

#### VASCULAR FUNCTION ASSESSMENT

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Patient Name: Gender: Female DOB: 2/23/1967 Age: 50	HR: 84 Height 5' 5" Weight 247 Lbs BMI: 41.1	Physician Name: Clinic or Hospital: Abex Medical Center Address: Las Vegas, Nevada 89106 Referral:		
CLINICAL CONTEXT				

Checkup

#### UPPER EXTREMITY ARTERY

Central Aortic Systolic Pressure (mmHg) Marker of the pressure at the root of the heart.			101		<b>-</b> 119 <b>-</b>	123		
Peripheral A Marker of aortic sti	•	n Index (%	6)	50		75 💻	100	
Brachial BP.	SYSTOLIC P. (mmHg)	145		<b>OLIC P.</b> nHg)	58	PULSE P. (mmHg)	0/	

ENDOTHELIAL FUNCTION	PTG stands	for photopleth	ysmogr	aphy.		
PTG Index (V.s) Marker of homeostasis.	41.8		25		40	NORMAL
Stress Index (%) Marker of inflammation.	210		180	BORDERLINE	500	
PTG Second Derivative Index (ratio) Marker of arterial tone.	0.27	NORMAL	0.42		0.55	

LOWER EXTREMITY ART	ERY	ba stands	ba stands for brachial ankle and NC for Non-Compressible.				
Left Ankle Brachial II Marker of of the left leg large arte		1.19		0.90 1.0 NORMAL	_		
Right Ankle Brachial Marker of of the right leg large ar		<sup>))</sup> 1.12		0.90 1.0 NORMAL 1.39 =			
ba Pulse Wave Veloc Marker of lower extremity artery		964		L 1550 > 1800 >	_		
Left Ankle BP. (mmHg)	171	DIASTOLIC P. (mmHg)	73	Left Diastolic ABI (ratio) 1.26	6		
Right Ankle BP. SYSTOLIC P. (mmHg)	162	DIASTOLIC P. (mmHg)	61	Right Diastolic ABI (ratio) 1.05	5		

BP stands for blood pressure and P. for pressure.

DISCLAIMER: All results should be considered within the clinical contextof the patient's, case, history, symptoms, known diagnosis, findings from other diagnostics studies, current medications, treatment plan and therapies. The interpretation of the results is the responsibility of the medical doctor.



AUTONOMIC NERVOUS SYSTEM ASSESSMENT

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Patient Name: Gender: Female DOB: 2/23/1967 Age: 50	HR: 84 Height 5' 5" Weight: 247 Lbs BMI: 41.1	Physician Name: Clinic or Hospital: Apex Medical Center Address: Las Vegas, Nevada 89106 Referral:
CLINICAL CONTEXT		

Checkup

#### CARDIAC AUTONOMIC REGULATION

Total Power (ms2) Marker of overall ANS activity at rest.	1001	 500		780	NORMAL
High Frequency (ms2) Marker of parasympathetic activity at rest.	171	150	BORDERLINE	220	
Low Frequency / High Frequency (ratio) Marker of ANS balance.	2.49	2	BORDERLINE	3.5	
SDANN (ms) Marker of sympathetic / parasympathetic function.	33	 25	BORDERLINE	40	

CARDIOVAGAL REFLEX TESTS RR stands for Regular to Regular time between each heart beat. RR / SP Valsalva Ratio NORMAL 1.08 0.85 0.95 Marker cardiovagal response to BP. Expiration / Inspiration Ratio Marker of cardiovagal innervation. NORMAL 1.21 1.15 1.18 NORMAL K30/15 Ratio 0.99 1.04 1.10 Marker of cardiac function. SYMPATHETIC REFLEX TESTS SP stands for systolic pressure.

SP Valsalva Recovery Sympathetic response during Valsalva test.	1.02	0.85	0.95	
SP K3015 Recovery Sympathetic response during change of posture.	0.97	0.85	0.95	

Sweat Peak (mV) Marker of the active sweat gland nerve function.	730	ABNORMAL	768	 1000	
<b>NO Peak</b> (mV) Marker of the skin foot microcirculation.	402	ABNORMAL	768	 1000	_

NO stands for nitric oxide.

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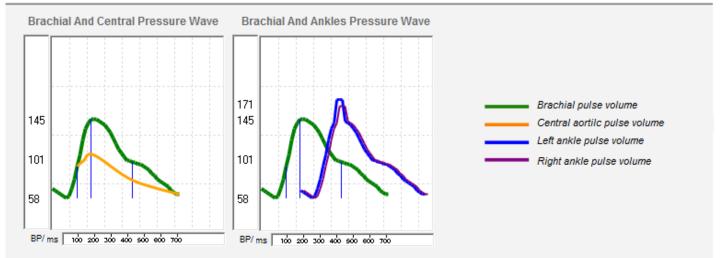


#### VASCULAR FUNCTION ASSESSMENT GRAPHICS

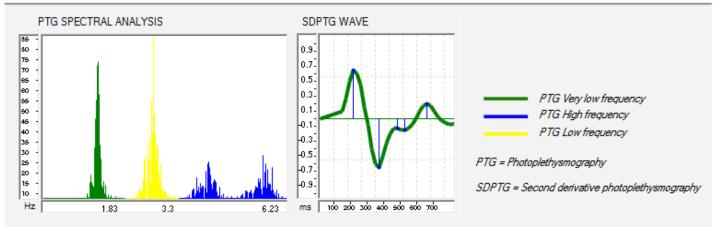
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Age: 50	BMI: 41.1	Referral:

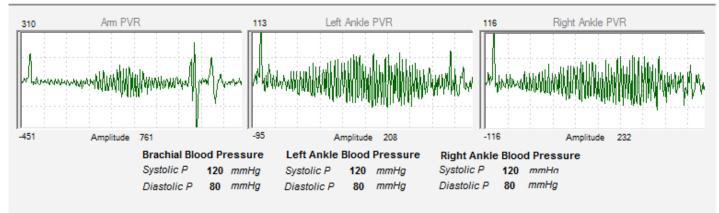
#### GRAPHICS OF VOLUME PLETHYSMOGRAPHY ANALYSIS



#### GRAPHICS OF VOLUME PHOTOPLETHYSMOGRAPHY ANALYSIS



#### GRAPHICS OF SEGMENTAL VOLUME PLETHYSMOGRAPHY ANALYSIS



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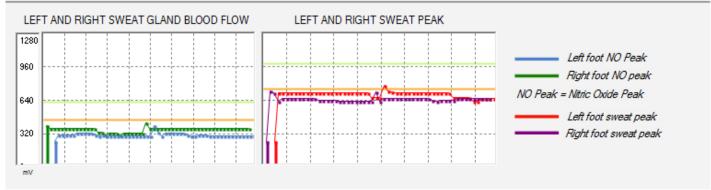


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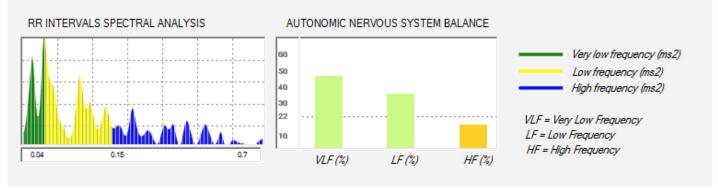
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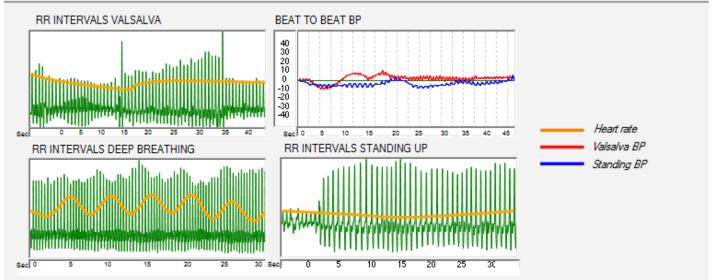
#### SUDOMOTOR RESPONSE RECORDS



#### HEART RATE VARIABILITY (HRV) ANALYSIS



### CARDIAC AUTONOMIC REFLEX TESTs (CARTs) RECORDS



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#### RISK ASSESSMENT AND COMMENTS

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\* Off label use

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#### VASCULAR FUNCTION RISKS



#### AUTONOMIC NEUROPATHY RISKS

AUTONOMIC NEU		
SMALL FIBER NEUROPATHY	ABNORMAL	Severe microcirculation disorder in both feet. Treating the underlying condition or lifestyle change as well as lab tests (Vitamin B12; Folate test) suggested. Low sudomotor response in right foot. Moderate decrease in sweat gland density.
ANS REGULATION	BORDERLINE	In case of symptom, the patient should be referred to a Neurologist for further examination and treatment option. Mild reduction of VO2 Max. Possibility of mild exercise intolerance.
CARDIOVAGAL TESTS	NORMAL	Mild sympathetic predominance and/or mental stress. No cardiac autonomic neuropathy has been detected.
SYMPATHETIC TESTS	NORMAL	



Diabetes risk has been detected. We suggest lab tests exams such as comprehensive metabolic panel. Insulin resistance has been detected. Wellness program is suggested. Bariatric surgery could be envisioned. Mild microvascular disorder has been detected. Kidney lab tests as well as eye exams (Retina) are suggested. No macrovascular risk has been detected.

#### PHYSICIAN'S NOTES

COMMENTS

COMMENTS

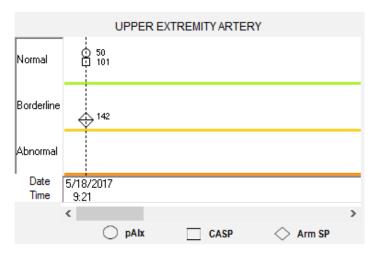
COMMENTS



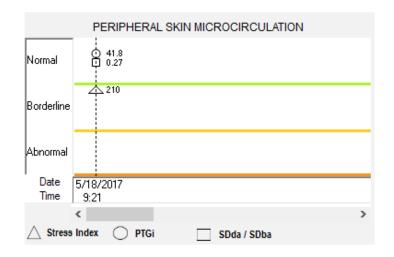
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TREND CHARTS

#### VASCULAR FUNCTION TREND CHARTS







#### AUTONOMIC NERVOUS SYSTEM TREND CHARTS

