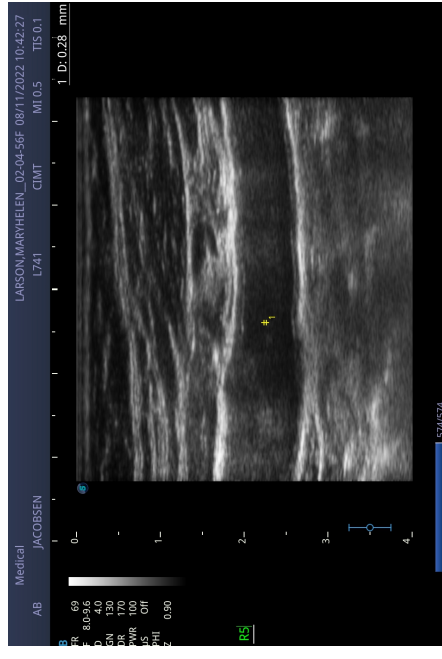
Patient Arterial Age Compared to U.S. Male/Female Populations



Your Doctor should interpret the results from this report in conjunction with your other risk factors. Medical decision making takes a multitude of factors into account, and risk factor modification should be made in consultation with your Doctor. Arterial Age™: The mean distal 1 cm common carotid artery (CCA) IMT measured looks like the average same gender person in a general population which had no coronary heart history expressed as Arterial Age above. The risk assessment data provided above should be used with caution. Data from five different studies which used different criteria for participation, different training methods, and different scanning and reading protocols [A: Tonstad, S (1996) Arterioscler Thromb; B: Urbina, E (2002) Am J Cardiol; C: Oren, A. (2003) Arch Intern Med.; D: Tonstad, S. (1998) Eur J Clin Invest; E: Aminbakhsh, A (1999) Clin Invest Med] were used to create an approximate arterial age compared to normal populations found in these studies. Regression analyses was used to estimate population age over time based on the cited studies above. In a careful literature review, the data cited above is an approximation of the relationship between CIMT and age in epidemiologic studies. The above data relating age to CIMT is useful in comparing a single patient's result with a population mean, and takes on additional meaning when comparing a current CardioRisk CIMT score with a previous CardioRisk CIMT score on the same patient. It is important to note that these studies do not account for the highest risk patients, those who died from the disease.



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CardioRisk™ Scan Patient Results

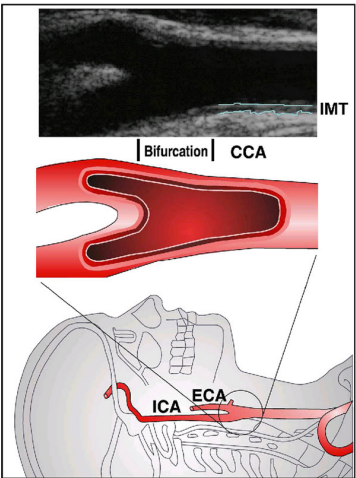
Patient Name: HINMAN, PATRICIA
Gender: F
Date of Exam: 8/11/2022
Date of Birth: 5/20/1968
Referring Provider: CHER JACOBSEN

Patient Age	54	Patient IMT	0.61 mm
Arterial Age	51	Normal IMT	<.50 mm

CV Event Risk

All measurements in mm

Test Criteria:	Normal	Moderate	High	Last Visit ⁺	Alert Value [*]
Early Event Risk ⁺⁺	0.7				2.1
Average CCA Mean IMT	0.61				0.73
Average CCA Max Region	0.74				0.75
Plaque Burden ^{**}	NONE				



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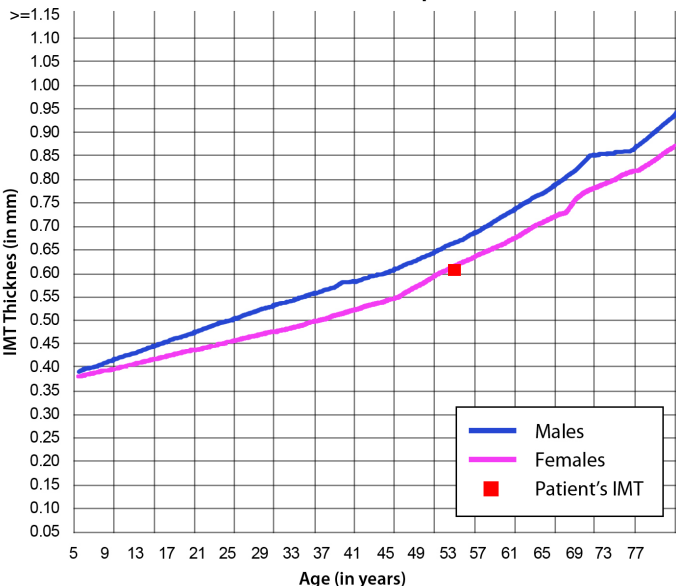
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