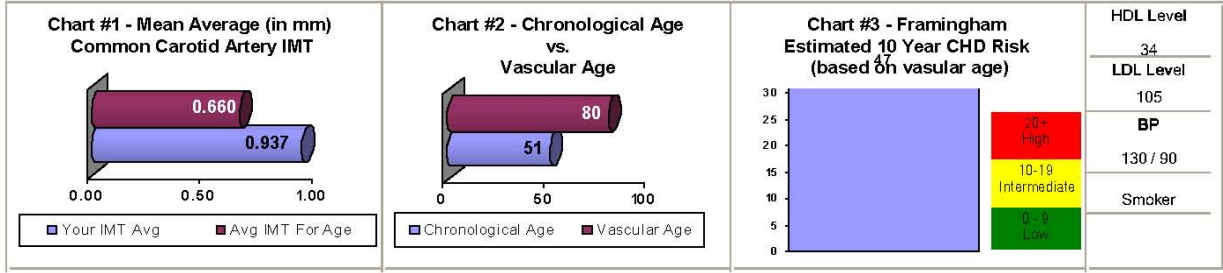


PCI HeartScan Carotid Arteries Report

Report, Sample

Report Description and Chart Definitions



Patient Information	Report Information
Name: Report, Sample Birthdate: 05/04/1952 Age: 51 Gender: M Ethnicity: White	Report Date: 08/17/2007 Scan Date: 08/18/2003 Physician: IMT HeartScan Sonographer: SJ

Carotid Assessment	A-Good	B-Satisfactory	C-Concern	D-Serious	E-Critical
Intima-Media Thickness	 NORMAL	 MILD	 MODERATE	 SIGNIFICANT	 CRITICAL SIGNIFICANT
Plaque Vulnerability	 NONE OBSERVED	 NOMINAL	 CALCIFIED	 MIXED	 SOFT
Stenosis	 NONE OBSERVED	 NOMINAL	 LESS THAN 30%	 BETWEEN 30% TO 50%	 GREATER THAN 50%

Comments:
 CATEGORY D - RISK INCREASE 3 TIMES NORMAL. SIGNIFICANT DISEASE PROBABLE. CLINICAL FOLLOW-UP SUGGESTED. RISK FACTOR MODIFICATION. CONSIDER PRIMARY PREVENTION WITH MANAGEMENT OF CHOLESTEROL, HYPERTENSION, SMOKING, AND EXERCISE. CONSIDER MEDICATION



PCI HeartScan Carotid Arteries Report Report, Sample

Scan Results	This Scan	Last Scan	Difference
Scan Date:	08/18/2003	Scan Date:	N/A
Patient Age:	51	Patient Age:	N/A
Vascular Age:	80	Vascular Age:	N/A
IMT Average:	0.937	IMT Average:	N/A
General Pop IMT:	0.66	General Pop IMT:	N/A
Avg. Min IMT:	0.575	Avg. Min IMT:	N/A
Avg. Max IMT:	0.865	Avg. Max IMT:	N/A
Avg. Left IMT:	0.71	Avg. Left IMT:	N/A
Avg. Right IMT:	0.727	Avg. Right IMT:	N/A
FRI:	47 %	FRI:	N/A %
<i>Mean CCA: 12 segments/ Std Dev: 0.02</i>			

Left Plaque Results						Right Plaque Results					
Location	Size	Tissue	Stenosis	Atheroma	Ruptured	Location	Size	Tissue	Stenosis	Atheroma	Ruptured
CCA_NW				<input type="checkbox"/>	<input type="checkbox"/>	CCA_NW				<input type="checkbox"/>	<input type="checkbox"/>
CCA_FW				<input type="checkbox"/>	<input type="checkbox"/>	CCA_FW				<input type="checkbox"/>	<input type="checkbox"/>
BULB_NW				<input type="checkbox"/>	<input type="checkbox"/>	BULB_NW				<input type="checkbox"/>	<input type="checkbox"/>
BULB_FW				<input type="checkbox"/>	<input type="checkbox"/>	BULB_FW	2.714	3	Nominal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ICA_NW				<input type="checkbox"/>	<input type="checkbox"/>	ICA_NW				<input type="checkbox"/>	<input type="checkbox"/>
ICA_FW				<input type="checkbox"/>	<input type="checkbox"/>	ICA_FW				<input type="checkbox"/>	<input type="checkbox"/>
ECA_NW				<input type="checkbox"/>	<input type="checkbox"/>	ECA_NW				<input type="checkbox"/>	<input type="checkbox"/>
ECA_FW				<input type="checkbox"/>	<input type="checkbox"/>	ECA_FW				<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Comments:
PLAQUE OBSERVED

For The Patient:

As indicated in this document, estimates of cardiovascular risk are derived from information contained in ARIC research publications and the Framingham Heart Study. These facts do not imply that this measurement is promoted or endorsed by the ARIC study administration, the Framingham Heart Study or the National Heart, Lung, and Blood Institute who sponsored both studies.

This ultrasound scan of the carotid arteries provides important information to your physician that may suggest additional treatment options for reducing your risk of having a heart attack and a stroke. Prevention and detection of heart disease and stroke are complex. Medical decisions on coronary artery disease and stroke likelihood and decisions on risk factor modification should take into account multiple factors and should be made only in consultation with your physician. Normal or thin IMT does not completely exclude coronary artery disease, it only indicates it is less likely. If you develop symptoms that are suggestive of coronary artery disease such as chest pain, shortness of breath, unexplained dizziness or nausea, you should seek immediate evaluation by your physician.

Chart #1: "Your IMT Avg" should be equal to or less than "Avg IMT for Age". NOTE: If patient age exceeds 80 years, no data is currently available to calculate the "Avg IMT for Age".

Chart #2: Your chronological age - compared to your vascular age as measured by the thickness of the walls of your Common Carotid Arteries. Your AEA should be equal to or less than your chronological age.

Chart #3: Framingham Risk Factors are those listed on the right and also use your AEA or Vascular age instead of your chronological age. See Framingham Heart Study, NHLBI.

