



8 Appaloosa Avenue, Dillsburg, PA  
1-800-257-3516  
<http://app.PreventionHealth.org>

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John Doe  
8 Appaloosa Ave  
Dillsburg, PA 17019

Report Process Date: 7/23/2012  
Event ID: 168  
Customer ID: 56932

Dear John Doe,

Thank you for your recent participation in the Prevention Health Screenings program on 7/23/2012 at the Lehighon High School. Your screening results are enclosed and they have been reviewed by a board-certified physician.

The following page is an **At-A-Glance View** of all your results. The subsequent pages provide a **Summary** of the findings of each screening test that you received.

We've also provided a **Clinical Form**, which is a more detailed report and might be appropriate to share with your personal physician.

**Next Step: Share this report with your physician.** Medical decisions are based on many factors, which is why it is important to review this information with your physician. Your physician is best positioned to determine how significant your results are and if further action is necessary.

You may also want to consider purchasing a copy of all the ultrasound images, pictures, and EKG graphs that were done as part of your screening event. These can be beneficial in preventing retesting and can be used for comparison studies that your physician may need in the future. You may purchase these images at any time by visiting <https://app.preventionhealth.org/login> or by calling **1-800-257-3516**.

Regular screenings should be a part of your overall wellness regimen. We will notify you when it is time to be re-screened. For most people, screenings every 1-3 years is medically appropriate.

Once again, thank you for letting Prevention Health Screenings assist you with proactively managing your health. We look forward to seeing you in the future!









Sincerely,

Prevention Health Screenings

## At-A-Glance View

### Screening results for John Doe

Screening Date: 7/23/2012  
Screening Location: Lehighon High School

Screening Offered	Your Result	Your Narrative Result	
Intima-Media Thickness (IMT)	Normal	Vascular Age 50	
Stroke/Carotid Artery	Normal	Right: Mild Left: None	
Thyroid	Normal	Right: NORMAL Left: NORMAL	
Abdominal Aortic Aneurysm	Normal	NO ANEURYSM	
EKG	Normal	Normal	
Peripheral Arterial Disease	Normal	Right: 1.13 Left: 1.14	
Pulmonary Function	Normal	NORMAL	
Bone Density/Osteoporosis	Normal	T-Score: 0.20	

## Summary

### Screening results for John Doe

Screening Date: 7/23/2012  
Screening Location: Lehigh High School

### Heart Disease Risk via Intima-Media Thickness (IMT)

☒ NORMAL ☐ ABNORMAL ☐ Unable to Screen

Your CIMT estimates your Vascular Age to be: 50.

The result of your screening is NORMAL. Your CIMT score is either equal to or lower than the “expected”, which is based on clinical data and compares you to other adults of your same age, race, and sex. When your Vascular Age is equal to or lower than your chronological age, it means that your arteries are “aging” slower than you are.

When your Vascular Age is higher than your chronological age, it means that your arteries are “aging” quicker than you are. This information tells us that you have a higher chance of developing cardiovascular disease, such as heart attack and stroke. **Please do not confuse this screening with the carotid artery screening. They are interdependent and evaluate different aspects of vascular disease.** CIMT screening is performed by using high-resolution B-mode ultrasound to measure the thickness of the inner two layers of the carotid artery, which are known as the intima and the media. These measurements can alert physicians to abnormalities in the blood vessels before patients start experiencing any symptoms, and in turn lead to a more aggressive approach to managing the risk factors associated with heart disease and stroke.

Your physician should interpret this IMT result in conjunction with your other risk factors. Medical decision making takes a multitude of factors into account, so use of medications for risk factor modification should be made only after consultation with your physician.

Certain factors can predispose you to an abnormal CIMT, including diabetes, elevated blood pressure, abnormal cholesterol, a family history of cardiovascular disease, increased body weight, and smoking. Research has shown that improving these conditions can result in a better CIMT score. That is why we recommend having this screening repeated at least every two years.

### Stroke/Carotid Artery

Plaque: ☐ None ☒ Mild ☐ Moderate ☐ Significant ☐ Occluded

The result of your screening is NORMAL. Color Doppler Ultrasound was used to identify the presence of plaque buildup and to measure the blood flow velocities. The “0 – 19%” category with no evidence of plaque is considered normal and no follow up is indicated. The “0 – 19%” category with mild plaquing is still considered normal, but a follow up screen in 1-2 years is indicated to evaluate for any further plaque buildup.

One of the leading causes of strokes is fatty plaque buildup in the carotid arteries, which may block blood flow to the brain. Everyone has two carotid arteries which are located on each side of the neck. These arteries carry blood supply to the brain. Therefore, if one or both of the arteries are blocked from plaque, then the risk for stroke is greatly increased.

**Please refer to your Clinical Form for detailed results of the plaque characteristics and the blood flow velocity measurements.**

## Thyroid

☒ NORMAL ☐ ABNORMAL ☐ ABNORMAL (Known Disease/ On Medication)

The result of your screening is NORMAL. This screening was performed using ultrasound to visually detect any abnormalities in the thyroid gland. An abnormal thyroid may consist of nodules, enlargements, tumors or tissue changes.

The thyroid is a butterfly-shaped gland that wraps around the windpipe, behind the "Adam's Apple" area of the neck. The hormones produced by the thyroid gland are essential to stimulating metabolism, growth, and the body's capacity to process calories. Undiagnosed thyroid disease carries with it dangers of elevated cholesterol levels, an increased risk of clogged arteries and heart disease and ovarian cancer, among other conditions.

This screening is very important because 1 out of 13 Americans have a thyroid disorder.

**Please refer to your Clinical Form for more detailed results of the Thyroid Screening.**

## Abdominal Aortic Aneurysm (AAA)

☒ NO ANEURYSM ☐ NO ANEURYSM ☐ ANEURYSM

Your measurement was: 1.67 .

The result of your screening is NORMAL and no abdominal aortic aneurysm was detected.

This ultrasound screening detects the largest diameter of the aorta between the diaphragm and the bifurcation of the iliac arteries. A normal diameter is highly variable but usually between 1.5 and 2.5 centimeters or about the diameter of a garden hose. The aorta is the largest artery in the body, traveling from your breastbone to the level of your navel. Medical conditions such as high blood pressure and artery plaque can weaken the walls of the aorta, causing an enlargement or aneurysm to form. Large aneurysms become dangerous due to the risk of rupture.

**Please refer to your Clinical Form for more detailed results of the Aorta Screening.**

## Pulmonary Function

☒ NORMAL ☐ ABNORMAL ☐ Unable to Screen

The result of your screening is NORMAL. This non-invasive screening measured *how much* air you can blow out and *how fast* by using a spirometer. This is an excellent tool in the diagnosis and management of obstructive and restrictive lung diseases including asthma and Chronic Obstructive Pulmonary Disease (COPD).

The spirometer measures two important numbers, FEV1 and forced vital capacity. The numbers are simple expressions of complex processes just like blood pressure and blood cholesterol levels measure complex processes. COPD includes chronic bronchitis, emphysema, or both. Most COPD patients have both. Basically the airways become narrowed and then limit airflow in and out of the lungs. Or tiny air sacs (alveoli) in your lungs are damaged which in turn makes breathing difficult. COPD is a progressive condition. But it can be treated.

## Electrocardiogram (EKG)

☒ Normal ☐ Abnormal ☐ Unable to Screen

The result of your screening is NORMAL. A 4-limb EKG was performed to evaluate for an irregular heart rhythm and other abnormalities such as silent heart attack or atrial fibrillation. Atrial Fibrillation or AF is the most common type of irregular heart rhythm or arrhythmia. This screening is not meant to be a comprehensive 12 lead EKG. It is a screening to identify only the presence or absence of an irregular heart rhythm at the time of the screening.

Your clinical form contains check boxes indicating your screening results and if further evaluation is recommended by our reviewing physician. You can learn more about this condition by going to [www.afibstroke.com](http://www.afibstroke.com)

**Please refer to your Clinical Form for more detailed results of the EKG Screening.**

## Peripheral Arterial Disease (PAD)

☒ NORMAL ☐ MILD ☐ MODERATE ☐ Severe

Your ABI measurement was: 1.14.

The result of your screening is NORMAL.

This result indicates that the pressure in your ankles is almost as high as or higher than the pressure in your arm. Peripheral Arterial Disease or PAD is a condition in which fatty plaque builds up in the arteries leading to the arms and legs. This prevalent and under-diagnosed condition can cause pain when walking and, if left untreated, can cause gangrene and lead to amputation. One way to screen for PAD is through the Ankle-brachial index (ABI) which is a ratio of blood pressure differences in your arms and legs. A ratio of 0.90 or greater is considered normal and a ratio less than 0.90 indicates possible PAD.

It is important that you follow up with your physician or a vascular physician to further evaluate your legs.

**Please refer to your Clinical Form for more detailed results of the PAD Screening.**

## Bone Density/Osteoporosis

☒ NORMAL ☐ MILD / MODERATE RISK ☐ HIGH RISK ☐ INCONCLUSIVE

Your Achilles Express T-score is: 0.2

The result of your screening is NORMAL.

The Achilles Express report is a comparison of a patient's bone quality, regardless of age, to that of an average healthy young adult (20 to 45 years old). The results of the report are presented as a T-score, a value commonly used in fracture risk assessment. The World Health Organization has classified a patient's T-score as follows:

- Above -1 is classified as NORMAL
- -1 to -2.5 is classified as OSTEOPENIA or Low
- Below -2.5 is classified as OSTEOPOROSIS

Patients with risk factors for osteoporosis such as low calcium intake, sedentary lifestyle, excessive alcohol consumption, steroid use or certain cancer treatments should be checked every two years.

## Clinical Report

### Screening results for John Doe

Screening Date: 7/23/2012  
Screening Location: Lehighon High School

Client Name: John Doe Event Id: 168 Customer Id: 56932

Screening Location: Lehighon High School, 1 Indian Lane, Lehighon, Pennsylvania, US Screening Date: 7/23/2012

Screened For: Package III

Payment Amount: \$ 186.00 Payment Method: ☐ Cash ☐ Check #                      ☒ Card # Visa(1111)

#### INTIMA-MEDIA THICKNESS (IMT) SCREENING

Technician Karen Trego

☒ NORMAL ☐ Unable to Screen

☐ ABNORMAL

QIMT Left: 656 Right:                     

Excepted QIMT: 810 VASCULAR AGE: 50

**Physician Remarks**

☐ Further Evaluation Recommended

☐ Critical (Self Submit within 48 hrs)

**Remarks:**

#### STROKE/CAROTID ARTERY SCREENING

Technician Karen Trego

**PLAQUE CHARACTERISTICS**

Right Left

☐ ☒ None

☒ ☐ Mild

☐ ☐ Moderate

☐ ☐ Significant

☐ ☐ Occluded

**STENOSIS RANGE**

PSV < 120 = 0-19%

PSV > 120 and EDV < 60 = 20-59%

EDV > 60 = 60-79%

EDV > 110 = 80-99%

**RICA:** PSV 57.7 cm/sec

EDV 15.2 cm/sec

**LICA:** PSV 42.2 cm/sec

EDV 10 cm/sec

**Incidental Findings:**

☐ Plaque Noted ☐ Subclavian Plaque ☐ Tortuous Vessel

☐ Unable to Screen

**Physician Remarks**

☐ Further Evaluation Recommended

☐ Critical (Self Submit within 48 hrs)

**Remarks:**

#### THYROID SCREENING

Technician Karen Trego

**Right Left**

☒ ☒ NORMAL ☐ Unable to Screen

☐ ☐ ABNORMAL

☐ ☐ ABNORMAL (Known Disease/ On Medication)

**R L**

☐ ☐ Enlarged Gland

☐ ☐ Tissue Changes

☐ ☐ Nodule

**Physician Remarks**

☐ Further Evaluation Recommended

☐ Critical (Self Submit within 48 hrs)

**Remarks:**

#### ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING

Technician: Karen Trego

☒ NO ANEURYSM less than 3 cm

☐ NO ANEURYSM limited visibility due to overlying gas

☐ ANEURYSM 3 cm or greater

☐ Unable to Screen

Measurement at largest part of aorta: 1.67 cm

☐ Fusiform (generalized enlargement) ☐ Saccular (focal enlargement)

**Physician Remarks**

☐ Further Evaluation Recommended

☐ Critical (Self Submit within 48 hrs)

**Remarks:**

**PULMONARY FUNCTION SCREENING**

Technician: Gail Tyson

- ☒ NORMAL
 ☐ ABNORMAL
 ☐ Unable to Screen

**Physician Remarks**

- ☐ Further Evaluation Recommended  
☐ Critical (Self Submit within 48 hrs)

Remarks:

**ATRIAL FIBRILLATION (EKG) SCREENING**

Technician: Karen Trego

- ☒ Normal
 ☐ Abnormal
 ☐ Artifact
 ☐ Unable to Screen

- ☐ Sinus Rhythm
 ☐ Sinus Arrhythmia
 ☐ Sinus Bradycardia
 ☐ Sinus Tachycardia
 ☐ Atrial Fibrillation
 ☐ Atrial Flutter
 ☐ SVT
 ☐ PAC(s)
 ☐ PVC(s)
- ☐ QRS widening
 ☐ Left Axis
 ☐ Right Axis
 ☐ Abnormal Axis
 ☐ Heart Block
 ☐ Type I
 ☐ Type II
 ☐ 1st degree block
 ☐ 3rd degree/complete heart block

Vent. Rate	<u>55</u>	bpm
PR Interval	<u>136</u>	ms
QRS Duration	<u>125</u>	ms
QT Interval	<u>402</u>	ms
QTc Interval	<u>384</u>	ms

**Physician Remarks**

- ☐ Further Evaluation Recommended  
☐ Critical (Self Submit within 48 hrs)

Remarks:

**PERIPHERAL ARTERY DISEASE (PAD) SCREENING**

Technician: Karen Trego

- ☒ NORMAL ABI  $\geq 0.90$   
☐ MILD ABI = 0.70-0.89  
☐ MODERATE ABI = 0.50-0.69  
☐ Severe ABI  $< 0.50$

Systolic Highest Arm:	<u>134</u>	
Systolic R Ankle:	<u>151</u>	Systolic L Ankle: <u>153</u>
Right ABI:	<u>1.13</u>	Left ABI: <u>1.14</u>

**Unable To Screen:**

- ☐ Increased Body Habitus
 ☐ No Pulse Wave Detected
 ☐ Lymph Nodes Removed
 ☐ Other

**Incidental Findings:**

- ☐ Elevated Blood Pressure
 ☐ Elevated Pulse Pressure

**Physician Remarks**

- ☐ Further Evaluation Recommended  
☐ Critical (Self Submit within 48 hrs)

Remarks:

**OSTEOPOROSIS SCREENING**

Technician: Gail Tyson

- ☒ NORMAL T-score  $+5.0$  to  $-0.9$ 
☐ Increased Body Habitus
- ☐ MILD / MODERATE RISK T-score  $-1.0$  to  $-2.5$   
☐ HIGH RISK T-score  $-2.6$  to  $-5.0$   
☐ INCONCLUSIVE

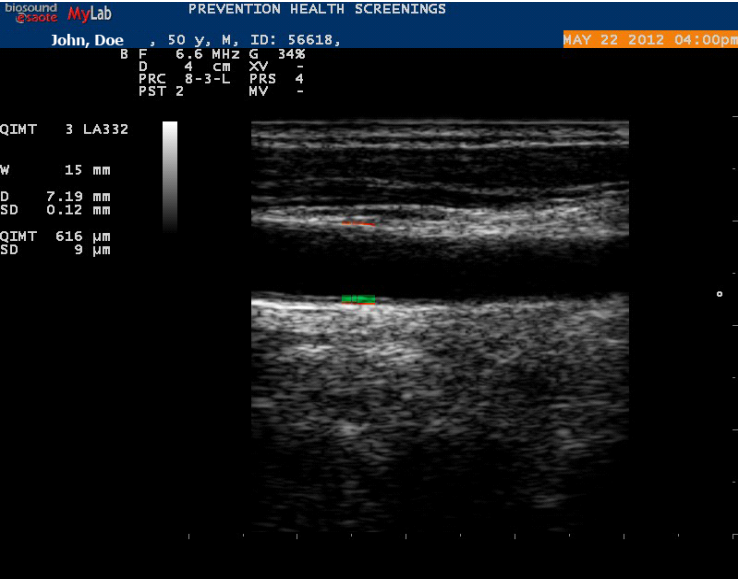
T. Score 0.2
**Physician Remarks**

- ☐ Further Evaluation Recommended  
☐ Critical (Self Submit within 48 hrs)

Remarks:

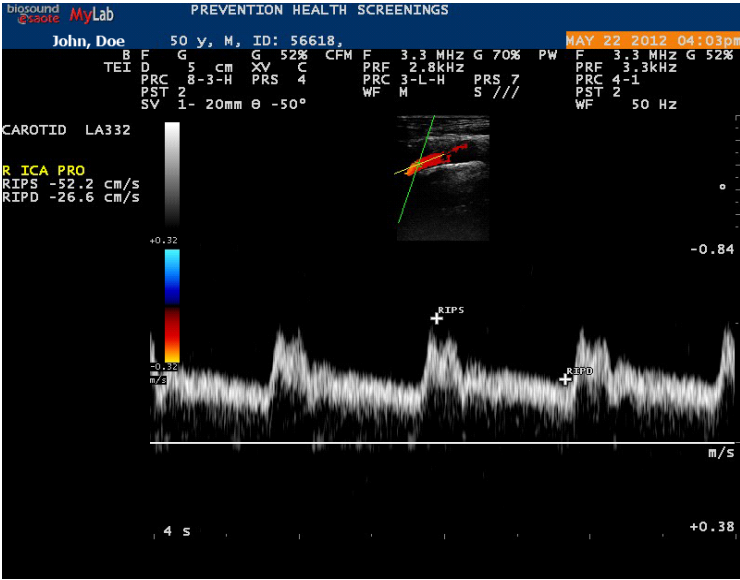
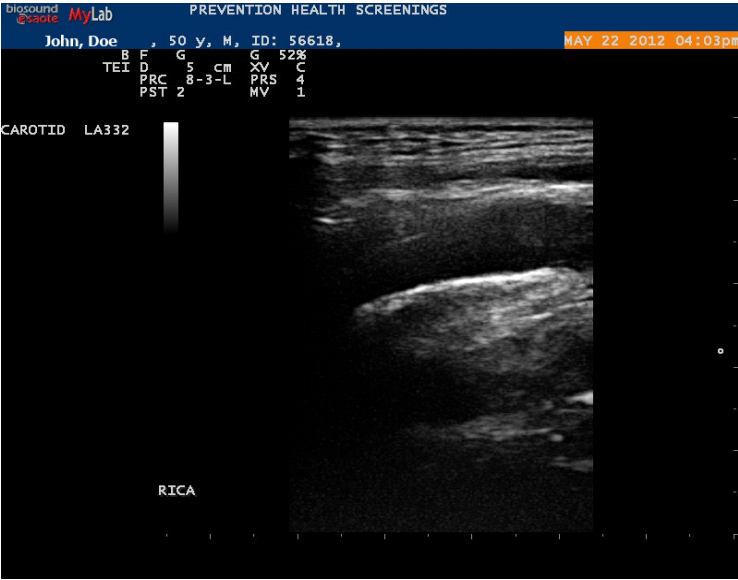
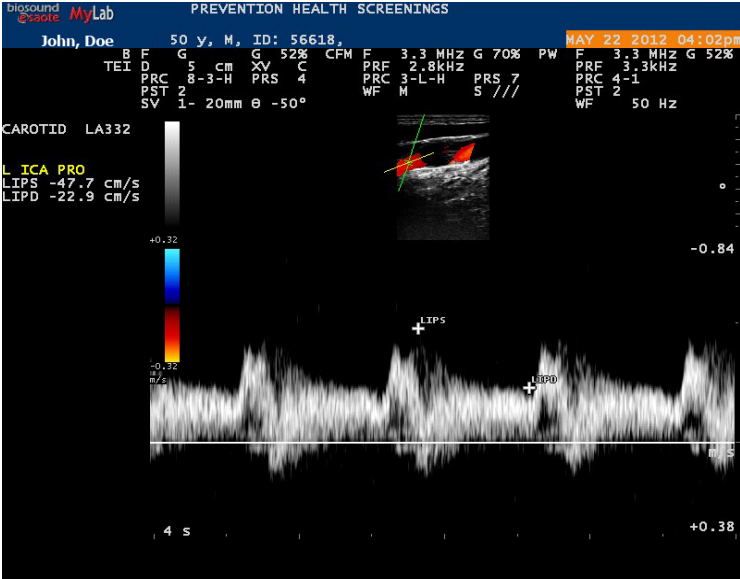
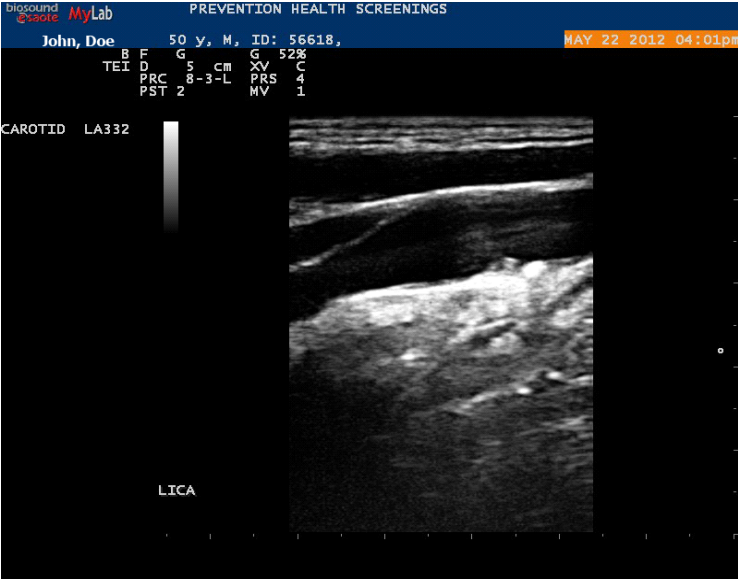
**Signing Physicians**
Joseph Campbell..

Joseph Campbell

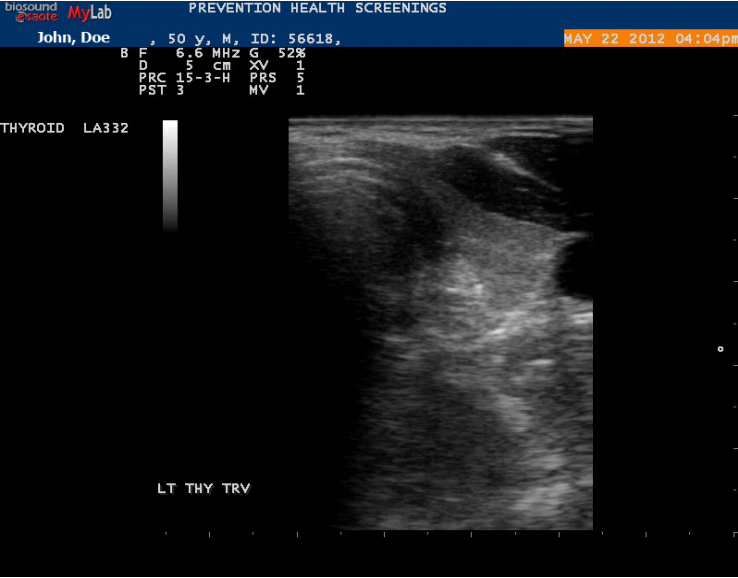
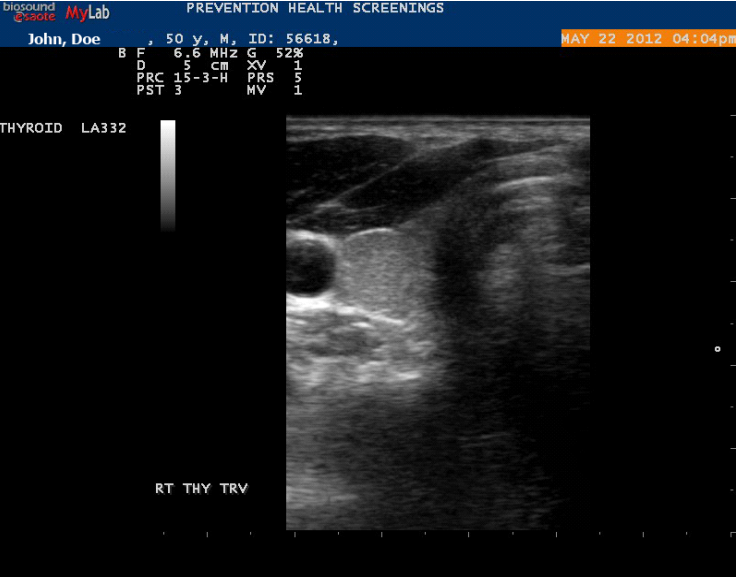
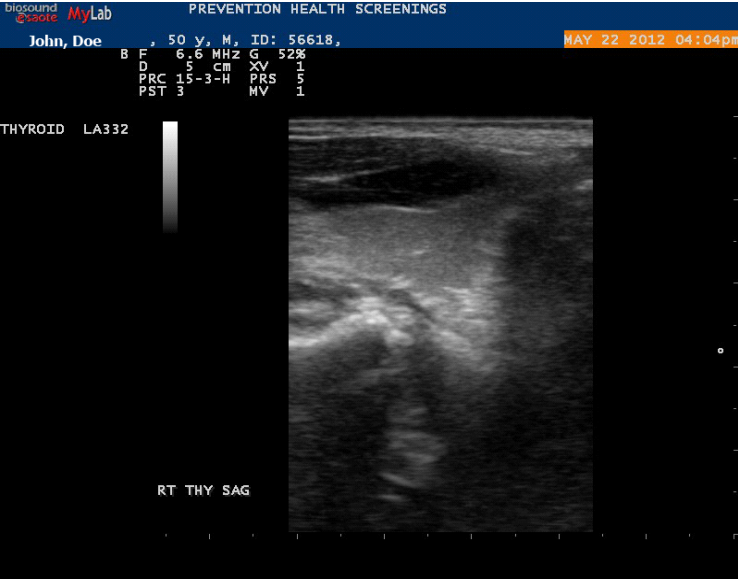
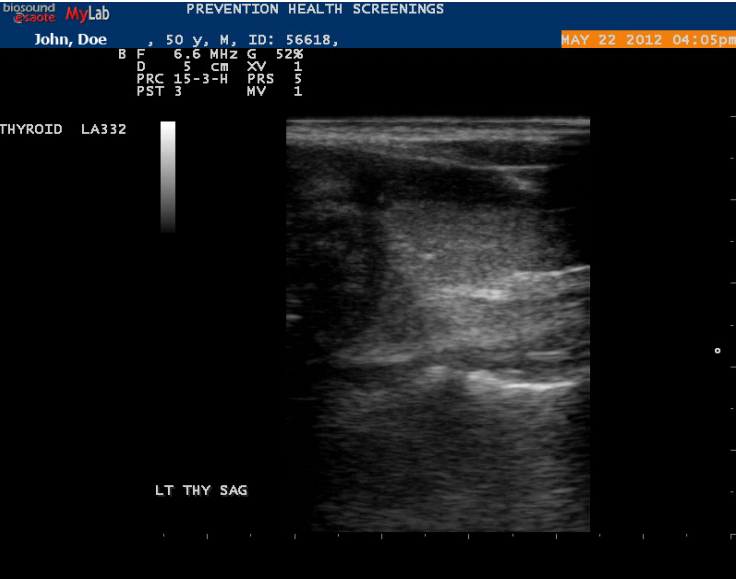




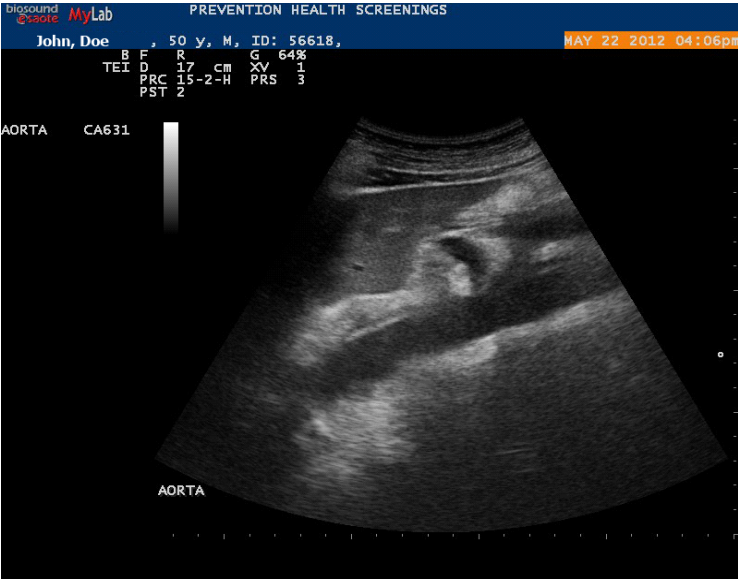
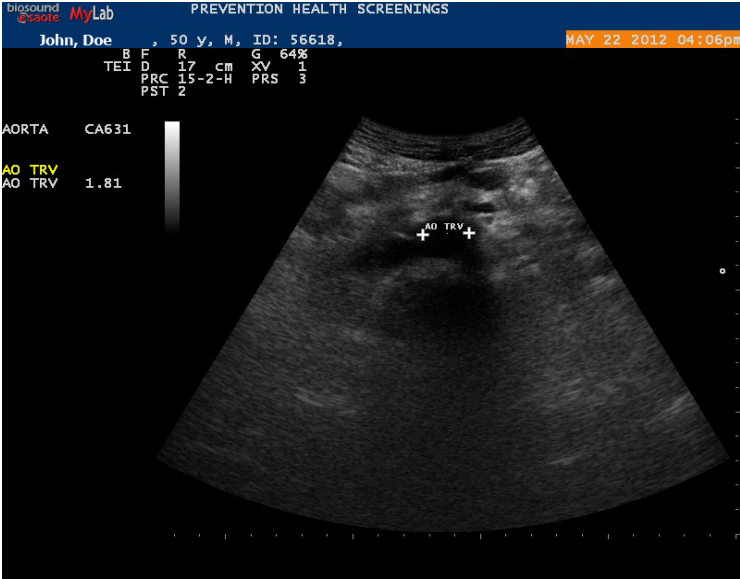
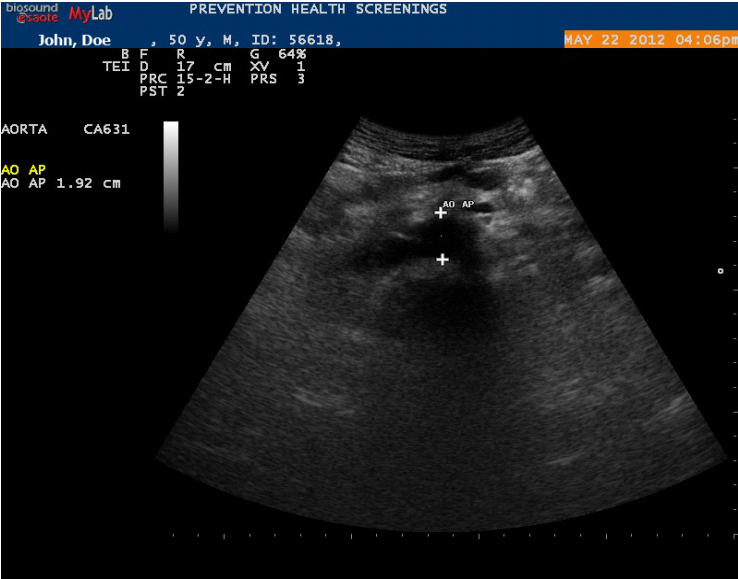
Stroke/Carotid Artery Media



# Thyroid Media



# Abdominal Aortic Aneurysm Media

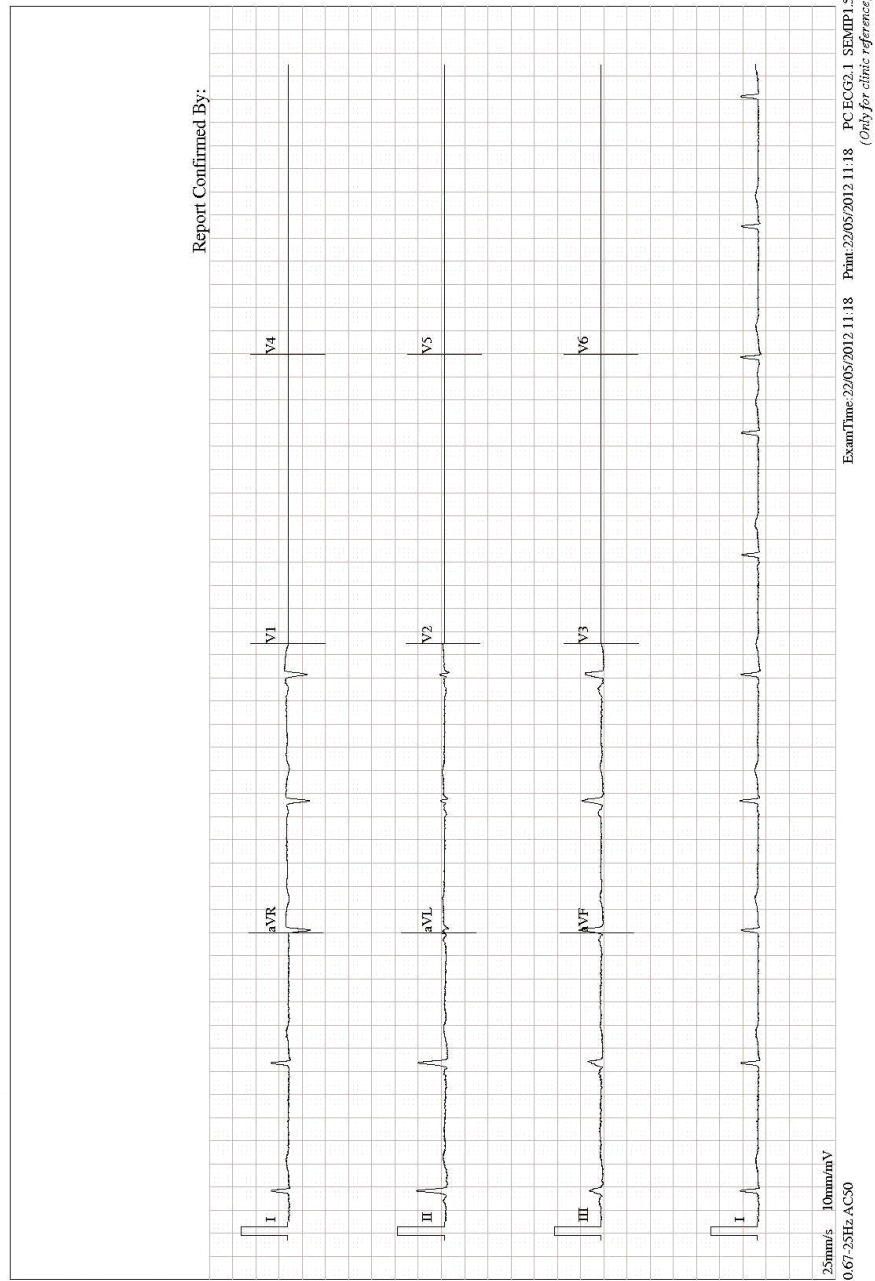


## Electrocardiogram (EKG) Report

Screening results for John Doe

Screening Date: 7/23/2012  
Screening Location: Lehighon High School

### Prevention Health Screenings ECG Report



Prevention Health Screenings  
8 Appaloosa Avenue, Dillsburg, PA 17019  
1-800-446-0925 www.preventionhealthscreenings.com

ID Code: 34135 Date: 05-22-2012 Time: 11:12  
Name: John Doe  
Sex: Male Age (y): 72 Height (in): 65 Weight (lb): 137  
Temp. (°F): 79 Pres (mmHg): 760 Humidity (%): 60 Smok.I.: 18  
Technician: Transducer: Turbine  
Predicted: KNUDSON Ethnic F.: 100 BMI: 22.8  
Version: 5118FB-3.25

## FVC REPORT

Maneuver No.: 1

PARAMETER	ACT	PRED	(%)
Best FVC (l)	2.76	2.89	96
Best FEV1 (l)	2.08	2.25	93
FVC (l)	2.76	2.89	96
FEV0.5 (l)	1.64		
FEV1 (l)	2.08	2.25	93
FEV3 (l)	2.60		
FEV0.5/FVC (%)	59.40		
FEV1/FVC (%)	75.39	77.66	97
FEV3/FVC (%)	94.07		
COPD index (%)	-1.00		
Lung Age	70.63		

Repeatability: FVC: No, FEV1: No

## Alert:

Interpretation: ATS  
NORMAL

