

## **Carotid Ultrasound and Brain Scan**

Disease can affect the circulation to the brain. It is usually caused by atherosclerosis (fat and calcium deposition in artery walls) which can lead to strokes or bleeding into the brain.

Atherosclerotic plaque encroachment into the lumen of the vessel leads to narrowing (stenotic) lesions that obstruct flow. Significantly obstructive lesions may be referred for surgery (endarterectomy or stent). Besides risk to the brain circulation, atherosclerosis in the carotid artery signals an increased risk of heart disease. Risk factor modification is crucial, particularly blood pressure and lipid management. Aspirin is commonly prescribed.

The carotid arteries travel along the sides of the neck and are easily felt with the fingertips on physical examination. Listening to the neck with a stethoscope may reveal a whispering sound know as a **bruit**.

**Ultrasound** (sound waves) evaluation of the carotid arteries includes intimal-medial thickness (IMT), plaque information, and percent stenosis.

**IMT testing** measures the thickness of the inner wall of the artery. The next step in carotid pathology after an increase in IMT, is plaque formation. Eventually, plaque encroachment into the lumen of the vessels leads to stenotic lesions that obstruct flow. Because of technical and patient variables, serial carotid ultrasound testing may show inconsistent amounts of disease, particularly if there is only mild disease.

**Computer tomography (CT)** scan of the brain is used to find evidence of stroke of bleeding within the brain. MRI scan of the brain is also used to find old stroke disease. Another common finding by brain MRI is **white matter hyperintensity (WMHI)**. WMHI are strongly related to age and hypertension, and they predict an increased risk of stroke and cognitive impairment.

Although strokes and bleeding into the brain are mainly due to atherosclerosis or hypertension, there are non-atherosclerotic causes: migraine, adverse drug reactions, trauma, ruptured congenital aneurysm, vascular heart disease, congenital heart disease, clotting disorders, connective tissue disease (example lupus) and others. The long term prognosis varies, depending on the cause; and additional tests (such as echocardiogram, clotting studies, and other blood and imaging tests) may be required.

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## PRUDENTIAL'S APPROACH TO UNDERWRITING

Age at Application	Younger than 45 years old	45 – 54 years old	55 years old and older	
Carotid bruit, no imaging				
	Table C	Table C	Table B	
Carotid plaque and stenosis by ultrasound				
Less than 50% stenosis	Table C	Table B	NSP	
50% - 69% stenosis	Usually Decline	Table C	Table B	
70% or greater stenosis without surgery	Usually Decline	Usually Decline	Table C	
After surgery	Usually Decline	Table B	Table B	
Plaque or stenosis in external carotid artery				
	Table C	Table B	NSP	
Abnormal IMT without plaque or stenosis is not rated.				
For brain scans that show stroke disease, see Rx for Success on TIA's and Strokes.				
For brain scans that show a significant amount of WMHI for age, a Table B is applied.				

We also recommend reviewing our *Rx for Success* on Vascular Lesions of the Brain as well as on Transient Ischemic Attacks (TIAs) and Strokes (CVAs).

To get an idea of how a client with a history of Carotoid Artery Disease or abnormal brain scan would be viewed in the underwriting process, use the Ask "Rx" pert Underwriter on the next page for an informal quote.

Ask "Rx"pert Underwriter (As	k Our Expert)			
After reading the Rx for Success on C	Carotid Ultrasound and Brain Scan, use this for	m to Ask "Rx"pert Underwriter for an informal quote.		
		Fax Sex		
If your client has carotid artery dise	ease or abnormal brain scan, please answer th	ne following:		
1. Please check the type(s) of vas	cular disease present.			
☐ Abnormal brain scan	n with no further testing es by ultrasound (provide percentage) s of reports			
2. Have there been any other sym	ptoms? Please describe.			
3. Has your client had any surgical procedures such as endarterectomy or stent?				
4. Is your client on any medication	ns?			
☐ Yes. Please give details ☐ No				
5. Has your client smoked cigaret	tes in the last 12 months?			
☐ Yes ☐ No				
6. Does your client have any other	major health problems (e.g., heart problems	, cancer, etc.)?		
☐ Yes. Please give details				