

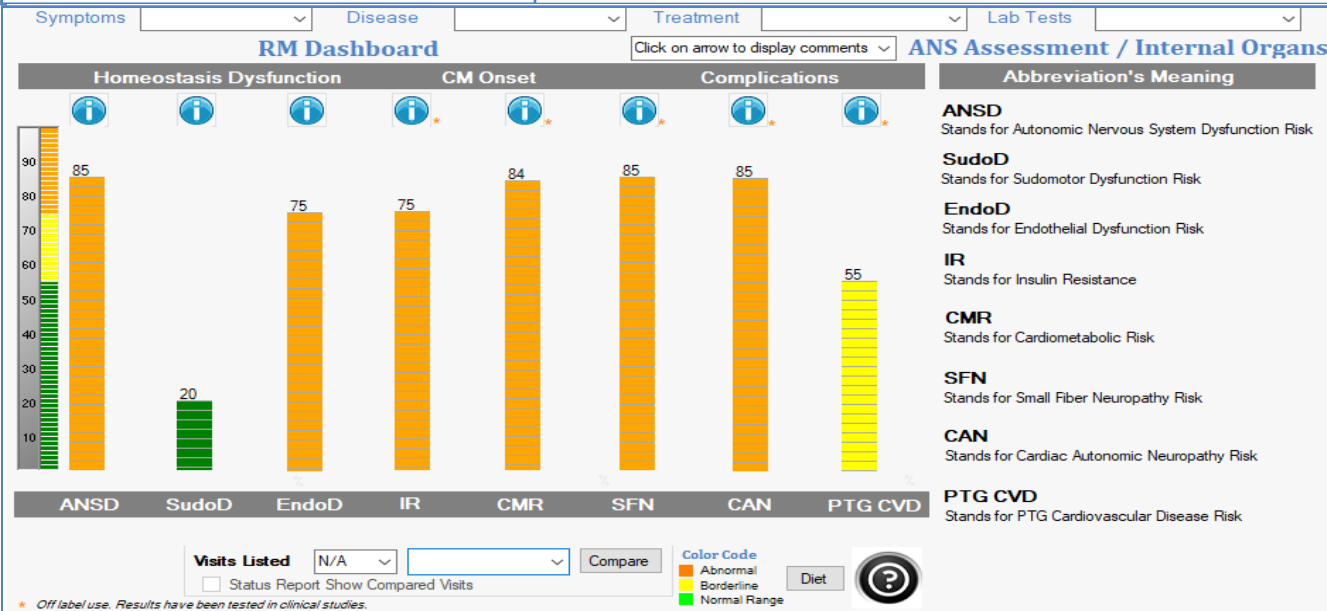
Patient Name:	Angela Nassr
Weight:	146 Lbs BMI: 28.6
Height:	4' 12"
Date of birth:	4/17/1927
Gender:	Female

## RM-3A STATUS REPORT

### PHYSICIAN'S FULL REPORT SUMMARY

Referral:

Clinical Context	Comments And Suggestions Of The Risk Analysis
	<p><b>ANS D:</b> Significant autonomic dysfunction detected. Increased physical activity is suggested.</p> <p><b>Sudo D:</b> Mild Microcirculation disorder</p> <p><b>Endo D:</b> Moderate Endothelial dysfunction has been detected. Further conventional cardiovascular examinations are suggested.</p> <p><b>IR:</b> Moderate Abnormal result. Lifestyle change is suggested.</p> <p><b>CMR:</b> Significant abnormal result. Further lab tests (Fasting BG and OGTT) are suggested</p> <p><b>SFN:</b> Significant result. Further supplementary exams comprised in Toronto Clinical Neuropathy Score are suggested.</p> <p><b>CAN:</b> Significant Abnormal result. If the patient undergoing a diabetic treatment, target HbA1c according to the hypoglycemia risk Significant failure of parasympathetic response. Possibility of Postural Tachycardia Syndrome (POTS). Moderate sympathetic over response is detected. Significant sympathetic over response is detected.</p> <p><b>PTG CVD:</b> Mild endothelial and ANS dysfunction detected. Cardiometabolic Profile lab tests are suggested.</p>
Observations	



\* Off label use. Results have been tested in clinical studies.

The correlations between 2h- OGTT Glucose and Cardiometabolic Risk score (CMRS) were:  $r = 0.56$  ( $p = 0.003$ ).

Small fiber neuropathy risk using the sudomotor response score had a sensitivity of 91.4 % and specificity of 79.1% to detect diabetic neuropathy symptoms score  $\geq 1$ .

PTG CVD is calculated from the PTG Spectral Analysis markers. Comparing group with CAD and control group, spectral Analysis Markers have a sensitivity of 84.6% and specificity of 96.8% to detect CAD. Off label use. Results have been tested in clinical studies.

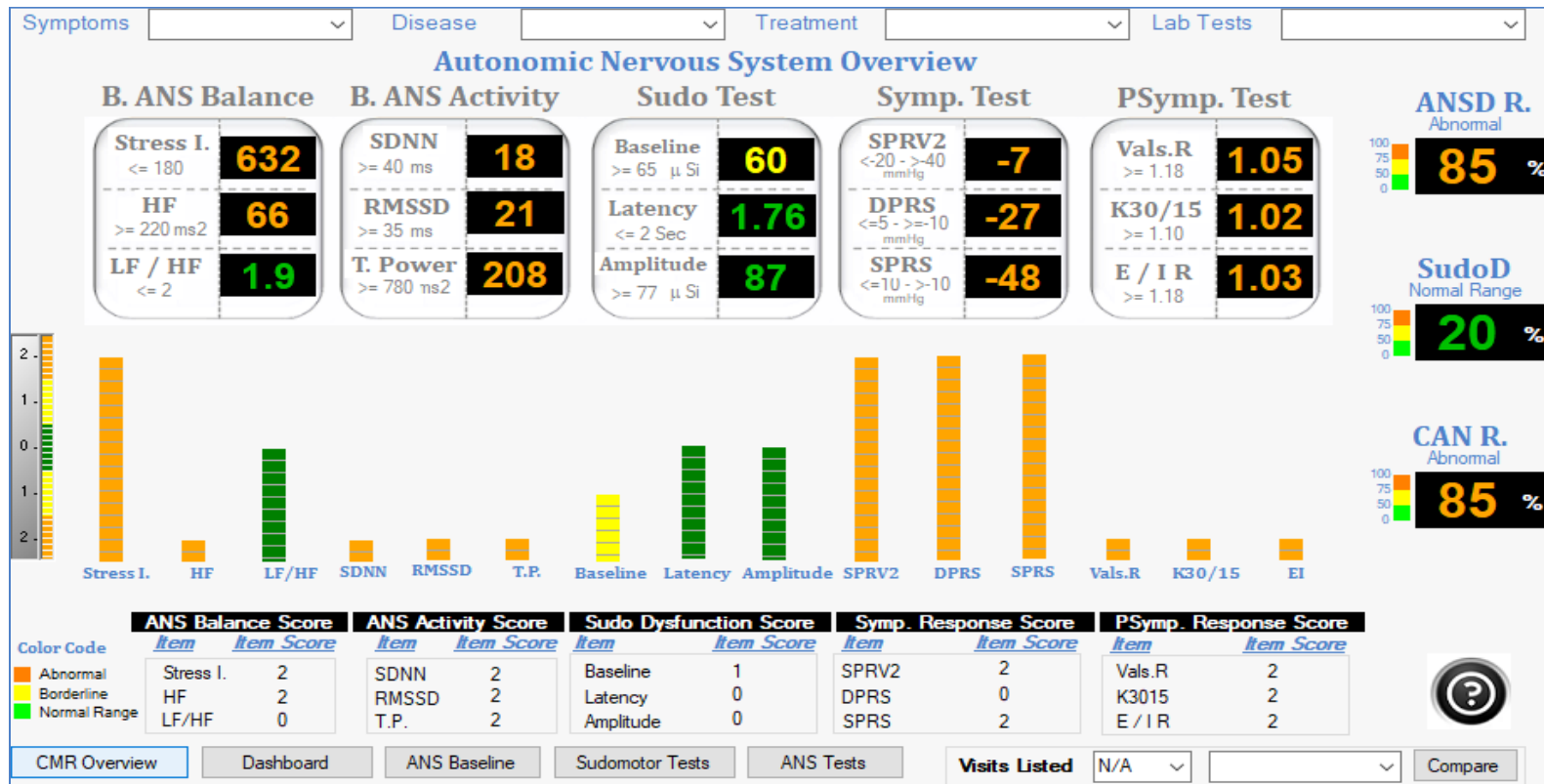
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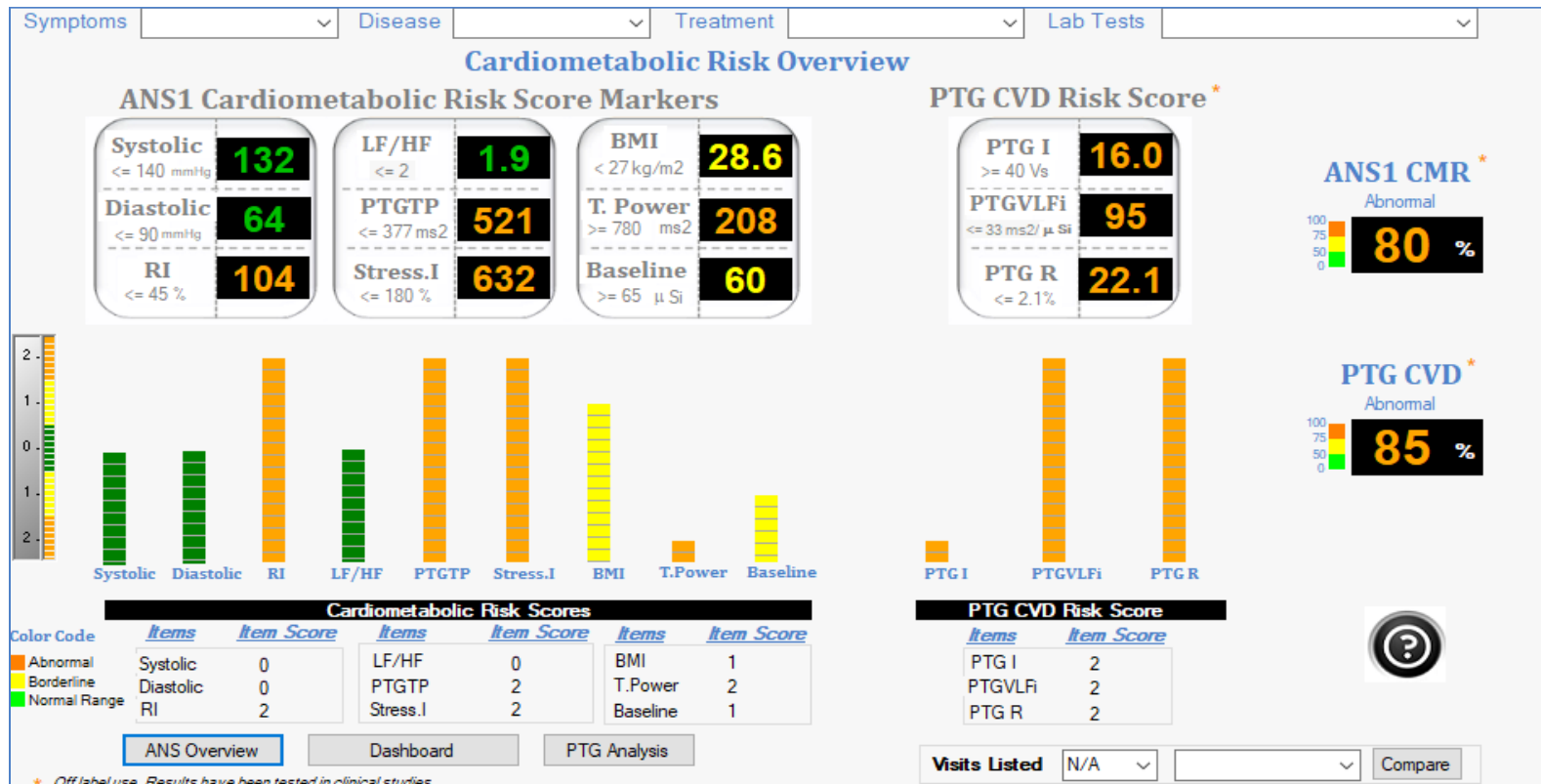
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### Risk Factors Chart Meaning:

Systolic = Systolic pressure  
 Diastolic = Diastolic pressure  
 RI = Marker of medium artery stiffness  
 PTGVLFi = Homeostatic Marker\*  
 PTGTP = Homeostatic Marker\*  
 STRESS.I = Marker of hepatic glycolysis  
 FM = Fat mass  
 T. Power = Marker of ANS overall activity  
 Baseline = Marker of skin microcirculation  
 PTG I = Homeostatic Marker\*  
 PTG R = Homeostatic Marker\*  
 CAN S. = Cardiac Autonomic Neuropathy Score  
 CMR = Cardiometabolis Risk  
 CVD = Cardiovascular Disease

\* Homeostatic Marker are correlated to autonomic nervous system and endothelial function

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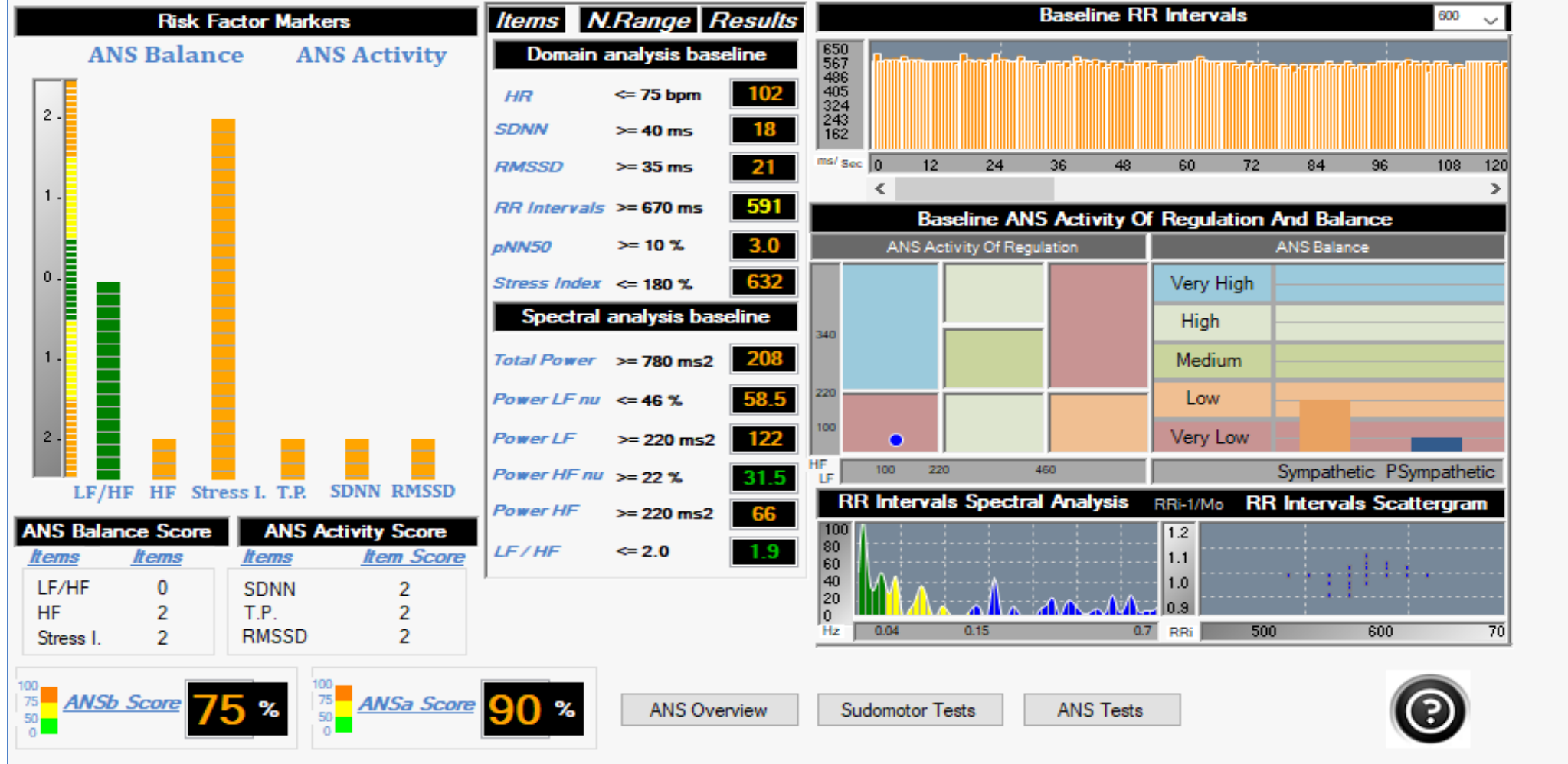
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### Heart Rate Variability (HRV) Analysis



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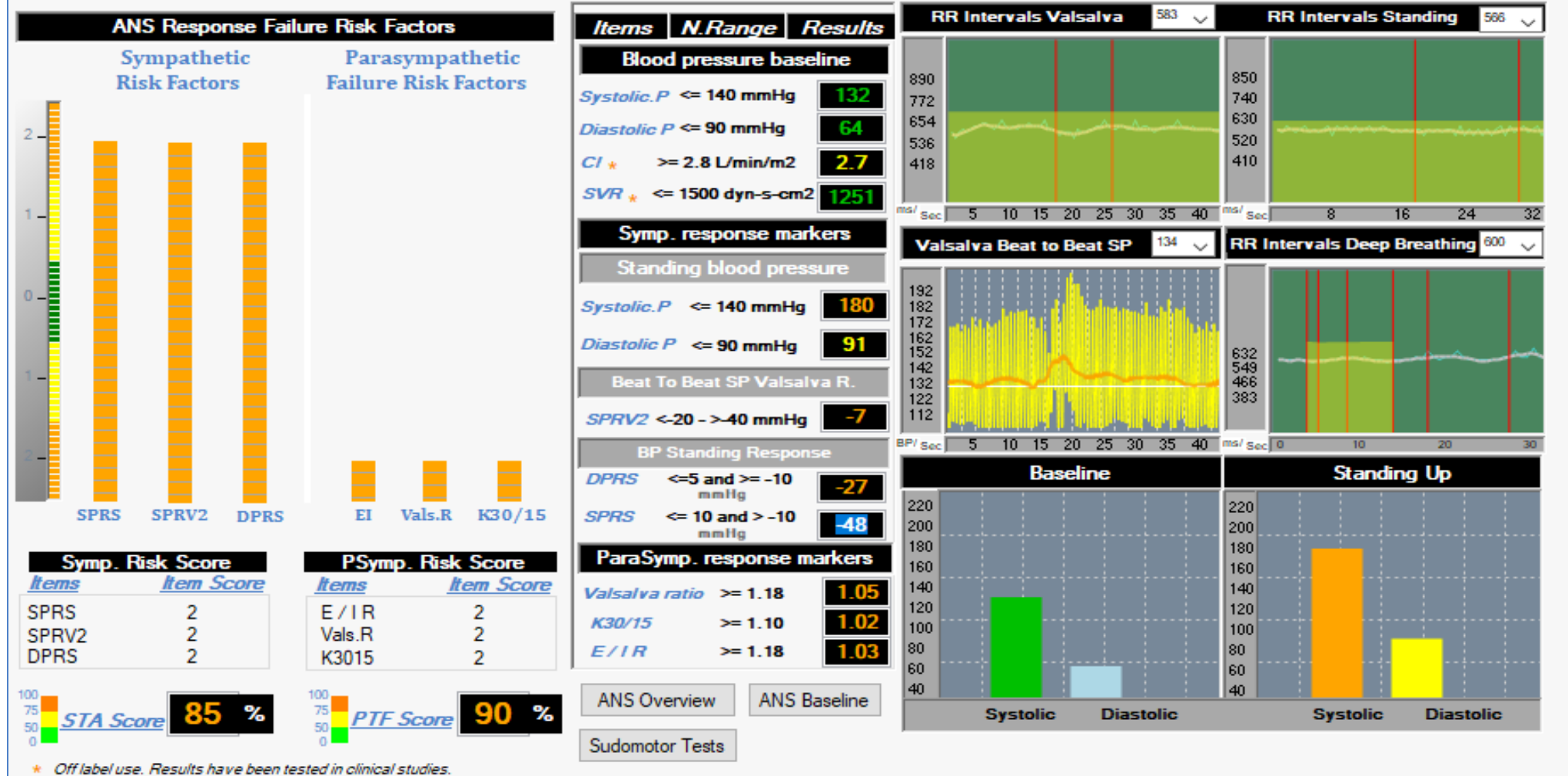
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### Autonomic Nervous System (ANS) Tests Analysis



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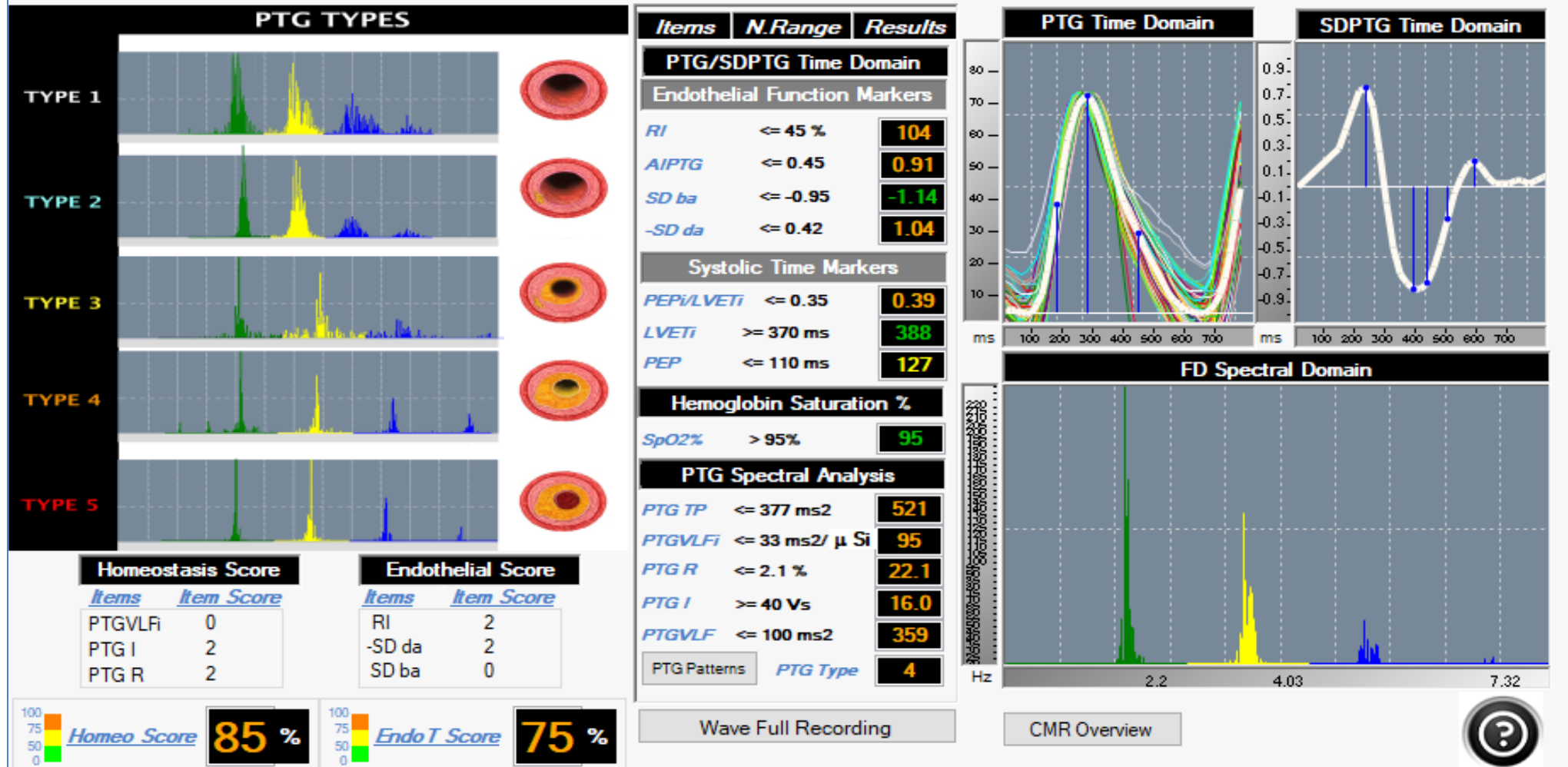
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### Photoplethysmography (PTG) Analysis



Wave Full Recording

CMR Overview

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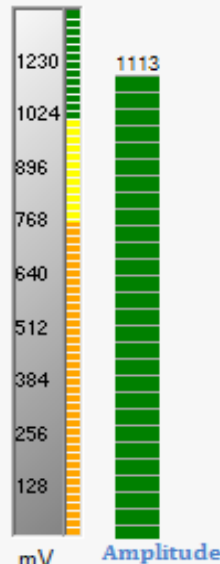
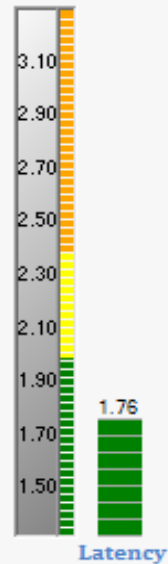
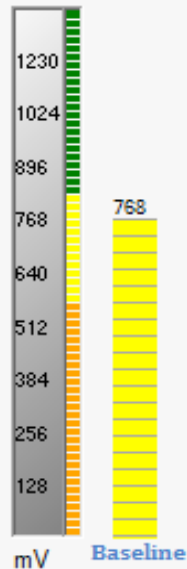
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### Sudomotor Response (SMR) Analysis

Conductance -Electrode

Latency At Anode

Conductance +Electrode



■ Abnormal  
■ Borderline  
■ Normal Range

ANS Overview

ANS Tests

ANS Baseline

Visits Listed

N/A

Compare

Items	N.Range	Results
Sudomotor Response		
Baseline	>=65 $\mu$ Si	60
Latency	<= 2 Sec	1.76
Amplitude	>=79 $\mu$ Si	87

Sudomotor Response Score  
Low Risk

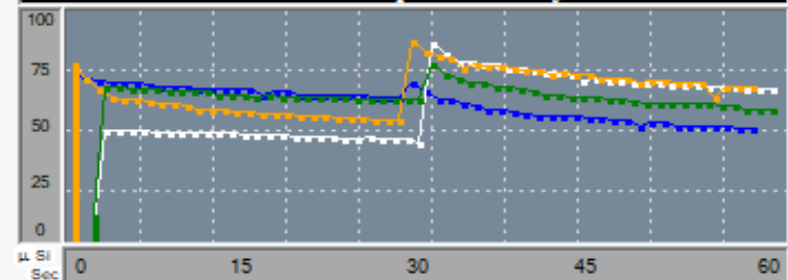
100  
75  
50  
0

20 %

#### Sudomotor Score

Items	Items Score
Baseline	1
Latency	0
Amplitude	0

#### Sudomotor responses analysis



#### Sudomotor Results Comments

Mild Microcirculation disorder

