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TO OUR CLIENTS

The medical world is evolving at a pace unimaginable just a few years ago. Such dramatic change creates opportunity for those resourceful enough to explore new technology. Advanced Mobile Diagnostics, Inc. is such a company.

At Advanced Mobile Diagnostics, Inc., we're building on our foundation of performing clinical services for hundreds of healthcare providers and their facilities. AMD is designed to provide healthcare solutions in the central Illinois region. We employ experienced, credentialed, highly trained professionals who possess uncommon courtesy and will provide you with accurate results.

In these economically uncertain times, it is essential that we focus on performing the highest quality diagnostic services to the public while maintaining our integrity. Equally essential are the unique talents of our team and their ability to work together seamlessly.

Everyone agrees medicine is about patients. Yet, we have to convince healthcare providers that we are good at what we do. This requires information processing, outcome analysis, certification and accreditation. All are essential parts of the services we provide our clients. Essentially, we are a rare blend of people, technology and information.

AMD is dedicated to executing four core strategies to continue our commitment to excellence in noninvasive diagnostic testing:

- Consistently provide high quality diagnostic ultrasound testing to hospitals, physician offices and healthcare facilities
- Provide the highest standard of quality through documented accuracy studies
- Grow and develop professionals in the noninvasive ultrasound field through every source of education available
- Maintain interaction between technologists, nurses, ordering physicians and interpreting physicians

Since its inception in 1983, Advanced Mobile Diagnostics, Inc. has been defined by its dedication and professionalism. Today, the quality of work from AMD has never been better. AMD is the largest provider of portable and mobile diagnostic ultrasound testing to hospitals, nursing facilities and physician office locations in central Illinois. Conferences are held to review cases, improve protocols and compare vascular ultrasound exams with radiologic exams. Our technologists receive ongoing education through regularly scheduled meetings, seminars and other available sources such as an in-house library, hospital libraries and the Internet. Education of technologists is also supplemented by courses and symposia

attended by physicians, scientists and technologists from around the world. Non-invasive Ultrasound and Doppler studies have proven to be a reliable and cost-effective tool for physicians in monitoring the stability, progression or improvement of vascular disease, often eliminating the need for more complicated, expensive invasive procedures.

Advanced Mobile Diagnostics, Inc. is proud to hold the distinction of accreditation by the *Intersocietal Commission for the Accreditation of Vascular Laboratories* in Carotid, Arterial and Venous Examinations. The goal and overall purpose of the accreditation program is the reassurance that accreditation provides by mandating that all ultrasound examinations performed by accredited practices meet the national standards for personnel, physical facilities, documentation, storage and record keeping practices, policies and procedures, and quality assurance.

It is clear that 2002 was another great year for AMD and we firmly believe that our team of talented people, who bring their passion and commitment to work with them everyday, deserve the credit for the impressive accomplishments of the past twenty years. Every member of our team operates from the same foundation of ethics and shared values, with an emphasis on treating those with whom we interact with dignity and respect.

Our future holds many opportunities for serving the public and we are committed to pursuing them vigorously. With your continued support, we will strive to achieve even higher levels of excellence within the healthcare community.

Sincerely,



James R. DeBord, M.D.
Medical Director



CORRELATION STATISTICS (1989 – PRESENT)

Advanced Mobile Diagnostics, Inc. has been documenting quality assurance data for cerebrovascular and extremity arterial non-invasive evaluations since 1989.

The following tables demonstrate the results of vascular laboratory examinations, which correlate with radiographic results or surgical or pathological findings for Extracranial and Extremity Arterial Examinations. Radiographic data include conventional arteriograms, Magnetic Resonance Imaging or Computer Tomography angiography. Typically, radiographic procedures are performed on patients with greater than 70% carotid artery stenosis or suspected ulceration/intraplaque hemorrhage and patients with hemodynamically significant extremity arterial disease in the lower and upper extremities (as defined by the ordering physician).

Every effort was made to gather Gold Standard radiographic data for comparison. The following tables represent the cases in which correlation data was available.

The extremity venous exams demonstrate the results of comparing follow-up exams in patients who have previously been diagnosed with deep vein thrombosis by noninvasive means.

Visceral Vascular data (ultrasound exams of the aorta-iliac system, Superior Mesenteric Artery exams and Renal Duplex exams) was not included due to the relatively small number of Gold Standard radiographic exams used for comparison in relation to the number of Visceral Vascular exams that were performed.

DEFINITIONS

Accuracy is defined as the percentage of all the studies in the group that were correctly predicted by the test compared with the Gold Standard – for instance, the arteriogram.

Sensitivity is the ability of the test to actually detect a disease process – in other words, how well it can show an abnormality.

Specificity is the ability of the test to declare a vessel to be normal or without disease – in other words, how well it can detect normal vessels.

PPV or Positive Predictive Value is the percentage of studies in the group that are abnormal by both the noninvasive test and the Gold Standard.

**CAROTID EXAMINATIONS
QUALITY CONTROL STATISTICS**

January 1, 2002 – December 31, 2002

	GOLD STANDARD		
NONINVASIVE TEST RESULTS	POSITIVE	NEGATIVE	TOTALS
Non-Invasive Test Positive	74	2	76
Non-Invasive Test Negative	2	46	48
Totals	76	48	124
Sensitivity	97.4 %		
Specificity	95.8 %		
Positive Predictive Value	97.4 %		
Negative Predictive Value	95.8 %		
TOTAL ACCURACY	96.7 %		

YEAR-TO-DATE QUALITY CONTROL STATISTICS

Year	Accuracy	Sensitivity	Specificity	PPV
1989-2001	93 %	98 %	90 %	96 %
2002	97 %	97 %	96 %	96 %
Year-to-date	93 %	98 %	90 %	96 %

**ARTERIAL EXAMINATIONS
QUALITY CONTROL STATISTICS**

JANUARY 1, 2002 – DECEMBER 31, 2002

	GOLD STANDARD		
NONINVASIVE TEST RESULTS	POSITIVE	NEGATIVE	TOTALS
Non-Invasive Test Positive	100	0	100
Non-Invasive Test Negative	2	6	8
Totals	102	6	108
Sensitivity	98.0 %		
Specificity	100 %		
Positive Predictive Value	100 %		
Negative Predictive Value	75.0 %		
TOTAL ACCURACY	92.6 %		

ARTERIAL EXAMINATIONS

YEAR-TO-DATE QUALITY CONTROL STATISTICS

Year	Accuracy	Sensitivity	Specificity	PPV
1989-2001	93 %	98 %	90 %	96 %
2002	93 %	98 %	100 %	100 %
Year-to-date	93 %	98 %	91 %	96 %

**VENOUS EXAMINATIONS
QUALITY CONTROL STATISTICS**

January 1, 2002 – December 31, 2002

	GOLD STANDARD		
NONINVASIVE TEST RESULTS	POSITIVE	NEGATIVE	TOTALS
Non-Invasive Test Positive	148	4	152
Non-Invasive Test Negative	3	46	49
Totals	151	50	201
Sensitivity	98.0 %		
Specificity	92.0 %		
Positive Predictive Value	97.3 %		
Negative Predictive Value	93.8 %		
TOTAL ACCURACY	96.5 %		

**VENOUS EXAMINATIONS
YEAR-TO-DATE QUALITY CONTROL STATISTICS**

Year	Accuracy	Sensitivity	Specificity	PPV
1989-2001	93 %	98 %	90 %	96 %
2002	97 %	98 %	92 %	97 %
Year-to-date	93 %	98 %	90 %	96 %

We have included Primary Indication Tables to provide information that will allow ordering physicians, nurses and physicians' assistants to compare patient symptoms and indications of exams to final results. The indication data tables include percentages of patients who present with a particular symptom or indication.

Also included are tables that include the percentages of those exams that were:

- (1) positive for hemodynamically significant disease (>70% stenosis) in Carotid examinations
- (2) positive regarding the presence of atherosclerotic disease in Lower and Upper Extremity Arterial examinations, or
- (3) positive regarding the presence of acute deep vein thrombosis in Lower and Upper Extremity Venous examinations.

Another table we have included is Hours Until Final Report Signed by M.D. to provide information regarding the number of hours that it takes our preliminary reports to be read and the final reports signed by our medical directors.

**CAROTID PRIMARY INDICATIONS ANALYSIS TABLE:
January 1, 2002 – December 31, 2002**

DESCRIPTION	% STUDIES	% POSITIVE	% NEGATIVE
Carotid Bruit	18.1	16	84
Hemiparesis	11.7	9	91
Follow-up Study	14.4	22	78
Syncope	12.5	5	95
Ataxia	6.7	< 2	> 98
Mental Changes	6.5	6	94
Vision Defect	6.3	4	96
Dizziness	6.3	< 2	> 98
Speech Defect	4.1	7	93
Amaurosis Fugax	3.2	< 2	> 98
Acute CVA/TIA	3.1	7	93
Previous CEA	2.6	5	95
Hemiplegia	< 2.0	15	85
Drop Attack	< 2.0	< 2	> 98
Pre-Operative	< 2.0	< 2	> 98
Other	< 2.0	< 2	> 98

**LOWER EXTREMITY ARTERIAL
PRIMARY INDICATIONS ANALYSIS TABLE:
January 1, 2002 – December 31, 2002**

DESCRIPTION	% STUDIES	% POSITIVE	% NEGATIVE
Claudication with PVD	51.2	56	44
Ulceration with PVD	9.9	66	34
Rest Pain with PVD	4.7	37	63
Gangrene with PVD	< 2.0	78	22
GSV Graft	< 2.0	< 2	> 98
Goretex Graft	< 2.0	50	50
Femoral or Popliteal Aneurysm	< 2.0	< 2	> 98
Embolism	< 2.0	< 2	> 98
Intermittent Leg Pain	19.2	11	89
Arterial Thrombus	< 2.0	> 98	< 2
Acquired A-V Fistula	< 2.0	< 2	> 98
Rupture of Artery	< 2.0	> 98	< 2
Calf Ulcer without PVD	< 2.0	< 2	> 98
Ankle Ulcer without PVD	2.2	< 2	> 98
Toe Ulcer without PVD	< 2.0	< 2	> 98
Trauma or Injury	< 2.0	50	50

**LOWER EXTREMITY VENOUS
PRIMARY INDICATIONS ANALYSIS TABLE:
January 1, 2002 – December 31, 2002**

DESCRIPTION	% STUDIES	% POSITIVE	% NEGATIVE
Edema	44.0	16	84
Leg Pain	20.7	13	87
Dyspnea	14.4	7	93
Pre-Operative	6.0	< 2	> 98
Follow-up DVT	4.5	10	90
Cellulitis	3.6	< 2	> 98
Chest Pain	< 2.0	7	93
Knot or Cord	< 2.0	12	88
Pulmonary Emboli	< 2.0	< 2	> 98
Trauma/Injury	< 2.0	< 2	> 98
Ulceration	< 2.0	< 2	> 98
Other	< 2.0	7	93

**UPPER EXTREMITY ARTERIAL
PRIMARY INDICATIONS ANALYSIS TABLE:
January 1, 2002 – December 31, 2002**

DESCRIPTION	% STUDIES	% POSITIVE	% NEGATIVE
Numbness	44.1	< 2	> 98
Claudication	20.6	< 2	> 98
Known Vascular Disease	8.8	< 2	> 98
A-V Shunt	8.8	< 2	> 98
Acute Embolism	6.0	53	47
Ulceration	5.9	< 2	> 98
Rest Pain	2.9	> 98	< 2
Thoracic Outlet Syndrome	2.9	< 2	> 98

**UPPER EXTREMITY VENOUS
PRIMARY INDICATIONS ANALYSIS TABLE:
January 1, 2002 – December 31, 2002**

DESCRIPTION	% STUDIES	% POSITIVE	% NEGATIVE
Edema	59.2	4	96
Arm Pain	15.8	17	83
Vein Mapping	10.5	< 2	> 98
“Superficial Vein Thrombosis”	5.3	< 2	> 98
Follow-up Deep Vein Thrombosis	7.9	< 2	> 98
Erythema	< 2.0	< 2	> 98

**VISCERAL VASCULAR (Renal & Aorta-Iliac)
PRIMARY INDICATIONS ANALYSIS TABLE:
January 1, 2002 – December 31, 2002**

DESCRIPTION	% STUDIES	% POSITIVE	% NEGATIVE
Hypertension	77.6	21	79
Claudication	6.7	58	42
Renal Artery Stenosis	5.1	33	67
Iliac Artery Stenosis	4.5	38	62
Aortic Stenosis	< 2.0	67	33
Aorta Aneurysm	< 2.0	50	50
Abdominal Bruit	< 2.0	< 2	> 98
Iliac Artery Aneurysm	< 2.0	< 2	> 98
Unknown	< 2.0	< 2	> 98

**COMPLETE TRANSCRANIAL DOPPLER
(INTRACRANIAL)
PRIMARY INDICATIONS ANALYSIS TABLE:
January 1, 2002 – December 31, 2002**

DESCRIPTION	% STUDIES	% POSITIVE	% NEGATIVE
Vertebral-Basilar Insufficiency	34.6	33	67
CVA/TIA	61.5	31	69
Subarachnoid Bleed	3.8	< 2	> 98
Arterial-Venous Malformation	< 2.0	> 98	< 2

**“HOURS UNTIL FINAL REPORT SIGNED BY
INTERPRETING PHYSICIAN” TABLE
January 1, 2002 – December 31, 2002**

Less than 4 hours	< 2.0 %
4 – 12 hours	15.3 %
12 – 24 hours	45.9 %
24 – 48 hours	36.4 %
More than 48 hours	< 2.0 %

The AMD Commitment

This Annual Report demonstrates a commitment by the employees of Advanced Mobile Diagnostics, Inc. to provide quality non-invasive diagnostic vascular testing services to the medical community and patients served by our company. This data not only provides information showing the consistent proven quality of our vascular diagnostic services, but also exhibits Advanced Mobile Diagnostics, Inc. dedication to maintaining and improving the quality of those services.

The Advanced Mobile Diagnostics, Inc. Staff

James R. DeBord, MD
President and Medical Director

Michelle Hughes, RDCS
Executive Director

Larry Dishman, RVT, RN
Technical Director-Vascular

Scott Cruse, RVT
Technical Director-Vascular

Julia Thomas, RVT, RN
Technical Director-Vascular

Claudia Woods, RVT, RN
Quality Assurance Coordinator

Karl Augspurger, RVT
Technical Staff-Vascular

Kyle Poston, VT
Technical Staff-Vascular

Carol Montgomery, RVT, RN
Technical Staff-Vascular

Peggy Howes, RVT
Technical Staff-Vascular

Griff Garmers, RVT
Technical Staff-Vascular

Valerie Callahan
Office Manager

Lisa Sandall, RDCS
Technical Director-Cardiac

Janet Morris, CS
Technical Staff-Cardiac

Ron Callahan
Support Staff-Cardiac Services

Elroy Jordan
Support Staff-Cardiac Services