



TEST PATIENT

Date of Scan Jan 20, 2026	Report # 325340	Page 1/3
Referring Physician Dr. Be Well		Sonographer J. Ence

DOB Apr 26, 1961	Age 64	Gender Female
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VASOMETRICS: Arteriosclerotic inflammation tracking and atherosclerotic plaque assessment

65

Vascular Age

Vascular age is a measurement of the apparent age of your arteries. If your vascular age is higher than your chronological age, you may be at higher risk for developing cardiovascular disease.

0.722_{mm}

Carotid Intima-Media Thickness Test (C-IMT)

Carotid intima-medias thickness are sensitive layers of your arteries which become thick, inflame and become less flexible and useful.

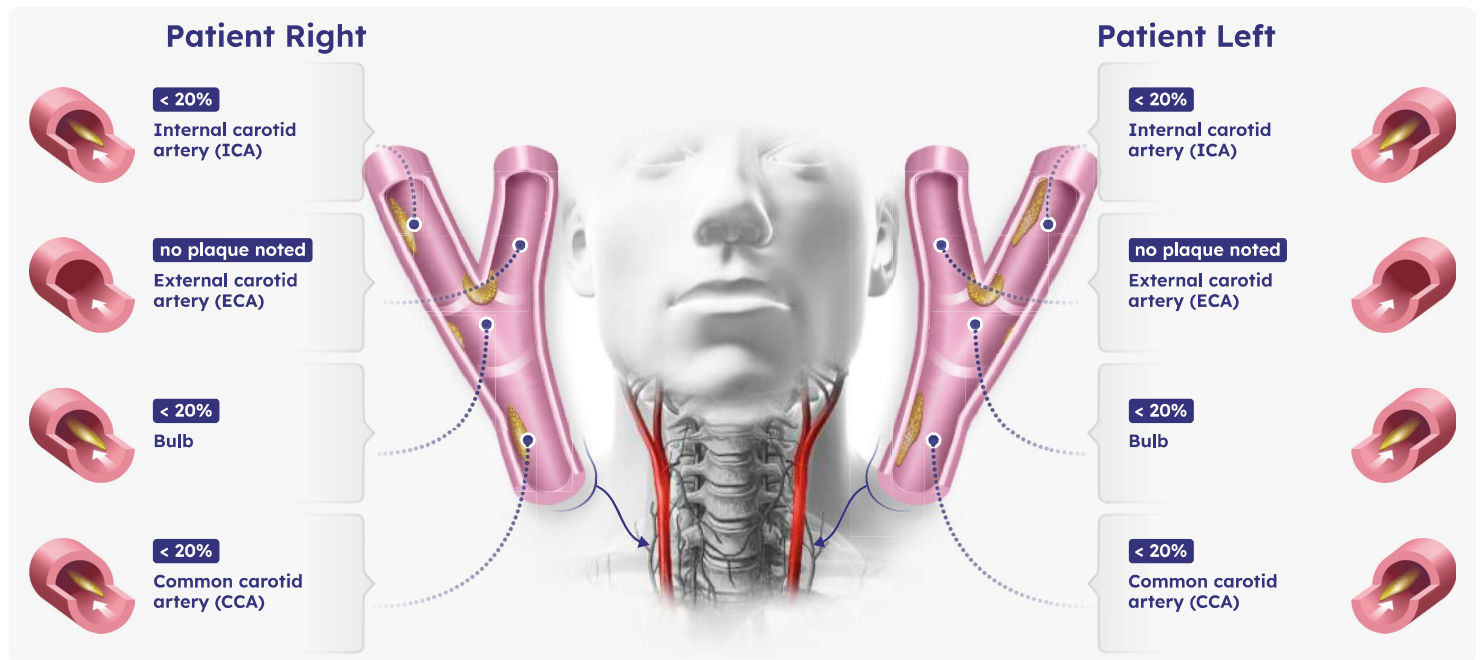
1.660_{mm}

Largest Plaque (RBULB)

Heterogenous

Heterogenous: Plaques begin as soft and the body will secure with minerals and calcium.

Artery Blockage

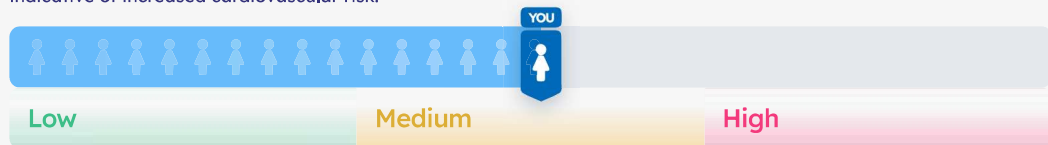


Carotid Intima-Media Thickness Test (C-IMT)

Your percentile score

51st

The American Society of Echocardiography (ASE) recommends that IMT \geq 75th percentile is considered high and indicative of increased cardiovascular risk.



The observed repeatability of IMT scores when using a standardized scanning and measuring protocol of 24 to 72 ultrasound images is within 1.68% with 95% confidence. Your physician should interpret this IMT result in conjunction with your other risk factors. Medical decision making must take a multitude of factors into account, and risk factor modification should be made only in consultation with your physician. Normal IMT results do not entirely exclude heart disease or cerebrovascular disease but indicate a decreased likelihood. If you have chest pain, shortness of breath, palpitations, neurologic symptoms such as unsteadiness or difficulty with vision or speech, consult your physician immediately. Also, the data graphed above is interpolated from many known studies. This information should be used in conjunction with your physician as a generalized estimate of your overall cardiovascular health. The plaque depictions are a vague representation and are for physician to patient communication purposes only.



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Carotid Intima-Media Thickness Test (C-IMT)

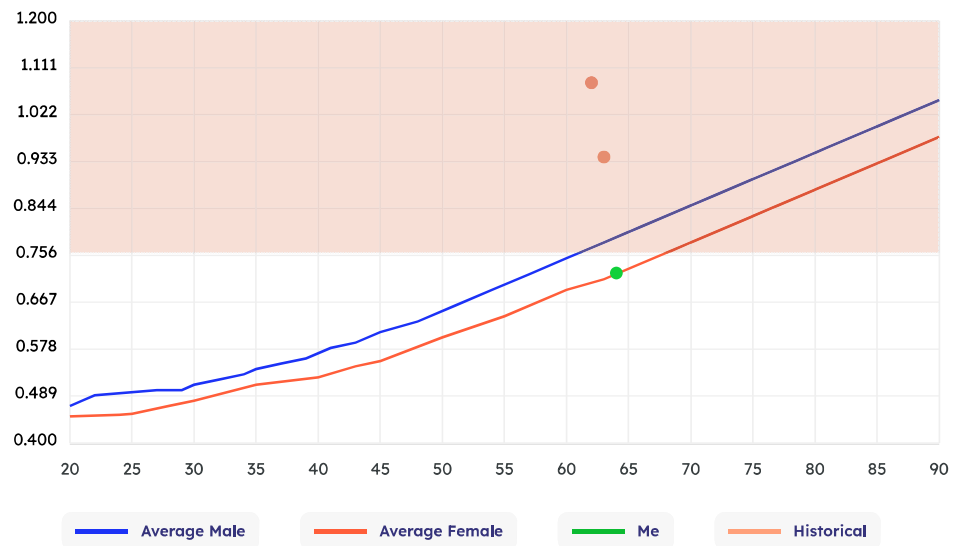
Thin membrane of the artery which is functional, not structural. It exchanges signaling molecules between the blood and artery, telling the artery to get bigger when exercising, for example. Damage from non-optimal health decisions cause this membrane to become inflamed (swelling). With this thickened inflammation, the artery loses flexibility and other functions and a cascade of problems can follow. Current research shows this membrane does not de-inflate quickly. It takes years of well-executed optimal health decisions to manage inflammation.

Your C-IMT Measurement(s)

Date	Age at Exam	Vascular Age	Percentile	Avg Imt
Jan 20, 2026	64	65	51	0.722mm
Dec 5, 2024	63	86	92	0.942mm
Oct 18, 2023	62	86	95	1.083mm

Patient Right Imt	Patient Left Imt
0.700mm	0.745mm

C-IMT of General Population



Note: The data referenced in the C-IMT Reports History chart is based on the Atherosclerosis Risk in Communities (ARIC) study, which examined C-IMT of the General Population with no coronary heart disease history.

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What is plaque?

Plaque is a localized lesion formed by buildup of loose damaged tissue which the body cannot expel. This aggregate begins as soft material which the body will secure by making it fibrous and eventually load it up with minerals to make it secure.

Soft plaque

Soft plaque is newly formed and the most dangerous kind of plaque. It is responsible for the majority of cardiovascular events, which is why it is often referred to as *Vulnerable Plaque*. Plaque can be visually seen and is the definite presence of irreversible Cardiovascular disease, which cannot be removed, only shrunken and managed. Special attention should be given to the cap on the top of this plaque, which contains the loose/sticky material safely inside. Please consult with your care provider on a cardiovascular care plan to manage your risk.

Heterogeneous plaque

Heterogeneous Plaque is transitioning from soft, vulnerable plaque to calcified, mineralized or more stable plaque. This is a good sign, and means the body is securing the loose plaque. Continue to work with your medical provider to manage your risk.

Calcified or Echogenic Plaque

Calcified or Echogenic Plaque is plaque which has been mineralized and/or calcified. It is a more stable plaque, much less likely to cause an event by rupture or erosion. It is sometimes referred to as a *Healed Plaque*. The once loose materials have become calcified and secured indicating you are effectively managing your risk.

Artery	Patient Right Plaque				Patient Left Plaque			
	Plaque Size	Artery Blockage	Plaque Type	Velocity	Plaque Size	Artery Blockage	Plaque Type	Velocity
Internal Carotid	0.860mm	6.1%	Heterogenous		1.180mm	10.4%	Heterogenous	
External Carotid								
Common Carotid	0.940mm	6.3%	Heterogenous		1.060mm	13.5%	Heterogenous	
Bulb	1.660mm	12.7%	Heterogenous		1.220mm	10.3%	Heterogenous	
Vertebral								

Physicians Notes:

Interpreting Medical Provider

Dr. Be Well

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