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Report Date: April 11, 2011

Lance Young
490 White Pond Dr
Akron, OH 44320-1122

Dear Mr. Young,

Thank you for your recent participation at the health screening held at TEST SITE DO NOT SCHEDULE Stephanie Wilson. Congratulations on taking an important proactive step in maintaining your future good health!

Your Results

Your screening results are enclosed. They have been reviewed by a board-certified physician. 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 doctor even if your results are normal. The rest of the report contains more detailed information about each screening test. We suggest you keep your results with your other personal health records.

Next Steps

At Life Line Screening, we believe in prevention. We are here to help you lead a fuller and healthier life. With that in mind, here are 3 important steps you can take to maintain your good health:

- **Share With Your Doctor:** 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. Your personal doctor can help with that interpretation. Screening tests can alert you to diseases long before symptoms occur. This is important for early diagnosis and treatment by your doctor.
- **Stay Up-To-Date:** Enroll in our FREE Power of Prevention E-Newsletter by signing up online at www.LifeLineScreening.com/welcome. Every month, you'll receive important health news, valuable information on new health products and services, and discounts for you or your family & friends.
- **Schedule Regular Follow-Ups:** Screenings should be part of your ongoing health regimen. We will keep track of your past screening history, and notify you when it's time to be re-screened. For most people, screenings every 12 – 24 months are medically appropriate. Mark your calendar, and plan to make health screening a regular event!

Again, congratulations on taking this important step in managing your preventive health routine. At Life Line Screening, we are here to help you every step of the way.

Sincerely,

Andrew J. Manganaro,
M.D., F.A.C.S., F.A.C.C.
Chief Medical Officer

Life Line Screening • Park Center Plaza II Suite 200 • 6150 Oak Tree Blvd. • Independence, OH 44131
www.LifeLineScreening.com • 1-800-897-9177

Screening Results

Participant Copy

Screening Date: **February 13, 2011**
 Location: **TEST SITE DO NOT SCHEDULE**
Stephanie Wilson
 Fasting: **Y**
 D.O.B.: **/ /**

Lance Young

Doctor Consultation Recommended: **YES** **NO**

Screening	Your Results Compared to Generally Accepted Risk Categories	Measurement	Clinical Measures	Recommended Next Screening
Carotid Artery Disease	Normal Mild Moderate Significant	Left: Mild	Plaque Buildup and Blood Flow	February 2012
	Normal Mild Moderate Significant	Right: Normal		
Atrial Fibrillation	Normal Abnormal	Not Taken	4-limb EKG	NOW
Abdominal Aortic Aneurysm	Normal Abnormal	No Aneurysm	Abdominal Aorta Size	February 2014
Peripheral Arterial Disease	Normal Abnormal Unable to Compress Incidental Finding	Left Side: 0.97	Ankle Brachial Index	February 2012
	Normal Abnormal Unable to Compress	Right Side: 1.06		
Osteoporosis	Low Risk Moderate Risk High Risk	-2.3	Bone Mineral Density (BMD)	February 2013
Body Mass Index	Underweight <18.5 Normal 18.5-24.9 Moderate Risk 25-29.9 High Risk >30	32.4	lbs/in ²	Annually



Key Normal Mild Moderate Borderline Findings of Possible Significance

Screening	Your Results Compared to Generally Accepted Risk Categories	Measurement	Clinical Measures	Recommended Next Screening
Liver Enzymes	Normal Elevated Possible Liver Damage Possible Severe Liver Damage	71.0	AST U/L	Follow your physician's recommendation
	Normal Elevated Possible Liver Damage Possible Severe Liver Damage	17.0	ALT U/L	
	Normal <2.0 Possible Liver Damage >2.0	4.0	AST/ALT	
Prostate Specific Antigen	Normal <4.0 Elevated ≥4.0	1.8	PSA ng/dL	Per your physician
Kidney Disease	Low Normal Abnormal High Abnormal High Critical	2.02	creatinine mg/dL	Annually
	Normal Possible Chronic Kidney Disease Possible Critical Kidney Failure	36	eGFR mL/min/1.73 m ²	

*Testing performed at: Home Healthcare Laboratory of America (A LabCorp Company)
320 Premier Court, Suite 220 • Franklin, Tennessee 37067



Your Results

Condition Details

What Does it Mean to Me?

Carotid Artery Disease

One of the leading causes of stroke is fatty plaque buildup in the carotid arteries, which may block adequate blood flow to the brain. The carotid arteries are the main blood supply to the brain and are located on each side of the neck. Our screening is not meant to be a comprehensive diagnostic exam, but rather a screening to visualize the presence of plaque which may affect the blood flow to the brain. Your Carotid Artery Disease Screening results are reported as one of four (4) categories which describe the amount of plaque buildup identified: Within Normal Range, Mild to Moderate, Moderate, and Findings of Possible Significance.

Mild: Fairly low to moderate amount of plaque buildup not affecting blood flow velocities. Your Carotid Artery Disease Screening results are Mild. This means that we have identified a fairly low to moderate amount of plaque buildup in one or both of your carotid arteries, which is insignificant. The blood flow in your carotid arteries is within normal range. Since the plaque buildup is not affecting the rate of blood flow, the velocity measurements for the internal carotid arteries will not be stated specifically in this report. However, your velocities fell below 110 centimeters per second, which is within normal range.

Abdominal Aortic Aneurysm

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.

Normal: 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

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.

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 = 148 Right arm = 150

Systolic arm pressure of ≥ 140 mm/Hg may be suggestive of hypertension. **SEE YOUR PHYSICIAN**

Osteoporosis Risk Assessment

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 diagnostics may be considered. Talk to your physician about your risk factors for bone loss.

Your T-score is -2.3, which is **Moderate Risk for Bone Diminishment**.

We recommend further evaluation with your primary care physician. **Please take this report to your physician.** Your physician may or may not determine that further testing is necessary at this time.



Body Mass Index

Your Body Mass Index or BMI measures your relative weight for height and correlates with total body fat content. BMI screening is used to assess excess weight. If your weight and height were measured at the screening event, these values were used to calculate your BMI. Otherwise, your self-reported weight and height were used. Based on the calculated BMI, the National Heart, Lung, and Blood Institute categorizes a person's BMI as Underweight, Normal, Overweight or Obese. The term "Overweight" means having extra body weight from muscle, bone, fat, and/or water. The term "Obese" means having a high amount of extra body fat. Being overweight or obese puts you at higher risk of developing serious health problems, including heart disease, high blood pressure, type 2 diabetes, gallstones, breathing problems, and certain cancers. It is important to achieve a healthy weight to reduce your risk of these conditions. Treatment for overweight and obesity includes lifestyle changes, such as reducing calories, following a healthy eating plan and being physically active.

BMI is calculated as:

Weight in Pounds *703/Height in Inches²

Obese: Your Body Mass Index 32.4 lbs/in² (30 and higher). This is considered Obese according to the National Heart, Lung, and Blood Institute guidelines and is a High Health Risk. Medical experts recommended that you lose weight, in order to decrease your risks of weight-related conditions such as heart disease, stroke and diabetes. Lose weight slowly, about 1/2 to 2 pounds a week and consult your physician or a nutritionist if you need help. Even a small amount of weight loss (just 5–10% of your current weight) will help reduce your risks.



Condition Details

What Does it Mean to Me?

Liver Enzymes

Your **Aspartate Aminotransferase (AST) level is 71.0 U/L** (36-105 females and 41-120 males). This level is elevated and considered **abnormal**, but does not suggest any liver damage. Elevated AST levels can be due to daily variations, higher body mass, muscle injury, medications and herbal supplements. Other health conditions such as diabetes and thyroid disease can also cause AST elevations. We recommend you see your primary care physician to fully evaluate your liver function.

Your **Alanine Aminotransferase (ALT) level is 17.0 U/L** (7-35 females and 10-40 males). This level is in the desired normal range and does not indicate any liver damage.

Your **AST/ALT ratio is 4.0** (>2.0 regardless of gender). This level is elevated and considered **abnormal**. This result indicates possible liver damage. **We recommend you see your primary care physician to fully evaluate your liver function.**

Prostate Specific Antigen

Your PSA level is **1.8** (<4.0 ng/mL), which is considered **Normal**. PSA values below 4.0 ng/mL are consistent with a low probability of prostate cancer according to the American Cancer Society; however, a normal PSA level does not rule out the possibility of prostate cancer. It is important to monitor trends in your PSA results, whether it is increasing, how quickly and over what period of time. See your primary care physician for a full evaluation of your prostate cancer risk.

Chronic Kidney Screening

Early kidney disease doesn't have symptoms, so testing is the only way to know how your kidneys are working. Creatinine is a protein produced by muscle, released into the blood and then eliminated by the kidneys. Creatinine measurement has been used for more than 50 years as a basic indicator of kidney health. With normal kidney function, the blood creatinine level is usually constant from day to day. When kidney function decreases, the creatine level increases. In adult men, normal creatinine levels are 0.70 to 1.20 mg/dL. In adult women, normal levels are 0.6 to 1.0 mg/dL. Women generally have lower creatinine levels because of less muscle mass.

In the early stages of kidney failure, the changes in creatinine can be very small. Therefore, physicians use a measurement called the eGFR (Estimated Glomerular Filtration Rate) to better evaluate how well the kidneys are working. Specifically, eGFR estimates how much blood passes through the tiny filters in the kidneys (called glomeruli) each minute. Normal GFR varies according to age, gender, and body size, and declines with age. Your eGFR was calculated using the National Kidney Foundation's recommended MDRD equation. The eGFR takes into account the creatinine level plus age, gender and race and is used to screen for and detect early kidney damage. A normal eGFR is greater than 60 mL/min/1.73m².

Your whole blood creatinine level is 2.02 mg/dL (Men: 1.21-8.00; Women: 1.01-8.00). This is considered Abnormal and is higher than normal. When creatinine levels are elevated, it indicates possible kidney damage. We recommend followup with your personal physician for a full evaluation of your kidney function.

Your eGFR was 36 (15-59 mL/min/1.73 m²) and is considered Abnormal according to the National Kidney Disease Education Program. An eGFR at this level indicates possible kidney damage. We recommend you see your personal physician to fully evaluate your risk for Chronic Kidney Disease. Although you cannot improve your GFR level, you can try to keep it from going lower. Continue to get screened, keep blood pressure normal, maintain a healthy weight, eat a healthy, low salt diet, exercise, limit alcohol and caffeine intake and take all medicines as prescribed. If you have diabetes, meet glucose or A1c targets.



Take Action

TALK TO YOUR DOCTOR

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 personal physician, 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.

KEEP INFORMED

Don't forget to sign-up for our free monthly electronic newsletter to receive ongoing health benefits at www.LifeLineScreening.com/welcome.

COPIES OF ULTRASOUND IMAGES AND EKGS

We keep a copy of ultrasound images and EKGs on file for 4 years. For a minimal service fee, you may obtain additional copies of your carotid artery, aorta ultrasound images and EKG printout. Please call 1-800-897-9177 and select option 3 to order through our Customer Service department.

YOUR RISK FACTORS

Based on your screening results and answers to the health questions, below are your risk factors which elevate your risk for cardiovascular disease and other chronic conditions. Certain risk factors can be controlled (modifiable), while others cannot (non-modifiable).

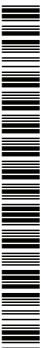
**Source: This section retrieves information from test results and from your self-reported medical history.*

<i>Modifiable Risk Factors*</i>	<i>Non-Modifiable Risk Factors*</i>
<ul style="list-style-type: none"> • High Blood Pressure • Lack of Exercise • Dietary Habits • Obesity • Taking Aspirin Daily 	<ul style="list-style-type: none"> • Coronary Heart Disease • Cardiovascular Disease • Family History of Diabetes • Family History of Coronary Heart Disease

Screenings in California are provided by Life Line Mobile Screening in a physician owned practice.

Screenings in Kansas are performed by Life Line Screening of America, Ltd. on behalf of Life Line Screening Physicians, P.A.

Screenings in New Hampshire, New Jersey and New York are performed by Life Line Medical Screening, LLC (Dr. Andrew Manganaro, 70 Niagara Street, Buffalo NY, 14202). Life Line Screening does not engage in the practice of medicine in those states. This information is not intended to induce referrals by Life Line Screening to Life Line Medical Screening, LLC for any professional medical service.





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Introduction to Life Line Screening for Physicians and Medical Staff

Who We Are

Life Line Screening is the leading provider of community-based preventive wellness services in the U.S. Established in 1993, we are dedicated to helping people live fuller, healthier lives by identifying risk factors for stroke, cardiovascular disease and osteoporosis. The mission of Life Line Screening is to make people aware of an undetected health problem and encourage these individuals to seek follow up care with their physicians. We are committed to providing the highest quality preventive screenings at an affordable rate. Life Line Screening's corporate headquarters is in Independence, Ohio.

What We Screen For

We offer screenings to detect carotid artery stenosis, atrial fibrillation, abdominal aortic aneurysms, peripheral arterial disease and diminished bone density. Our participants are generally age 50 and over and are asymptomatic although they tend to have significant risk factors such as hypertension, hypercholesterolemia, smoking, diabetes mellitus, or a family history of stroke. In most states, we also do finger-stick blood screenings for lipid panel, glucose, C-reactive protein, and liver enzymes.

How We Screen

Our sonographers are highly skilled and are either registered or eligible to be registered with the American Registry of Diagnostic Medical Sonographers (ARDMS) or Cardiovascular Credentialing International (CCI). All screenings are performed in accordance with the latest medical literature recommendations for categorization of normal and abnormal results. Sonographers adhere to strict protocols to ensure consistency and accuracy. We use the same state-of-the art Doppler color flow ultrasound technology found in hospitals. Individuals with abnormal test results are urged to contact their personal physicians who can then order further testing and any treatment considerations. Life Line Screening is a non-referral company. We do not refer individuals for further examinations or consultation to any particular doctor nor do we permit our physician reviewers to self-refer. No Medicaid, Medicare or insurance billing is involved.

Validity and Medical Oversight

Life Line Screening's vascular screenings have been independently reviewed by researchers at two academic institutions. Excellent concordance was found between Life Line Screening's findings and an ICAVL accredited laboratory. Medical supervision is provided by our National Chief Medical Officer, Andrew Manganaro, MD, FACS, FACC. Reviewing physicians are board-certified, licensed physicians. We are also CLIA certified as a moderately-complex lab.

Contact Us

If you have any questions about Life Line Screening services, please contact our dedicated physician line at **877-557-7497** or email us at physicians@llsa.com.

Selected References

- Role of carotid duplex imaging in carotid screening programs-an overview. Saleem MA et al. University Hospital, Cambridge UK. *Cardiovascular Ultrasound*, May 2008, 6:34.
- KC Kent, et al. The Cost-effectiveness of a Quick-Screen Program for Abdominal Aortic Aneurysms. Department of Surgery, Weil Medical College of Cornell University, New York Presbyterian Hospital. *Surgery*. 2002; 132:399-407.
- Bluth EI, Sunshine JH, Lyons JB, et al. Power Doppler Imaging: Initial Evaluation as a Screening Examination for Carotid Artery Stenosis. *Radiology*. 2000; 215:791-800.
- Chestnut C. Osteoporosis, An Underdiagnosed Disease. *JAMA* 2001; 286:2865-2866.
- Hirsh AT, et al. Peripheral arterial disease detection, awareness, and treatment in primary care. *JAMA* 2001; 286:1317-1324.

Life Line Screening Results: Physician Copy

Screening Date: **February 13, 2011**
 Location: **TEST SITE DO NOT SCHEDULE**
Stephanie Wilson
 Fasting: **Y**
 D.O.B.: **/ /**

Lance Young

Screening Test	Measurement	Result	Risk Category	Incidental findings
Carotid Artery Disease	Blood flow cm/s	N/A N/A	L: Mild R: Normal	
Abdominal Aortic Aneurysm	cm	No	Normal	
Peripheral Arterial Disease	Ankle Brachial Index	L: 0.97 R: 1.06	L: Normal R: Normal	Yes
Osteoporosis	Bone Mineral Density	-2.3	Moderate Risk	
Liver Enzymes	U/L	AST: 71 ALT: 17 AST/ALT: 4.0	AST: Elevated ALT: Normal AST/ALT: Abnormal	
BMI	Body Mass Index	32.4	High Risk	
Prostate Specific Antigen	ng/dL	1.8	Normal	
Kidney	Creatinine mg/dL	2.02	Abnormal High	
	eGFR mL/min/1.73 m ²	36	Possible Chronic Kidney Disease	

