RASMUSSEN CENTER FOR CARDIOVASCULAR DISEASE PREVENTION

Detecting disease before symptoms appear

The Rasmussen Center for Cardiovascular Disease Prevention is unique – taking prevention a step beyond risk evaluation to look for early markers of heart (cardiovascular) disease.

Although cardiovascular disease is often associated with a major organ, such as the heart, brain or kidneys, it begins in the walls of the arteries. Early stages of this disease can be detected long before symptoms appear by tests performed in the Rasmussen Center. Early detection allows us to prescribe effective preventive strategies.

Our screening techniques are safe and comfortable. We're committed to providing individuals with the time they need to discuss any prevention concerns they may have. Our prevention team, including a cardiologist, will provide a complete report and recommendations for a comprehensive and individualized prevention plan aimed at keeping patients healthy as they age. This plan is designed to provide patients and healthcare providers the valuable information they need to make decisions regarding medical treatment and the need for lifestyle changes.

Testing: a comprehensive approach

In each two-hour evaluation, the staff at the center will use the newest, non-invasive diagnostic tests to identify the earliest stages of vascular and cardiac disease that may lead to heart attacks, strokes and other complications.

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Appointment information

612-676-4530

Clinic location

University of Minnesota Health
Clinics and Surgery Center
909 Fulton Street SE
Minneapolis, MN 55414

Valet parking is available.

Clinic hours

7:30 a.m. - 4:30 p.m.

Evaluation fee

Many medical insurance policies cover evaluation at the Rasmussen Center. Those without qualifying insurance coverage may receive a fee discount. An insurance guide is available upon request.

For more information visit mhealth.org

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The evaluation consists of an in-depth interview by a health care provider, followed by 18 diagnostic and laboratory measurements aimed at detecting early-stage disease and identifying factors that may contribute to its progression. A full report of the findings and recommendations is provided to both patient and their primary care provider

Risk factor assessment and cardiovascular physical exam

During the risk factor assessment, a nurse practitioner will review family history, medical history, health habits and nutrition. The nurse practitioner will conduct an exam focused on the heart, lungs and circulation, and will make recommendations about needed lifestyle changes.

Early diagnostic detection tests

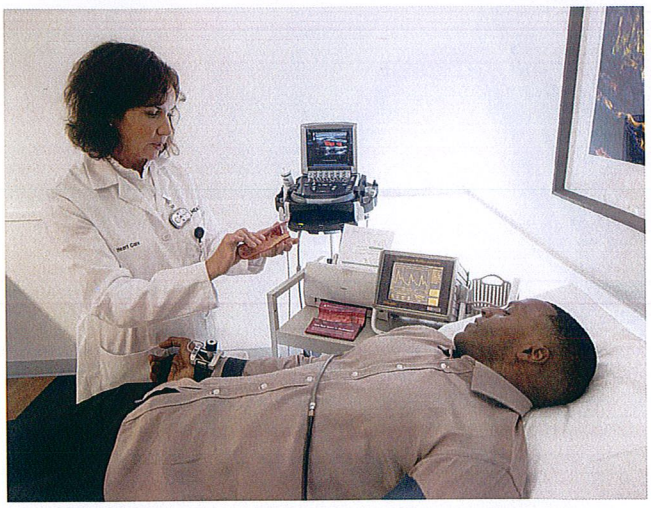
- Blood pressure response to treadmill exercise
- Digital photograph of the small arteries in the eye (eye dilation not required)
- Electrocardiogram
- Measurement of elasticity of the artery walls
- Pulmonary function test
- Ultrasound examination to identify changes in the wall of the arteries of the neck
- Ultrasound examinations of both the heart structure and abdominal aorta

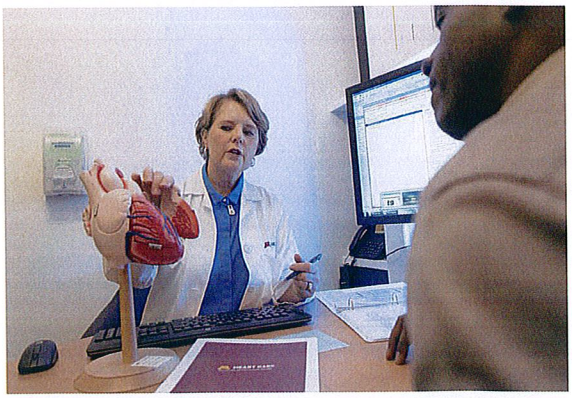
Laboratory tests for risk markers

We'll conduct a urine test to detect small amounts of albumin and a blood test to determine the level of a hormone (BNP) that increases with the onset of early heart failure. We'll also evaluate cholesterol (LDL/HDL), triglycerides, blood sugar and C-reactive protein.

Results

- About one-third of individuals who undergo testing are found to be free of early vascular or cardiac abnormalities. They are informed of their good health and low risk, and they are encouraged to return in five years for re-evaluation.
- Another third are found to have evidence of early cardiovascular disease that warrant efforts to halt or slow its progression. Diet and health habit changes are recommended, and patients are encouraged to return in two or three years.
- The remaining individuals have advancing disease of which they were not aware. They and their primary care providers receive recommendations for medication to treat abnormalities. Based on findings, the Rasmussen Center may recommend statins, angiotensin receptor blockers, calcium antagonists, other antihypertensive drugs, or aspirin. Patients are encouraged to return in a year for re-testing and to monitor their response to therapy.





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A collaboration between University of Minnesota Physicians and University of Minnesota Medical Center.