

1632 Lonna Dr.
Roanoke, VA 24019

Angioprim.com
40 Oak Tree Lane
Irvine, California 92612

November 26, 2004

To whom it may concern:

I am an 83 year old female who in August was diagnosed with blockages in both carotid arteries following a Carotid Doppler Ultra Sound on July 29, 2004. The right carotid internal artery was the worst, showing a stenosis of 70% with some plaque build up noted. Minimal Disease was noted in the left internal carotid artery with 0 to 39%. On August 2, 2004 a nurse called me with preliminary results. Then on August 12th I received a copy of the report with my physician's recommendations:

1. Plavix 75mg once a day
2. Suggest vascular surgery consult appointment

I really didn't want to have surgery, but didn't know what I was going to do. My daughter provided me with information from a recent nursing magazine of the surgical procedure, risks and complications. She also searched the internet under carotid endarterectomy and found the web site for angioprim, printed it off along with all the links and gave it to me to read.

I decided after reading and re-reading the literature that I wanted to try angioprim instead of surgery. My daughter ordered 12 bottles of angioprim, it arrived on August 17th and I began taking it on August 18th. I had called the angioprim representative to discuss how the drops should be taken. Day #1 I took only 10 drops 6 times a day. Day #2 increased it to 11 drops twice, then to 12 drops for 4 times that day. Day #3 increased to 13 drops 8 times a day. Day #4 increased to 14 drops 12 times a day. I continued this regime from August 23rd through September 4th. Consulted with Tom again and on September 5 through September 12 I decreased the number of times a day to 7 and continued 14 drops each time. September 13th through September 15 continued 14 drops, decreased to 6 times a day. Consulted with Tom again, I will taper dose down again. September 16th - September 29 continued 14 drops for 4 times a day. I wasn't feeling as well I did, so from September 30th - November 9th Decided to increase frequency to 6 times a day, same dose (14 drop). Consulted with Tom from Minnesota, November 10th began maintenance dose of 14 drops once a day for one month.

I followed the suggested time frame between doses of angioprim, meals and supplementation of Vitamin C, E and Aspirin as recommended with specific dose and frequency.

Now for the good news on October 18th, 2004 just 2 months after beginning Angioprism, I repeated the Carotid Doppler Study. The results were normal, no stenosis, no plaque was visualized. I am enclosing copies of both the before and after angioprism reports. Tom told my daughter that he would have you send me more angioprism if I sent my testimony, the dose and frequency I took and copies of my reports.

I am will be posting my testimony on the web site, if you have any questions feel free to contact me by phone or letter. My phone number is 540-562-4484

Sincerely,

Dorothy D. Payne
Dorothy D. Payne (Rep ID 11753)

87102

NON-INVASIVE VASCULAR LABORATORY Imaging Services Report
ROANOKE, VA -

PJ27/A

NAME: PAYNE, DOROTHY HAYNES
ADDR: 1632 LONNA DR NW
ROANOKE, VA. 24019
AGE: 83Y SEX: F
Ord Dr: ANNE M JAEGER M.D.
Att Dr: ANNE M JAEGER M.D.
Adm. Reason: VASCULAR STUDY

Room: VAS-
Adm #: 0288353
MR#: 00464515
DOB: 03/15/1921
Discharge Date:
SSN: 552184552

Exam Date: 07/29/2004
Service: VAS
Pt Type: 0
Ph#: (540)562-4484
Clinic:

CAROTID/VERTEBRAL DUPLEX SCAN RAD Code: 93880 ORDER #: RMS: 90001 Inv: 00003

CLINICAL: The patient is a 83-year-old with balance problems. Rule out significant carotid vertebral disease.

RIGHT SIDE: Examination of the right subclavian shows a normal waveform. Peak systolic velocities are 114 cm/sec. As we progress up to the common carotid artery velocities are 70 cm/sec, proximal portion and 94 at the bifurcation. As we begin to visualize the internal carotid artery the proximal portion we see some plaque build-up particularly at the orifice. Velocities are elevated up to 188 cm/sec proximal portion and 248 in the mid portion. The velocities drop significantly to 65 and this would imply there is about a 60 to 79% stenosis probably closer to 70%. The right external carotid artery has velocities of 103 cm/sec. The right vertebral is noted to have antegrade flow and peak systolic velocities are 55 cm/sec.

LEFT SIDE: In looking at the left side, we visualize the left subclavian and this has a normal waveform. Peak systolic velocities are 168 cm/sec. As we progress up to the left common carotid artery velocity is 103 cm/sec and at the bifurcation it is 86 cm/sec. In looking at the left external carotid artery we see velocities 75 cm/sec. As we visualize the left internal carotid artery we see velocities of 86 cm/sec proximal portion, 74 in the mid portion and 54 distally. The left vertebral is noted to have antegrade flow and peak systolic velocities are 43 cm/sec.

IMPRESSION:

- 1) Stenosis involving the right internal carotid artery in the proximal portion is almost 60 to 79% category probably closer to 70%.
- 2) Both vertebrals are noted to have antegrade flow.
- 3) Minimal disease noted in the left internal carotid artery and consistent with about a 0 to 39% stenosis.

Final Report
STEPHEN L HILL

PSH D: Jul 29 2004 12:00A
Job#0050 T: Jul 30 2004 4:19P

Progression of blockage
 ① Review timing of sol -
 ② suggest use of drug
 Pt notified 8/2/04 on per its preliminary results.
 requesting facts home
 fax 562-4281

Pl. Name: PAYNE, DOROTHY HAYNES
7-Aug-04 14:34:52

VAS MR#: 00464515
Exam(s) Date: 07/29/2004

VASCULAR SCREENING SUMMARY

NAME: Dorothy J. Payne

DATE: 10-18-04

*Notice to the physician: The test performed here is only a screening tool and is not in any way intended to be a comprehensive exam. Any change in blood flow or abnormalities should be diagnosed with additional comprehensive testing.

ABDOMINAL AORTIC ANEURYSM SCREENING

No Aneurysm
 No Aneurysm (limited visibility due to overlying gas)
 Aneurysm
 Measurement of largest portion of aorta 1.0 cm

*Technologist's note to physician: _____
 Tech DK/147 Date 10-18-04

Comprehensive evaluation by your Medical Physician suggested

CAROTID ARTERY SCREENING

RT	LT	% STENOSIS	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		NONE - no plaque is visualized
<input type="checkbox"/>	<input type="checkbox"/>	15-39%	MILD - some plaque is visualized, but of no hemodynamic significance
<input type="checkbox"/>	<input type="checkbox"/>	40-59%	MODERATE - moderate amount of plaque visualized causing some hemodynamic change (Suggested re-evaluation in about 1 year).
<input type="checkbox"/>	<input type="checkbox"/>	60-79%	SEVERE - excessive amount of plaque is visualized with hemodynamic change (Evaluation suggested).
<input type="checkbox"/>	<input type="checkbox"/>	80+%	CRITICAL - excessive amount of plaque is visualized with hemodynamic change (Evaluation suggested).

94 Rt Ica Peak Velocity 44 Lt Ica Peak Velocity

*Technologist's note to physician: _____

Tech DK/147 Date 10-18-04

Normal
 Findings do NOT indicate significant carotid obstruction, but still abnormal
 Abnormal study - comprehensive evaluation by your Medical Physician suggested

PERIPHERAL VASCULAR SCREENING (lower extremity)

<u>116</u> RT Ankle Systolic Pressure	<u>110</u> LT Ankle Systolic Pressure
<u>130</u> RT Brachial Systolic Pressure	<u>130</u> LT Brachial Systolic Pressure

RT ABI _____ Wave Form: MONOPHASIC BIPHASIC TRIPHASIC
 LT ABI _____

Tech _____ Date 10-18-04

No significant obstruction to flow
 Abnormal study - comprehensive evaluation by your Medical Physician suggested

OSTEOPOROSIS SCREENING

Foot: L R Est. Heel BMD: _____

Normal
 Low Bone Mass (Osteopenia)
 Osteoporosis
 Inconclusive

Tech _____ Date 10-18-04

