

19 March 2010
Height: 5'09"
Weight: 12St 06lbs
BMI: 25
Heart Rate: 064

PRIVATE AND CONFIDENTIAL

John Sample
123 Any Street
Anytown
AB12 3CD

Dear John Sample,

Congratulations on your recent participation at the health screening held on 11/03/2010. You have taken an important proactive step in maintaining your future good health.

Your screening results are enclosed. The following page provides a summary view of all your results. We've provided you an additional copy of this page that we encourage you to share with your General Practitioner who can then decide whether further testing or treatment is appropriate. The rest of the report contains more detailed information about each screening test.

Preventive screenings can indicate the presence of a possible problem, but remember that the results of these screenings must be interpreted in the context of your clinical history. Screenings should be part of your ongoing health regimen and the Screening Results Report allows you to track your status. Screening tests can alert you to diseases long before symptoms occur. This is important for early diagnosis and treatment by your GP.

Please keep this Screening Results Report as part of your personal health record. We will also keep track of your past screening history and inform you when it's time to be re-screened. Again, congratulations on taking the first step in managing your preventive health routine. We believe in prevention. We believe in knowledge. We believe in straightforward facts and a simple call to action. Life Line Screening is here to help you lead a fuller and healthier life.

For information about Life Line Screening please visit our website at www.lifelinescreening.co.uk.

Yours Sincerely,



Dr. D. J. Coltart, MD, FRCP, FACC, FESC
Consultant Physician and Cardiologist

PARTICIPANT COPY
Screening Results Summary

Screening Date: 11 March 2010

Fasting: N

GP CONSULTATION RECOMMENDED				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Screening Offered	Clinical Measure(s)	Your Result(s)	Your Narrative Result(s)	Your Graphic Result(s)
Carotid Artery Disease	Plaque Buildup and Blood Flow	Left Side: PSV: 077cm/s EDV: 024cm/s	Left Side: Normal	
		Right Side: PSV: 079cm/s EDV: 029cm/s	Right Side: Normal	
Atrial Fibrillation	4-limb ECG	Normal	No Atrial Fibrillation	
Abdominal Aortic Aneurysm	Abdominal Aorta Size	Normal	No Aneurysm	
Peripheral Arterial Disease	Ankle Brachial Index	Left Side: 1.11	Normal	
		Right Side: 1.30	Normal	
Osteoporosis	Bone Mineral Density (BMD)	-0.8	Low Risk	
Complete Lipid Panel	Total Cholesterol mmol/L	3.55	Normal	
	HDL Cholesterol mmol/L	1.68	Normal	
	LDL Cholesterol mmol/L	1.51	Normal	
	Triglycerides mmol/L	0.80	Normal	
Glucose	Glucose mmol/L	6.41	Abnormal	

GP COPY
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About Life Line Screening UK

Life Line Screening UK Ltd. is focused on health promotion and wellness through community-based prevention programs. These programs provide opportunities for early identification of disease through screening as well as participant education. In this process we are often able to make individuals aware of the existence of potential health problems and guide them to seek follow-up care with their own GP.

GP follow up may include education about lifestyle changes or implementation of medical management. Sometimes, significant disease is detected that warrants more specific action such as further diagnostic testing or referral to a consultant.

We offer screenings to detect the leading causes of stroke: carotid artery stenosis, blood pressure, and atrial fibrillation. We also offer screenings for abdominal aortic aneurysm, peripheral arterial disease and finger-stick blood tests for cholesterol and glucose.

Our ultrasound personnel come from a variety of backgrounds, and all have a high level of training in their field. All have radiography degrees and each has formal training in ultrasound sonography including hospital experience. The average experience of our ultrasound technicians is over 7 years, with all having at least 3 years of experience, and some having as many as 20+ years. They adhere to carefully designed protocols overseen by a Clinical Manager who is accredited by and a member of the The Society for Vascular Technology and our Chief Medical Officer.

Selected References:

- Role of Carotid Duplex Imaging in Carotid Screening Programmes—An Overview. Saleem M; Sadat U; Walsh SR, et. al., *Cardiovascular Ultrasound*. 2008; 6:34. Available at <http://www.cardiovascularultrasound.com/content/6/1/34>.
- Endarterectomy for Asymptomatic Carotid Artery Stenosis, Toole JF, Baker WH, Castaldo JE, Chambless LE, Moore WS, Robertston JT, Young B, Howard VJ. *JAMA*. 1995; 273:1421-1428.
- National Screening Committee. National Screening Committee policy—abdominal aortic aneurysm screening. February 2009. <http://www.library.nhs.uk/screening/ViewResource.aspx?resID=60457> (accessed 27 May 2009).
- Multicentre Aneurysm Screening Study Group. The Multicentre Aneurysm Screening Study (MASS) into the effect of abdominal aortic aneurysm screening on mortality in men: a randomised controlled trial. *Lancet* 2002;360:1531-9. [[CrossRef](#)][[ISI](#)][[Medline](#)]
- Abdominal aortic aneurysm in women: Prevalence, risk factors, and implications for screening. DeRubertis B et al. *J of Vas Surg*, 46, 4: 630-635.
- Screening versus routine practice in detection of atrial fibrillation in patients aged 65 or over: cluster randomised controlled trial. Fizmaurice DA, Hobbs FDR, Jowett S, et. al. *BMJ* 2007; 335; 383.
- Atrial fibrillation as an independent risk factor for stroke: the Framingham Study. *Stroke* 1991; 22; 983-8.
- Peripheral Arterial Disease Detection, Awareness, and Treatment in Primary Care, Hirsch AT et al. *JAMA*. 2001; 286:1317-1324.
- NICE Quick Reference Guide on Hypertension: management of hypertension in adults in primary care. NICE clinical guideline 34, Issue date: June 2006.
- Combined effect of health behaviours and risk of first ever stroke in 20,040 men and women over 11 years' follow-up in Norfolk cohort of European Prospective Investigation of Cancer (EPIC Norfolk): prospective population study. Myint PK, Luben RN, Sareham NJ, Bingham SA, Khaw KT. *BMJ*. 2009; 338; b349.

Carotid Artery Disease Screening

The leading cause of stroke is fatty plaque buildup in the carotid arteries, which blocks adequate blood flow to the brain. The carotid arteries are the main blood supply to the brain and travel up the side of the neck. Our screening is not meant to be a comprehensive diagnostic exam, but rather a screening to visualise the presence of plaque and changes in the blood flow in the carotid arteries. Your Carotid Artery Disease Screening results are reported as one of three (3) categories which describe the amount of plaque buildup identified: Within Normal Range, Mild to Moderate Range, and Abnormal Range.

Your Carotid Artery Disease Screening results are Within Normal Range.

This means that your blood flow velocities are below 125 centimetres per second and you may or may not have mild or moderate plaque build up in one or both of your carotid arteries. The specific velocity measurements of the blood flow (PSV=peak systolic velocity and EDV=end diastolic velocity of the Right and Left Internal Carotid Arteries) are noted in the summary results table.

Atrial Fibrillation Screening

Atrial Fibrillation (AF) is the most common type of irregular heart rhythm or arrhythmia. When it occurs, the two upper chambers of the heart beat rapidly and irregularly so that blood is not pumped completely out of the heart. Over time, this blood may pool and form a clot. If the clot travels to the brain it can cause a stroke. An atrial fibrillation screening should not be confused with a full electrocardiograph. It is intended simply to detect the presence or absence of atrial fibrillation at the time of the screening. The screening does not capture the broader range of heart conditions that a full electrocardiograph may uncover. No health screening is a substitute for the kind of thorough attention that your GP can provide. It is important to share your screening test results with your GP.

Your Atrial Fibrillation Screening results are **Normal - No Atrial Fibrillation detected.** Our physician has reviewed the ECG tracing and Atrial Fibrillation was not identified.

Abdominal Aortic Aneurysm Screening

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 fatty plaque buildup, can weaken the walls of the aorta, causing an enlargement or aneurysm. An aneurysm can form in any section of the aorta, but they are most common in the belly area (abdominal aorta).

Our screening uses an ultrasound examination of the abdominal aorta to screen for the presence of either type of aneurysm that is 3 cm or greater.

No abdominal aortic aneurysm has been detected. Our physician has reviewed the ultrasound images and measurements of the aorta and bifurcation of the iliac arteries. All measurements are within normal limits.

Peripheral Arterial Disease Screening

Peripheral arterial disease or PAD is a condition in which fatty plaque builds up in the arteries leading to the arms and legs. One way to screen for PAD is by measuring the Ankle-brachial index (ABI). A small ultrasound device is used to measure your systolic pressures in both of the arms and legs. A ratio less than 0.90 indicates plaque buildup and possible peripheral arterial disease. A ratio of 0.90 or greater is considered normal.

Your Peripheral Arterial Disease Screening results are Normal – ABI index of 0.90 or greater. This means the pressures in your ankles are almost as high or higher than the pressures in your arms, which is a normal result.

Your Systolic arm pressure is
Left arm = 144 Right arm = 144
Systolic arm pressures of ≥ 140 mm/Hg may be suggestive of hypertension. **SEE YOUR GP**

Osteoporosis Screening

Osteoporosis is a condition in which the bones are severely weakened and brittle. As a result, fractures occur easily. Life Line Screening performs an osteoporosis risk assessment using quantitative ultrasound to measure the density of the heel bone. The heel is measured because its bone is similar to that found in the spine or hip, where osteoporotic fractures occur most.

This screening is a risk assessment for bone loss and is not meant to diagnose osteoporosis. **Further evaluation and diagnostic testing may be considered. Talk to your GP about your risk factors for bone loss.**

Your T-score is -0.8, which is **Low Risk for Osteoporosis**.

Total Cholesterol

Your TC level is 3.55 mmol/L. It is Normal and meets the National Institute for Clinical Excellence (NICE) recommendation of total cholesterol below 5.0 mmol/L. Cholesterol comes from the foods we eat (anything from animals) and from our body (liver). Excessive cholesterol is a risk factor for heart disease, stroke and type 2 diabetes.

HDL (High-Density Lipoprotein)

Your HDL level is 1.68 mmol/L. It is Normal and meets the NICE recommended level of 1.0 mmol/L in men and 1.2 mmol/L in women or more. HDL carries excess cholesterol away from your arteries. The higher your HDL, the better.

LDL (Low-Density Lipoprotein)

Your LDL level is 1.51 mmol/L. It is Normal and meets the NICE recommendations of LDL cholesterol below 3.0 mmol/L. LDL is the main source of cholesterol that contributes to the buildup of fatty plaque in your arteries.

Triglyceride Panel

Your Triglyceride level is 0.80 mmol/L. It is Normal and meets the NICE recommendation of triglycerides below 1.7 mmol/L. Triglycerides are another contributing cause of plaque buildup, which can cause artery blockage and heart disease. Triglycerides circulate in your blood, but when you have excess levels, they are stored in the body's fat cells.

Glucose

Your Glucose level is 6.41 mmol/L. This is abnormal and meets the Diabetes UK criteria for 'probability of diabetes'. We recommend you see your GP to fully evaluate your risk for diabetes.

ROUTINE PREVENTION

At Life Line Screening, we believe routine preventive screenings are part of maintaining good health for the future. Life Line Screening conveniently visits your community several times a year, making it easy for you to be screened again and maintain routine prevention.

Screening Offered		Your Results	Recommended Screening Interval
Carotid Artery Disease Screening	Left Side:	Normal	11/03/2012
	Right Side:	Normal	
Atrial Fibrillation Screening		No Atrial Fibrillation	11/03/2012
Abdominal Aortic Screening		No Aneurysm	11/03/2013
Peripheral Arterial Disease		Normal	11/03/2012
		Normal	
Osteoporosis		Low Risk	11/03/2012
Complete Lipid Panel	Total Cholesterol	Normal	Consider Annually
	HDL	Normal	Consider Annually
	LDL	Normal	Consider Annually
	Triglycerides	Normal	Consider Annually
Glucose		Abnormal	Consider Annually

Call **0800 849 1612** and mention code MRLU-001 to reserve your next appointment.

TAKE ACTION

TALK TO YOUR GP

Screening results are solely for informational purposes and are not medical advice. Please remember that the results of these screenings must be interpreted in the context of your clinical history. We recommend sharing your results with your GP, so they can fully evaluate your screening results and recommend a treatment plan for you, if necessary.

IMPORTANT: It is possible to have a normal screen with Life Line Screening and still suffer a stroke or a heart attack. Life Line Screening screens for the leading causes of stroke, however, we do not screen for every possible cause of stroke and no screening can screen for every possible variation of vascular disease. Please note, we do not screen your heart for heart attack risk. Specifically, we do not screen the coronary arteries, the arteries surrounding the heart. If you are experiencing symptoms of a heart attack or stroke, **SEEK MEDICAL ATTENTION IMMEDIATELY**. Do not delay, regardless of your Life Line Screening results.

END OF REPORT