



Preventative Care for Peace of Mind

A healthier you is in sight.



Dear *John Doe*,

Thank you for choosing simonONE to help you get a clearer picture of your health now to create better health outcomes for your future.

Visit Type

Whole Body MRI screening: MRI Head, MRI Neck, MRI Chest, MRI Abdomen, MRI Pelvis +

Neuroquant

Liver
Quantification

Female comprehensive
screening

MRA Head +
Neck

Prostate cancer
screening

Body composition profiling

Scan Date

01/01/2023

Scan Location

Scottsdale, AZ 85258

Thank you for letting us be a part of your health journey!

Warm regards,

Your simonONE Team

simonONE Directors:

Dr. John Simon

Dr. Barry Sadegi

simonONE Providers:

Kimberlie Wang, NP

Jessica Israelsen, PA

Fred Miner, PA

Christina Wilson, NP

Angela Davis, NP

Latoya Brownlee, PA

Rose Joseph, PA

**simonONE
administrative team:**

Cynthia Moreno

Brittney Gaines

Tonya Gaines

Summary of Exams Performed

simonONE exams are read by two subspecialized radiologists - A Neuroradiologist will read the head and neck. A Body Imager will read the chest, abdomen and pelvis.

BRAIN

- May diagnose conditions such as brain tumors, strokes, brain aneurysms, stenosis, vascular malformations, hydrocephalus, developmental anomalies, causes of seizures and demyelinating processes such as multiple sclerosis. Also, assesses brain volume for Alzheimer's, dementia and other conditions with NeuroQuant.

NECK

- May diagnose conditions such as tumors of the hypopharynx, thyroid masses and cervical stenosis. Also, visualize carotid and vertebral arterial occlusions and stenoses.

CHEST

- To find pulmonary masses, mediastinal masses, cardiac abnormalities and aortic aneurysms. Covers heart, lungs, aorta, chest wall, mediastinum and hila.

ABDOMEN

To assess for disease processes of the liver, gallbladder, pancreas, spleen, adrenal glands, kidneys, stomach, bowel and aorta.

PELVIS

Can help diagnoses disease processes of the urinary bladder and the reproductive organs.

Women - Uterus and ovaries
Men - Prostate gland

simonONE Plus

Liver Quantification: Non-invasive diagnostic technology for evaluating liver diseases, using MRI to quantify inflammation, fat and iron in the liver.

Prostate screening utilizes Artificial Intelligence and Restrictive Spectrum Imaging for improved detection of clinically significant prostate cancer.

Enhanced screening of female reproductive organs.

MRI Body scan is a screening examination that can assist in detection of a wide range of diseases in patients without a history of recent cancer. It does not replace mammograms, lung CTs, coronary CTs, colonoscopies, and other screening examinations, but is a supplemental non-invasive MRI to screen for many conditions which may not be visible through other imaging techniques. Additional examinations may be required for potential diagnosis, and a normal examination does not necessarily exclude a disease process.





DIAGNOSTIC IMAGING REPORT

Patient: Doe, John Sex :M DOB: 12/25/1900 Age: 122
Diag. Imaging#: 111111

Status

Referring Physician: SELF

REFERRAL CC Physician:

EXAM #35056921 - 03/01/2023 11:00 AM -OT SimonONE Consult

simonONE consultation performed by: Dr. John Smith

Primary care physician: Dr. John Smith

Past medical history: Hyperlipidemia, hypertension, gout, diverticulitis

Past surgical history: Umbilical hernia repair 1960, appendectomy 1920

Social history: 1-2 glasses of a wine per week

Allergies: Penicillin

Medications: Aspirin 81mg, Atorvastatin 80mg, Losartan 50mg

Family history: Father: melanoma; Mother coronary artery disease

Examination(s): MRI whole body screening

Findings and follow-up plan:

1. Mild chronic white matter microvascular ischemic changes and/or underlying sequelae of chronic migraine headaches. Discussed significance and risk factors including: hypertension, hyperlipidemia, diabetes, physical inactivity.
2. Mucosal thickening is mild in right ethmoid air cells and in the right maxillary sinus antrum. He reports some allergy like symptoms, and takes Zyrtec as needed.
3. C5-6 mild spinal cord flattening with mild central stenosis. Denies any neck pain at this time, but does see a chiropractor, will share results and adjust therapy as needed.
4. Mildly elevated fat fraction of the liver and mildly increased fibroglandular inflammatory disease in the liver. Discussed significance, and risk factors to manage including: diet, alcohol use, physical activity. Discussed that this can be reversed with lifestyle modifications, he reports he got labwork done recently that was normal. Should continue to monitor fatty liver disease with his PCP.
5. 5 mm cystic lesion within the body of the pancreas, probably a side branch IPMN. Recommended follow up with PCP or GI to guide on continued monitoring needed for this finding as IPMNs do have a potential risk for developing into malignancy.

The patient confirmed a full understanding of the importance of follow-up and the risk of non-compliance.



SimonMed AZ Mountain View
9201 E. Mountain View Road Suite 100
Scottsdale, AZ 85258
Phone: 480-614-8555

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EXAM #35056921 - 03/01/2023 11:00 AM -OT SimonONE Consult

Limitations: The SimonONE test does not detect all cancers and should be used in addition to routine cancer screening tests recommended by a healthcare provider. SimonONE testing is intended to detect early cancers in the body. It does not detect cancers including small cancers, blood cancers, and cancers hidden inside the gastrointestinal system. It is not meant to diagnose non-cancerous infectious or inflammatory processes. The test is non-invasive and the lack of the IV injection of contrast material reduces the ability to detect cancers. Results should be interpreted by a healthcare provider in the context of medical history, cancer risk factors, clinical signs and symptoms, and limitations of non-invasive testing. A negative test result does not rule out cancer. A test result of "cancer detected" or "abnormality detected" could require confirmatory diagnostic evaluation by medically established procedures to confirm. False-positive (a cancer or other abnormality is not present) and false-negative (a cancer or other abnormality is not detected when actually is present) test results do occur.

dd:03/3/2000 12:00AM

Reported by: Smith, John MD

Electronically signed by: Smith, John

Thank you for your kind referral. If you require further assistance, please contact our Radiologist Hotline at 855-RAD-TALK(855-723-8255).



DIAGNOSTIC IMAGING REPORT

Patient: Doe, John Sex :M DOB: 12/25/1900 Age: 122
Diag. Imaging#: 111111

Status

Referring Physician: SELF

REFERRAL CC Physician:

EXAM #111111- 01/01/2000 4:30 PM -MR SimonONE Head and Neck w/ Neuroquant

INDICATION: Advanced noninvasive imaging for health assessment.

COMPARISON: None.

TECHNIQUE: Magnetic resonance imaging was performed of the brain on a 3 Tesla superconducting magnet including axial T2 FLAIR and axial diffusion weighted imaging. Noncontrast 3-D time-of-flight MRA of the circle of Willis and carotid arteries was performed. 3D time-of-flight MRA of the neck was performed. The cross sectional diameter stenosis is based upon NASCET criteria using the distal internal carotid artery diameter as the denominator for determining the percent of stenosis. Postprocessing of the 3-D T1 images on an independent workstation was utilized for NeuroQuant volumetric brain analysis. There is moderate patient motion artifact on some of the images.

FINDINGS:

MRI BRAIN:

Brain parenchyma: No acute intracranial hemorrhage or infarction. No intraparenchymal masses, mass effect or shift of the midline structures. The brain volume is normal for age. The gray-white matter differentiation is well-maintained. Cortical sulci, cerebral ventricles and basal cisterns are symmetric and patent.

White matter lesions: Multiple punctate predominantly frontoparietal distribution white matter T2/FLAIR hyperintense foci most likely represent sequela of chronic migraine headaches and/or underlying chronic white matter microvascular ischemic changes. No demyelinating lesions or other pathologic white matter lesions.

HIPPOCAMPAL VOLUMETRIC MEASUREMENTS:

Hippocampus

L \T\ R Hippocampus volume: 5.01 cc

L \T\ R Hippocampus normative percentile: 80.00

Inferior Lateral Ventricle

L \T\ R inferior lateral ventricle volume: 0.66 cc

L \T\ R Inferior lateral ventricle normative percentile: 14.00

Lateral ventricular volume

L \T\ R lateral ventricular volume: 16.80 cc

L \T\ R lateral ventricular volume normative percentile: 7.00

Hippocampal occupancy score (HOC): 0.90 cc, normative percentile: 88

Extra-axial spaces: No extracerebral fluid collection.



DIAGNOSTIC IMAGING REPORT

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Diag. Imaging#: 111111

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EXAM #111111- 01/01/2000 4:30 PM -MR SimonONE Head and Neck w/ Neuroquant

Sella: Normal.

Orbits: No mass.

Sinuses: Mucosal thickening is mild in right ethmoid air cells and in the right maxillary sinus antrum

Mastoid air cells: Normal, without fluid or mucosal thickening.

Bony calvarium: No focal lesions.

Soft tissues: Normal appearance of the scalp.

MRA BRAIN AND NECK:

Circle of Willis: No stenosis, aneurysm or other vascular abnormality. No abnormal venous signal.

Carotid arteries: Normal in course and caliber.

Vertebral arteries: Normal in course and caliber, the right vertebral artery mildly dominant.

MRI NECK:

Nasopharynx: Normal.

Suprahyoid neck: Normal oropharynx, oral cavity, parapharyngeal space and retropharyngeal space.

Infrahyoid neck: Normal larynx, hypopharynx and supraglottis.

Thyroid: Normal.

Thoracic inlet: Normal lung apices.

Lymph nodes: No pathologic lymphadenopathy.

Vascular structures: Normal flow voids.

Spine: C5-6 mild broad disc bulge causing mild spinal cord flattening with mild central stenosis. No intrinsic spinal cord pathology.



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Status

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EXAM #111111- 01/01/2000 4:30 PM -MR SimonONE Head and Neck w/ Neuroquant

IMPRESSION:

1. Brain: Mild chronic white matter microvascular ischemic changes an/or underlying sequelae of chronic migraine headaches. No significant volume loss. No focal brain abnormality.
2. Neck: No mass or lymphadenopathy. No acute pathology.
3. Normal noncontrast brain MRA. No aneurysm or significant stenosis.
4. Normal noncontrast carotid MRA. No significant stenosis.
5. Hippocampal volume = 9.01 cc, normative percentile: 87.00.
6. Mild paranasal sinus mucosal thickening. Key images have been saved.
7. C5-6 mild spinal cord flattening with mild central stenosis. Key image has been saved.

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Status

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REFERRAL CC Physician:

EXAM #111111- 01/01/2000 4:30 PM -MR SimonONE Body w/ LMS & Prostate

INDICATION: Advanced noninvasive imaging for health assessment.

COMPARISON: None.

TECHNIQUE: Multiplanar, multisequence magnetic resonance imaging was performed of the chest, abdomen and pelvis on a 3 Tesla superconducting magnet. Images of the liver were performed for hepatic fat and iron quantification. Focused field-of-view images of the prostate were obtained. Post-processing analysis of diffusion MRI data was performed on a separate workstation using OnQ Prostate™ software to quantify cellular restricted diffusion using Restriction Spectrum Imaging (RSI) AI technology.

FINDINGS:

CHEST MRI:

Lungs and large airways: Normal. MR is not a sensitive investigation for detection of small pulmonary nodules.

Pleura: Normal. No pleural effusion or significant pleural thickening.

Heart and pericardium: The heart is normal in size and appearance. No pericardial effusion.

Mediastinum and hila: Normal.

Chest wall and lower neck: Normal.

Vascular structures: Normal flow voids.

Bony structures: No destructive lesion.

ABDOMINAL MRI:

Liver: Normal.

Liver cT1 (inflammation): 852 ms (upper limits of normal: 800 ms)

Liver fat fraction (PDDF): 7% (Normal < 5.6%)

Liver T2* (iron): 0.5 Fe/g dry tissue (Normal < 1.8 mg Fe/g)

Bile ducts: Normal.

Gallbladder: No visualized gallstones. No wall thickening.



DIAGNOSTIC IMAGING REPORT

Patient: Doe, John Sex :M DOB: 12/25/1900 Age: 122
Diag. Imaging#: 111111

Status

Referring Physician: SELF

REFERRAL CC Physician:

EXAM #111111- 01/01/2000 4:30 PM -MR SimonONE Body w/ LMS & Prostate

Pancreas: Small 5mm cystic lesion within the pancreas, probably a side branch IPMN.

Spleen: Normal.

Adrenal glands: Normal.

Kidneys: Normal. No hydronephrosis.

Bowel: Normal caliber without obvious wall thickening. There is scattered colonic diverticuli.

Lymph nodes: No enlarged mesenteric lymph nodes.

Peritoneum: No ascites. No abnormal fluid collection.

Vascular structures: Normal flow voids.

Retroperitoneum: Normal.

Abdominal wall: Normal.

Bony structures: No destructive lesion.

PELVIC MRI:

Reproductive organs: Normal as visualized. See below for the prostate gland.

Bladder: Normal.

Peritoneum: No free fluid.

Vascular structures: Normal flow voids.

Bony structures: No destructive lesion. Mild degenerative changes are noted in the lumbar spine with minimal posterior disc bulge at L2-L3. There is no central stenosis or foraminal narrowing.

PROSTATE MRI:

Prostate gland: Measures 3.1 x 3.7 x 3.3 cm with a calculated volume of 19 cc.



DIAGNOSTIC IMAGING REPORT

Patient: Doe, John Sex :M DOB: 12/25/1900 Age: 122
Diag. Imaging#: 111111

Status

Referring Physician: SELF

REFERRAL CC Physician:

EXAM #111111- 01/01/2000 4:30 PM -MR SimonONE Body w/ LMS & Prostate

Transitional zone: No suspicious lesions.

Peripheral zone: No suspicious lesions.

Central gland: No suspicious lesions.

Seminal vesicles: Normal in appearance.

Extracapsular extension: No extracapsular extension.

Adjacent lymph nodes: No adjacent lymphadenopathy.

IMPRESSION:

1. Chest: No abnormal masses. No acute findings.
2. Abdomen: Mildly elevated fat fraction of the liver and mildly increased fibroglandular inflammatory disease in the liver. This generally does not require treatment however would require diet/lifestyle modification to prevent further fat deposition.
3. Abdomen: Small 5mm cystic lesion within the pancreas, probably a side branch IPMN.
4. Pelvis: No abnormal masses. No acute findings.
5. Hepatic iron and fat quantification: No abnormal hepatic fat or iron deposition.
6. Prostate gland: No suspicious lesions.
7. Minimal degenerative changes in the lumbar spine, age appropriate.

dd:03/3/2000 12:00AM

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Electronically signed by: Smith, John

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NeuroQuant[®]

General Morphometry Report

SimonMed FL
Address line 1
Address line 2
Preferred contact info

Version 3.0.2

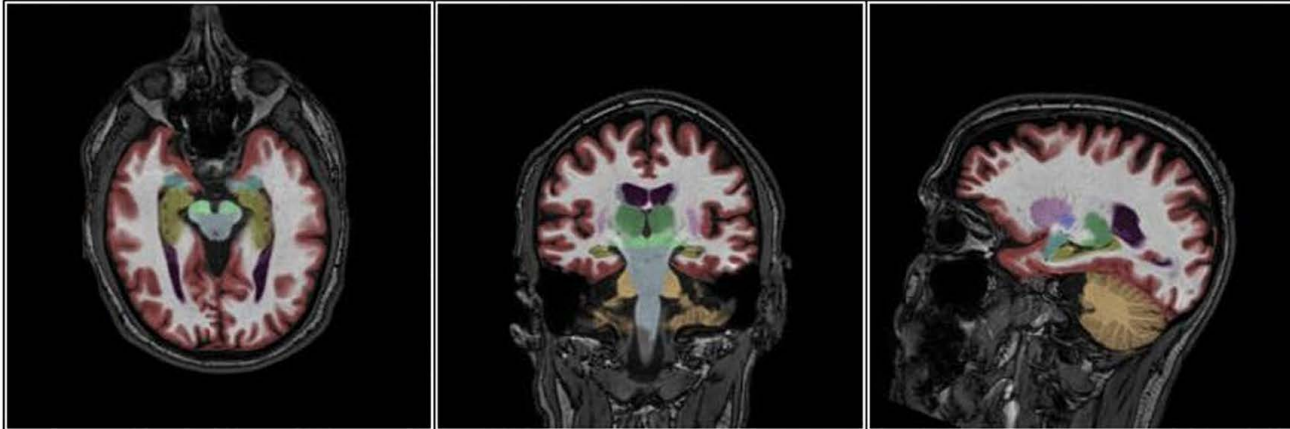
PATIENT INFORMATION

Patient ID:	Patient Name:	Sex:	Age:	Referring Physician: REFERRAL, SELF
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SCAN INFORMATION

Scan Date:	Accession Number:
Manufacturer: Philips	Field Strength: 3

MORPHOMETRY RESULTS



Intracranial Volume (ICV) (cm³)			1536.99		
Brain Structure	LH Volume (cm ³)	LH Volume (% of ICV)	RH Volume (cm ³)	RH Volume (% of ICV)	Asymmetry Index (%)*
Forebrain Parenchyma	501.89	32.65	508.75	33.10	-1.36
Cortical Gray Matter	242.18	15.76	242.86	15.80	-0.28
Superior Lateral Ventricle	15.62	1.02	17.28	1.12	-10.11
Inferior Lateral Ventricle	1.04	0.07	1.00	0.07	3.62
Hippocampus	3.50	0.23	3.72	0.24	-6.06
Amygdala	1.85	0.12	1.85	0.12	0.00
Caudate	2.57	0.17	2.80	0.18	-8.63
Putamen	5.20	0.34	4.83	0.31	7.48
Pallidum	0.74	0.05	0.84	0.05	-12.57
Thalamus	6.71	0.44	6.64	0.43	1.17
Cerebellum	64.19	4.18	61.10	3.98	4.94

*The Asymmetry Index is defined as the percentage difference between left and right volumes divided by their mean.

NeuroQuant®

Age Related Atrophy Report

SimonMed FL
Address line 1
Address line 2
Preferred contact info

PATIENT INFORMATION

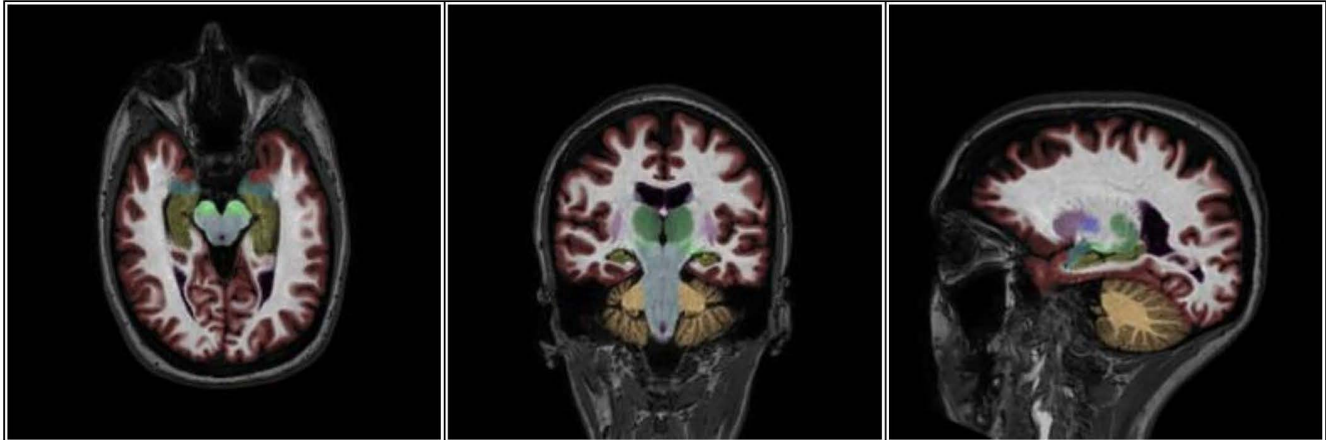
Version 3.0.2

Patient ID:	Patient Name:	Sex:	Age:	Referring Physician:
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SCAN INFORMATION

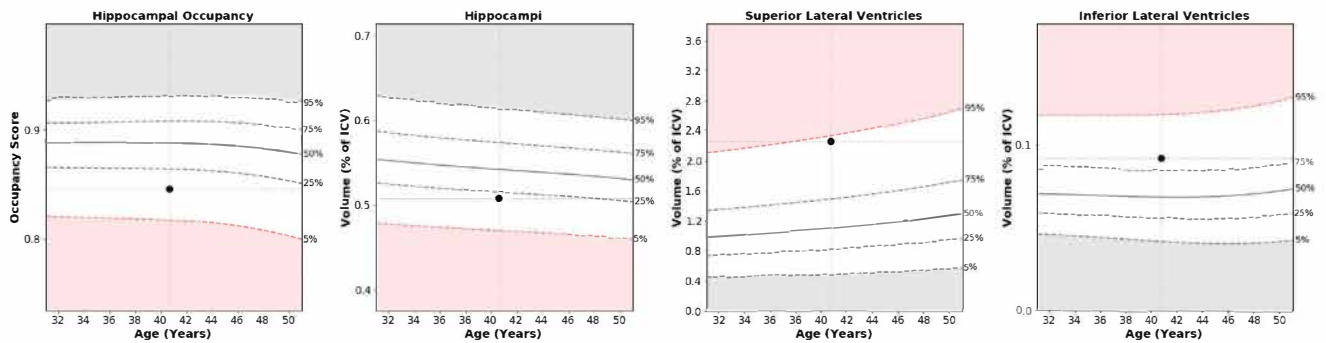
Scan Date:	Accession Number:
Manufacturer: Philips	Field Strength: 3

MORPHOMETRY RESULTS



Brain Structure	Volume (cm ³)	% of ICV (5%-95% Normative Percentile)	Normative Percentile
Hippocampal Occupancy Score (HOC)	0.85	N/A	14
Hippocampi	8.07	0.51 (0.47 - 0.61)	20
Superior Lateral Ventricles	35.91	2.26 (0.49 - 2.33)	94
Inferior Lateral Ventricles	1.47	0.09 (0.04 - 0.12)	83

AGE AND SEX MATCHED REFERENCE CHARTS



*The Hippocampal Occupancy Score is defined as $\left(\frac{\text{Left Hippocampal Volume}}{\text{Left Hippocampal Volume} + \text{Left ILV Volume}} \right) + \left(\frac{\text{Right Hippocampal Volume}}{\text{Right Hippocampal Volume} + \text{Right ILV Volume}} \right) / 2.0$

NeuroQuant[®]

Hippocampal Asymmetry Report

SimonMed FL
 Address line 1
 Address line 2
 Preferred contact info

Version 3.0.2

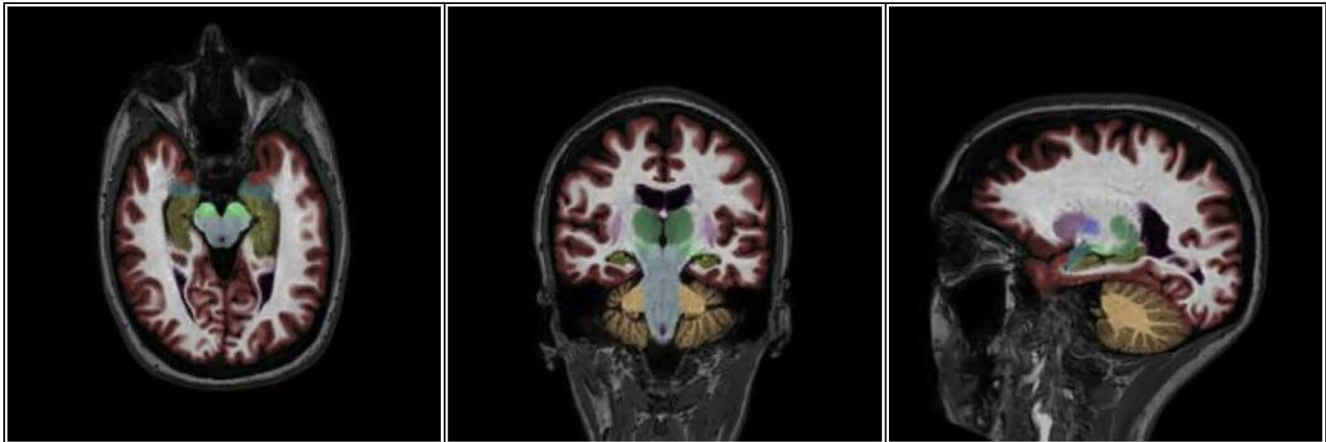
PATIENT INFORMATION

Patient ID:	Patient Name:	Sex:	Age:	Referring Physician: REFERRAL, SELF
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SCAN INFORMATION

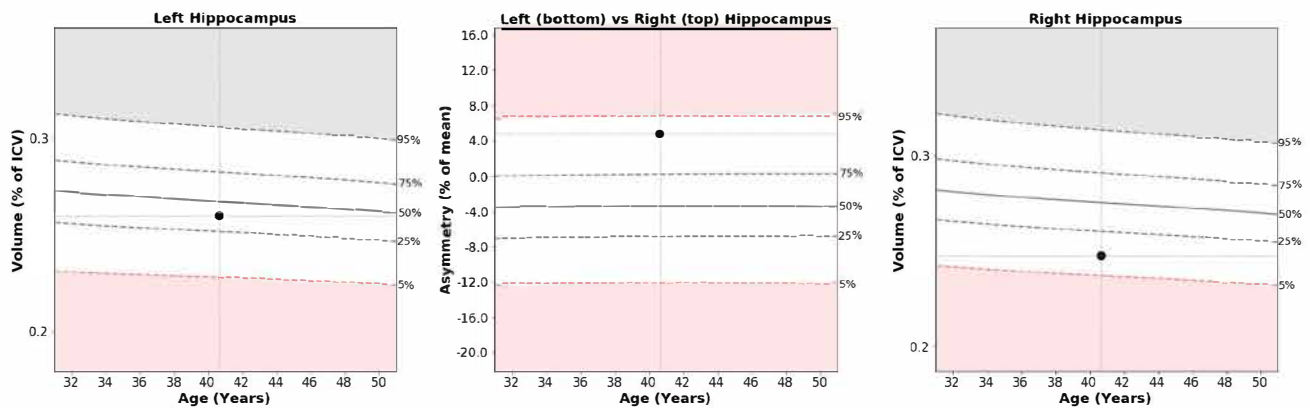
Scan Date:	Accession Number:
Manufacturer: Philips	Field Strength: 3

MORPHOMETRY RESULTS



Hippocampus	Volume (cm ³)	% of ICV (5%-95% Normative Percentile)	Normative Percentile
Left	4.13	0.26 (0.23 - 0.31)	37
Right	3.94	0.25 (0.24 - 0.31)	12
Left-Right Asymmetry Index*: 4.8			91

AGE AND SEX MATCHED REFERENCE CHARTS



*The Asymmetry Index is defined as the percentage difference between left and right volumes divided by their mean.

NeuroQuant®

Multi Structure Atrophy Report

SimonMed AZ
 Address line 1
 Address line 2
 Preferred contact info

PATIENT INFORMATION

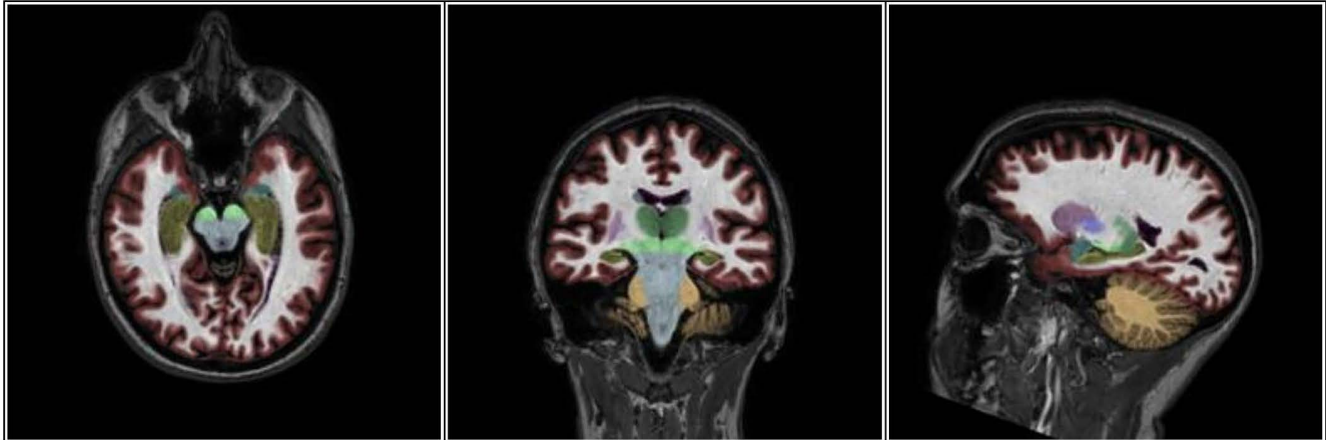
Version 3.0.2

Patient ID:	Patient Name:	Sex:	Age:	Referring Physician:
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SCAN INFORMATION

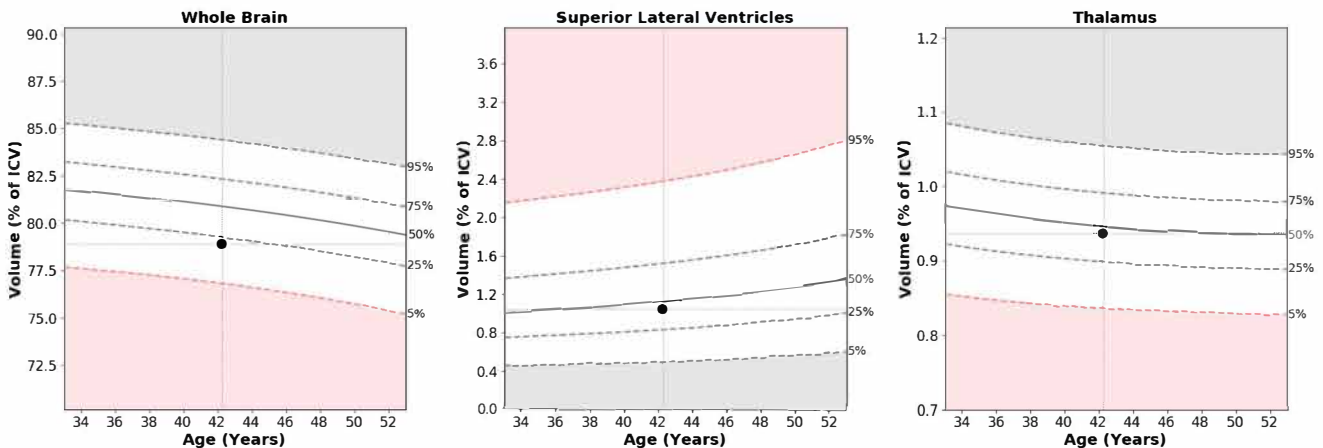
Scan Date:	Accession Number:
Manufacturer: Philips	Field Strength: 3

MORPHOMETRY RESULTS (1 of 2)



Brain Structure	Volume (cm ³)	% of ICV (5%-95% Normative Percentile)	Normative Percentile
Whole Brain	1118.68	78.89 (76.81 - 84.39)	20
Superior Lateral Ventricles	14.82	1.05 (0.49 - 2.37)	44
Thalamus	13.28	0.94 (0.84 - 1.05)	45

AGE AND SEX MATCHED REFERENCE CHARTS



NeuroQuant[®]

Triage Brain Atrophy Report

SimonMed AZ
Address line 1
Address line 2
Preferred contact info

PATIENT INFORMATION

Version 3.0.2

Patient ID:	Patient Name:	Sex:	Age:	Referring Physician:
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SCAN INFORMATION

Scan Date:	Accession Number:
Manufacturer: Philips	Field Strength: 3

MORPHOMETRY RESULTS



Structure	Total Volume (cm ³)	Percentiles		
		Left	Right	Total
Intracranial Volume	1418	-	-	-
Whole Brain	1119	20	20	20
Forebrain Parenchyma	962	15	15	15
Total Volumes	Percentiles			
Cerebral White Matter	75	64	70	70
Cortical Gray Matter	8	6	7	7
Ventricles	43	41	41	41
Cerebral WM Hypointensities*	2	1	1	1
Subcortical Structures				
Cerebellar White Matter	93	95	95	95
Cerebellar Gray Matter	45	37	41	41
Brainstem	-	-	97	97
Thalamus	54	37	45	45
Ventral Diencephalon	94	64	86	86
Basal Ganglia				
Putamen	49	73	61	61
Caudate	20	67	44	44
Nucleus Accumbens	81	34	61	61
Pallidum	85	98	95	95
Cingulate	32	24	26	26
Anterior Cingulate	17	15	13	13
Posterior Cingulate	14	9	10	10
Isthmus Cingulate	73	88	83	83
Cortical Brain Regions	Percentiles			
Frontal Lobes	3	2	2	
Superior Frontal	5	10	6	
Middle Frontal	4	9	4	
Inferior Frontal	26	32	25	
Lateral Orbitofrontal	18	4	7	
Medial Orbitofrontal	4	1	1	
Paracentral	7	36	15	
Primary Motor	29	6	11	
Parietal Lobes	6	9	7	
Primary Sensory	11	20	12	
Medial Parietal	15	5	8	
Superior Parietal	6	7	5	
Inferior Parietal	62	55	59	
Supramarginal	6	21	7	
Occipital Lobes	76	77	79	
Medial Occipital	88	90	90	
Lateral Occipital	57	59	58	
Temporal Lobes	10	5	7	
Transverse Temporal + Superior Temporal	41	10	21	
Posterior Superior Temporal Sulcus	1	16	1	
Middle Temporal	3	2	1	
Inferior Temporal	8	27	13	
Fusiform	36	10	18	
Parahippocampal	67	69	71	
Entorhinal Cortex	64	93	85	
Temporal Pole	15	20	13	
Amygdala	80	83	83	
Hippocampus	57	45	51	

*White matter hypointensities are abnormally low signal intensity regions within white matter as observed on a T1-weighted MRI scan.

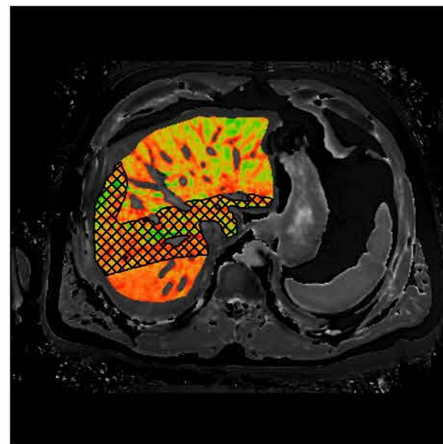
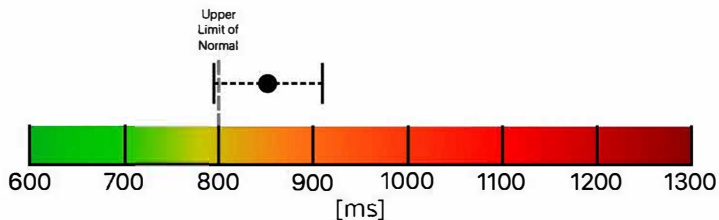
Patient name:	[REDACTED]	Scan date / time:	[REDACTED]
Patient ID:	[REDACTED]	Birth date:	[REDACTED]
Sex:	[REDACTED]	Referring clinician:	[REDACTED]

Liver cT1: 852 ms

(Range of Values Detected: 795 to 910 ms)

(Upper Limit of Normal: 800 ms)

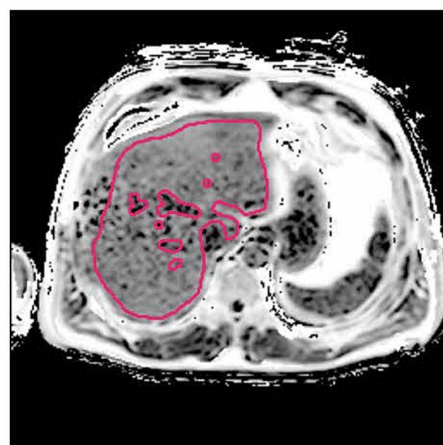
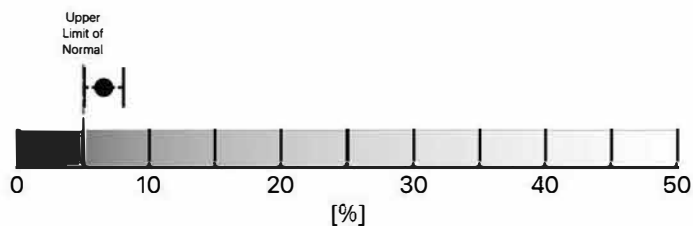
Correlates with fibroinflammatory disease activity^{A,B,C}



PDFF - Liver Fat Fraction: 7%

(Range of Values Detected: 5% to 8%)

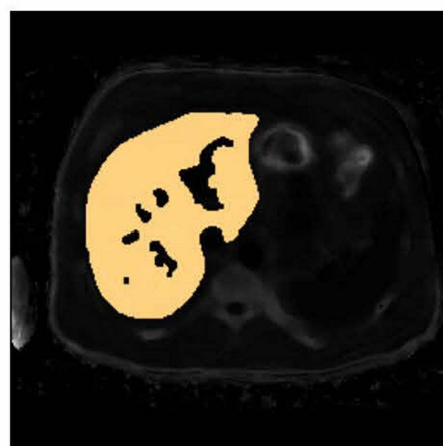
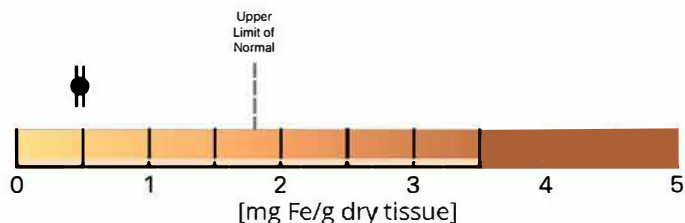
(Upper Limit of Normal: 5%^{D,E,F})








Liver Iron Concentration: 0.5 mg Fe/g dry tissue^G

(Range of Values Detected: 0.5 to 0.5 mg Fe/g)

(Upper Limit of Normal: 1.8 mg Fe/g)



Cross-hatched areas do not contribute to summary metrics shown. For a detailed description of LiverMultiScan please refer to "A Guide to Interpreting Liver Tissue Characterization for Clinicians" available from Perspectum, info@perspectum.com

Patient name:		Scan date / time:	
Patient ID:		Birth date:	
Sex:		Referring clinician:	

For the reader

LiverMultiScan® provides measurements on liver tissue characteristics derived from MRI data. A physician is required to interpret such measurements in conjunction with other diagnostic methods along with the patient's medical history to come to their own clinical impression. LiverMultiScan automatically detects and highlights any artifacts that may appear on the parametric maps. These areas will appear as cross-hatched on the parametric map and do not count towards the final output. Furthermore, as LiverMultiScan colormaps serve purely as a visual aid, they must be viewed in context with metric results, and physician interpretation should focus on the quantitative metrics.

LiverMultiScan processes MRI data to produce quantitative metrics of disease activity, iron and fat. Individual datasets may not be assessed by a radiologist, and this report is not intended for the morphological, anatomical, structural, or radiological assessment of images. LiverMultiScan is not intended to be used for the assessment of incidental findings in patients.

As cT1 is a measure of liver disease activity, in patients with cryptogenic and/or burnt-out cirrhosis where histopathological features of inflammation, ballooning, and steatosis may no longer be present, this biomarker might be within reference range, depicting the absence of inflammatory activity. Care should be taken when this condition might be present.

The physician remains responsible for the proper clinical evaluation of the patient.



Clinicians should refer to "A Guide to interpreting Liver Tissue Characterization for Clinicians" available from the Manufacturer when interpreting these measurements.

Patients should refer to "A Guide to Interpreting LiverMultiScan Reports for Patients" for a plain English explanation of the measurements.

LiverMultiScan is manufactured by Perspectum. Please visit www.perspectum.com.

Cautions



Caution: Very high liver fat (PDFF > 30%) may reduce the accuracy of cT1.




Caution: High liver iron concentration in excess of 5 mg Fe/g may give rise to inaccurate results.

Please refer to 'A Guide to interpreting Liver Tissue Characterization for Clinicians' available from the Manufacturer for more information on the meaning of cautions and how acquisition quality can affect the interpretation of results.

Image Quality Comments

[T2* (LIC) map]: Suitable for Quantification | [cT1 map]: Suitable for Quantification | [PDFF map]: Suitable for Quantification

Patient name:		Scan date / time:	
Patient ID:		Birth date:	
Sex:		Referring clinician:	

Acquisition Information

Scanner: SIEMENS MAGNETOM Vida 3T
Scanner software: syngo MR XA20
Scanner serial: Not recorded

References

[A]* Anderson LJ et al. *Cardiovascular T2-star (T2*) magnetic resonance for the early diagnosis of myocardial iron overload.* Eur Heart J. 2001; 22: 2171–9.

* Only applicable to 1.5T acquisitions.

[B] McDonald N et al. *Multiparametric magnetic resonance imaging for quantitation of liver disease: a two-centre cross-sectional observational study.* Sci Rep. 2018 Jun 15;8(1):9189.

[C] Andersson A et al. *Clinical Utility of Magnetic Resonance Imaging Biomarkers for Identifying Nonalcoholic Steatohepatitis Patients at High Risk of Progression: A Multicenter Pooled Data and Meta-Analysis.* Clin Gastroenterol Hepatol. 2021 Oct 7:S1542-3565(21)01056-9.

[D] Szczepaniak LS et al. *Magnetic resonance spectroscopy to measure hepatic triglyceride content: prevalence of hepatic steatosis in the general population.* Am J Physiol Endocrinol Metab. 2005; 288(2):E462-8.

[E] Gu Q et al. *A meta-analysis on the diagnostic performance of magnetic resonance imaging and transient elastography in nonalcoholic fatty liver disease.* Eur J Clin Invest. 2020:1-14.

[F] Yokoo T et al. *Linearity, bias, and precision of hepatic proton density fat fraction measurements by using MR imaging: A meta-analysis.* Radiology 2018;286:486-498.

[G] Bassett M et al. *Value of hepatic iron measurements in early hemochromatosis and determination of the critical iron level associated with fibrosis.* Hepatology 6.1 (1986):24-29.

Patents: US 7,202,665; JP 5196408; EP 2008118 (DE, NL); US 8,527,031; US 7,924,003; GB2498254; GB2513474; US14/775,864, SG11201507628W; JP6392256; PI2015702815; AU2014229726

simonONE

BY SIMONMED

Learning more about your MRI results.

The following pages include MRI images from *your* simonONE scan along with descriptions of the findings.

Here at simonONE, we strive to educate and empower our patients as they take control of their health and wellness.

Head And Neck

Chronic small vessel disease

Mild chronic white matter microvascular ischemic changes

What This Means + Recommendations:

No infarction, intracranial mass, or significant volume loss.

There are no signs of a prior or recent stroke, and the imaging of the cerebrovascular system do not show signs of narrowing, aneurysm, or other vascular abnormalities.

No brain mass detected.

No signs of significant volume loss based on automated brain image analysis. Volume loss within the brain is associated with Alzheimer's disease, traumatic brain injuries, and multiple sclerosis.

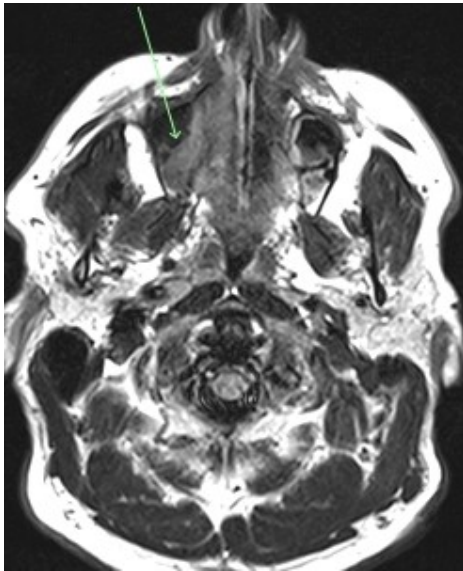
Chronic microvascular ischemic changes

Microvascular ischemic disease is a change to the small blood vessels of the brain resulting in damage to the white matter. Although common, the cause of this is not entirely understood, however may be a result of aging, atherosclerosis of the small vessels, or trauma.

Discuss these findings with your primary care provider for a risk assessment which may include screening for high blood pressure, high cholesterol, and diabetes.

Head And Neck

Paranasal Sinus Disease



Mucosal thickening is mild in right ethmoid air cells and in the right maxillary sinus antrum

What This Means + Recommendations:

Paranasal sinuses are air-filled spaces surrounding the nasal cavity.

The frontal sinuses are above the eyes, the maxillary sinuses are located under the eyes, the ethmoid sinuses are between the eyes and the sphenoid sinuses are behind the eyes.

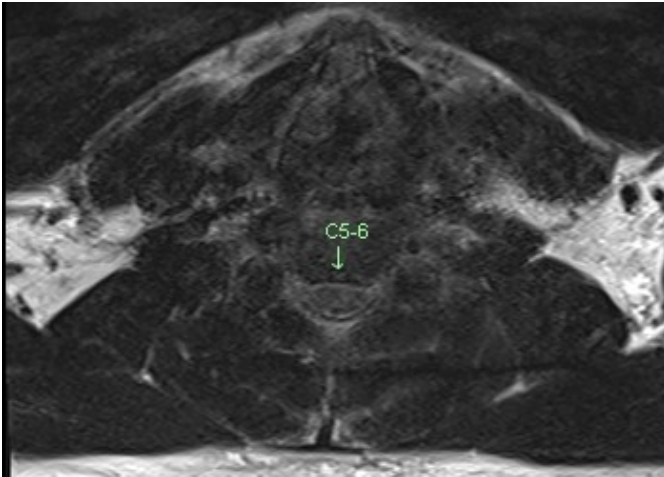
The sinuses help to moisturize the air we breathe by producing mucous. This also serves to protect the nose from any irritants or micro-organisms that can enter into our respiratory system.

Opacification, or thickening of the sinuses, may occur due to an inflammatory response to infection, allergies, or exposure to irritants within the environment,

If you are having persistent allergy-like symptoms (sneezing, congestion, runny nose, sinus pressure, headache) or recurrent sinus infections, you should follow up with your primary care provider for further evaluation and management.

Head And Neck

Degeneration of the Spine



C5-6 mild broad disc bulge causing mild spinal cord flattening with mild central stenosis. No intrinsic spinal cord pathology.

What This Means + Recommendations:

Degenerative changes of the spine are a common finding.

Wear and tear to the spine occurs as we age, and more progressively depending on our lifestyle and body composition.

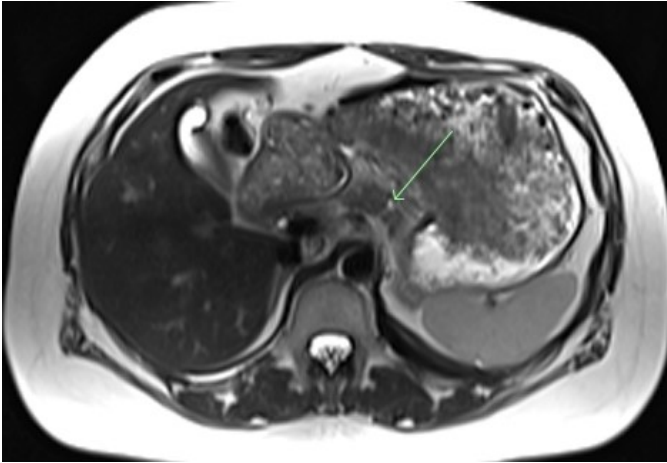
Disc bulge, disc herniation

The spine consists of aligned vertebral bones with cartilage discs in between. Each disc has a hard outer shell and a soft inner core that serves to cushion the spine and allow for flexibility. A disc bulge occurs when the disc protrudes outward, and may press on the spinal cord or surrounding nerves.

If you are experiencing symptoms such as pain, numbness and tingling, or weakness of the extremities, discuss this finding with your primary care provider for further evaluation and management. Conservative management typically includes the use of anti-inflammatory medications, muscle strengthening, weight loss.

Abdomen and Pelvis

Intraductal papillary mucinous neoplasms (IPMN)



Small 5mm cystic lesion within the pancreas, probably a side branch IPMN.

What This Means + Recommendations:

Intraductal Papillary Mucinous Neoplasm

The pancreas is an organ that sits deep in the abdomen, behind the stomach. It's primary role is to produce enzymes for digestion, and release hormones responsible for regulating blood sugar levels.

Intraductal papillary mucinous neoplasms (IPMN) are a type of growth within the pancreas. IPMN do have the potential to develop into cancer over time. IPMN may grow in the main pancreatic duct or branch ducts. Branch-duct IPMN carry a lower risk for developing malignancy (approximately 20% after 10 years), while IPMN involving the main duct are at high risk for developing malignancy (approximately 70%).

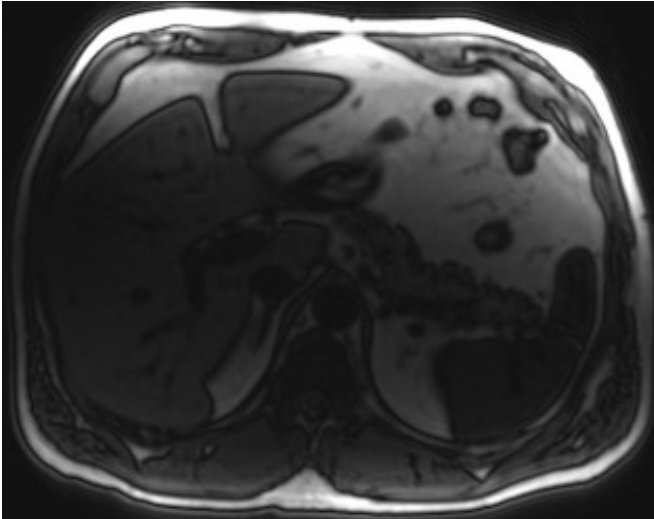
IPMN often do not cause any symptoms, and are commonly detected incidentally during imaging. Symptoms related to IPMNs are usually nonspecific including nausea, vomiting, abdominal pain, weight loss, or loss of appetite.

MRI with MRCP or a pancreatic protocol CT scan are typically the imaging tests used for further characterization. Depending on the results, tissue sampling with biopsy may be recommended.

Consultation with a gastroenterologist is strongly recommended for further evaluation and management.

Abdomen and Pelvis

Fatty Liver Disease



Mildly elevated fat fraction of the liver and mildly increased fibroglandular inflammatory disease in the liver.

What This Means + Recommendations:

Fatty Liver Disease

Located in the right upper abdomen, the liver is the largest solid organ in the human body. Responsible for a wide range of functions including glucose regulation, blood filtration, blood clotting, and more, a healthy liver is vital to our daily health.

Accumulation of fat within the liver is associated with conditions like obesity, type 2 diabetes, sleep apnea, and hypothyroidism. Without early intervention, the disease can progress to permanent liver scarring and inflammation, acting as a leading indication for liver transplants. Fortunately, mild forms of non-alcoholic liver disease are reversible with lifestyle modifications in diet and exercise.

Limitations

The simonONE test does not detect all cancers and should be used in addition to routine cancer screening tests recommended by a healthcare provider. SimonONE testing is intended to detect early cancers in the body. It does not detect cancers including small cancers, blood cancers, and cancers hidden inside the gastrointestinal system. It is not meant to diagnose non-cancerous infectious or inflammatory processes. The test is non-invasive and the lack of the IV injection of contrast material reduces the ability to detect cancers. Results should be interpreted by a healthcare provider in the context of medical history, cancer risk factors, clinical signs and symptoms, and limitations of non-invasive testing. A negative test result does not rule out cancer. A test result of "cancer detected" or "abnormality detected" could require confirmatory diagnostic evaluation by medically established procedures to confirm. False-positive (a cancer or other abnormality is not present) and false-negative (a cancer or other abnormality is not detected when actually is present) test results do occur.