

DATA MANAGEMENT REPORT

OVERVIEW ASSESSMENT

Page No. 1

Visit Date: 2026
Visit Time:

Patient Name: SAMPLE PATIENT

Gender: Male Height: 5' 6"
DOB: XX/XX/XXXX Weight: 216 Lbs
Age: 35 BMI: 34.7

Physician Name: Physician Name

Clinic or Hospital: Clinic Name

Address:

Referral:

VASCULAR ASSESSMENT

BLOOD PRESSURE

MILD HYPERTENSION

ARTERIAL STIFFNESS

INITIAL STEP 1

ESTIMATED CASP

NORMAL RANGE

ENDOTHELIAL FUNCTION

INITIAL STEP 1

ANKLE BRACHIAL INDEX

BORDERLINE

CASP = Central Aortic Systolic Pressure

LIFESTYLE ASSESSMENT

ESTIMATED BODY COMPOSITION

OBESE TYPE 2

VITAL SIGNS

NORMAL RANGE

EXERCISE CAPACITY

ACCEPTABLE

AUTONOMIC ASSESSMENT

CARDIAC AUTONOMIC

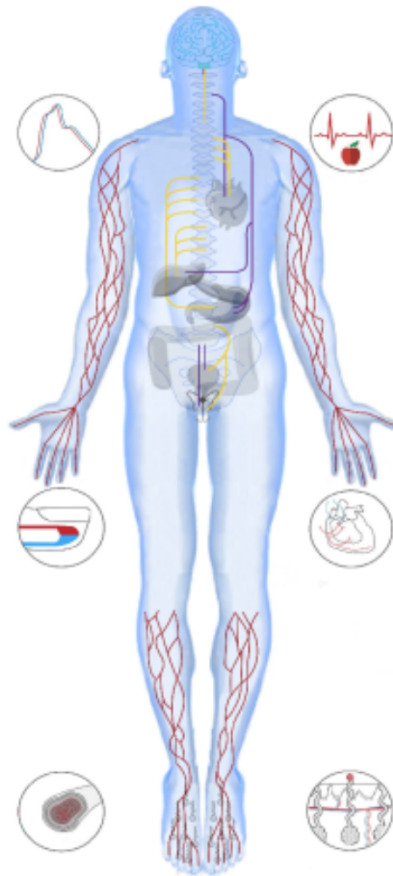
SYMPATHETIC FAILURE

MICROCIRCULATORY RESPONSE

NORMAL RANGE

SWEAT RESPONSE

INFLAMMATION



ASSESSMENTS COLOR CODE

NORMAL RANGE INITIAL STEP 1 / ACCEPTABLE INITIAL STEP 2 / BORDERLINE DEFINED SEVERE

CLINICAL CONTEXT

Checkup

CMR SCORE

62 %

SCORE 0% - 100% *

CMR COLOR CODE

SCORE $\geq 80\%$ | Low risk Profile
SCORE $\geq 60\%$ and $< 80\%$ | Borderline Risk Profile
SCORE $< 60\%$ and $\geq 40\%$ | Moderate Risk Profile
SCORE $< 40\%$ | High Risk Profile

Physician's Signature

Physician's Name

CMR =Cardiometabolic Risk

DISCLAIMER: All results should be considered within the clinical context of 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.



OXI_W REPORT

CARDIAC AUTONOMIC ASSESSMENT

Page No. 2

Visit : 2026
Visit Time

Patient Name: SAMPLE PATIENT

Gender: Male Height: 5' 6"

DOB: XX/XX/XXXX Weight: 216 Lbs

Age: 35 BMI: 34.7

Physician Name: Physician Name

Clinic or Hospital: Clinic Name

Address:

Referral:

MARKERS	DESCRIPTION	RESULT	RANGES (Units)
HRV ANALYSIS BASELINE			
<u>HRV TOTAL POWER</u>	It estimates the overall autonomic homeostatic response at rest. Studies show that a very low total power result is associated with chronic diseases.	1760 BORDERLINE	> 1200 (ms ²)
<u>SDANN</u>	It estimates both sympathetic and parasympathetic activities. Studies show that a very low SDANN response is associated with exercise intolerance.	33 BORDERLINE	>= 40 (ms)

HRV = Heart rate variability, SDANN= Standard Deviation Average Norm to Norm (NN is the same as RR)

CARTs: PARASYMPATHETIC TESTS

<u>VALSALVA RATIO</u>	It reflects the cardiovagal response to the systolic pressure change. It is a significant marker of parasympathetic baroreceptor reflex sensitivity.	1.75 NORMAL	> 1.21 (Ratio)
<u>E/I RATIO</u>	E/I Ratio is calculated from the HRV Ratio during the deep breathing test. It estimates the vagal innervation.	1.25 NORMAL	> 1.15 (Ratio)
<u>K30/15 RATIO</u>	It estimates the cardiac vagal function and identifies Postural Orthostatic Tachycardia Syndrome (POTS) or vagal syndrome risks.	1.04 NORMAL	>= 1.04 & < 1.14 (Ratio)

K30/15 = RR or SP at 30 seconds divided by RR or SP at 15 seconds, , CARTs = Cardiac Autonomic Reflex Tests. E/I = Expiration / Inspiration

CARTs: SYMPATHETIC TESTS

Δ <u>SPRS</u>	It estimates the norepinephrine response during the postural change and identifies Orthostatic Hypotension or Orthostatic intolerance risks.	27 ABNORMAL	< 10 & > -20 (mmHg)
Δ <u>DPRS</u>	It estimates the epinephrine response during the postural change.	19 BORDERLINE	< 10 & > -20 (mmHg)

Δ SPRS = Delta Systolic Pressure Response to Standing. **Δ** DPRS = Delta Diastolic Pressure to Standing.

ASSESSMENT



Assessment is conducted from the guidelines of the CAN Subcommittee of the Toronto Consensus Panel statement. The Subcommittee defined criteria for CAN diagnostic and severity.

CARDIAC AUTONOMIC EVALUATION: SYMPATHETIC FAILURE

Physician's Signature

Physician's Name

DISCLAIMER: All results should be considered within the clinical context of 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.

SWEAT-C REPORT
SUDOMOTOR FUNCTION ANALYSIS

Page No. 3

Visit : 2026
Visit Time:



Patient Name: SAMPLE PATIENT

Gender: Male Height: 5' 6"
DOB: XX/XX/XXXX Weight: 216 Lbs
Age: 35 BMI: 34.7

Physician Name: Physician Name

Clinic or Hospital: Clinic Name

Address:

Referral:

C-FIBER RESPONSE: SWEAT PEAK (mV)

FOOT	DESCRIPTION	RESULT	RANGES (Units)
<u>LEFT FOOT</u>	Sweat Peak is calculated from the peak amplitude of the galvanic skin response at the positive electrode. It estimates the density of the active cholinergic nerve fiber according to the sweat production response. Our Study shows that a poor sweat peak response is correlated to peripheral neuropathy symptoms.	1229 INFLAMMATION	≥ 832 & < 1100 (mV)
<u>RIGHT FOOT</u>		1229 INFLAMMATION	≥ 832 & < 1100 (mV)

MICROCIRCULATORY RESPONSE : NO PEAK (mV)

FOOT	DESCRIPTION	RESULT	RANGES (Units)
<u>LEFT FOOT</u>	Nitric Oxide (NO) Peak is calculated from the peak amplitude of the galvanic skin response at the negative electrode. It estimates the postganglionic cholinergic sympathetic vasodilatory response induced by electrical stimulation. Our study shows that the NO peak is associated with retinopathy and Homocysteine lab tests.	1152 NORMAL	≥ 832 (mV)
<u>RIGHT FOOT</u>		1100 NORMAL	≥ 832 (mV)

ASSESSMENT

Based on the SweatC clinical studies.

SWEAT RESPONSE EVALUATION: INFLAMMATION

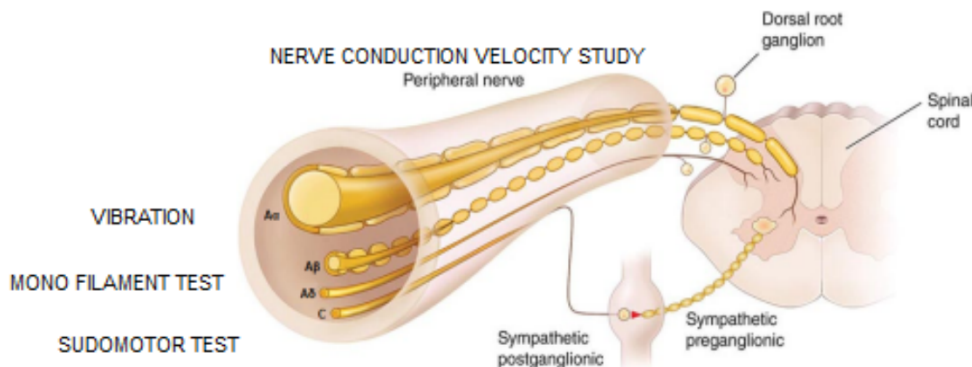
MICROCIRCULATORY RESPONSE: NORMAL RANGE

Physician's Signature

Physician's Name

PERIPHERAL DISTAL NEUROPATHY TESTING

Peripheral distal Neuropathy symptoms may be caused by any dysfunction or damage of: Peripheral motor nerve and /or A α fiber (large fiber) and / or A β or A δ (sensory nerve) and/or C-Fiber (Autonomic cholinergic sympathetic fiber controlling the sudomotor function) Used diagnostic tools:



DISCLAIMER: All results should be considered within the clinical context of 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.



ENDOTHELIAL FUNCTION AND BLOOD PRESSURE ASSESSMENT

Visit : 2026
Visit Time

Patient Name: SAMPLE PATIENT

Gender: Male Height: 5' 6"
DOB: XX/XX/XXXX Weight: 216 Lbs
Age: 35 BMI: 34.7

Physician Name: Physician Name
Clinic or Hospital: Clinic Name
Address:
Referral:

ENDOTHELIAL FUNCTION

MARKERS	DESCRIPTION	RESULTS	RANGES / UNITS
<u>STRESS INDEX</u>	Our Clinical study shows that the Stress Index is correlated to the CRP marker of inflammation.	132 NORMAL	< 180 (Vs)
<u>PTG INDEX</u>	Our clinical study shows that PTGi is correlated with the heart's artery blood flow.	46.3 NORMAL	>= 40 (V/s)
<u>PTG TOTAL POWER</u>	Our clinical study shows that PTG-TP has a high specificity and specificity to detect Insulin Resistance measured by HEC.	415	<= 406 (ms2)
<u>PTGVLF INDEX</u>	Our clinical study shows that PTGVLFi is correlated with fibrinogen lab test.	19 NORMAL	<= 32 (V.s/mS)
<u>PTG SD INDEX</u>	Studies using vasodilator medications show that the PTG SD ratio is correlated to the vascular tone.	0.09 NORMAL	<= 0.42 (Ratio)

PTG = Photoplethysmography. VLF = Very Low Frequency, SD = Second

HEC = Hyperinsulinemic Euglycemic Clamp

LARGE ARTERY STIFFNESS

<u>PERIPHERAL Alx</u>	It is calculated from the volume plathysmography, and it estimates the aortic arterial stiffness.	25 NORMAL	< 75 (Ratio)
<u>LEFT baPWV</u>	It is the rate which the blood pressure waves moves down the vessel. It estimates the left leg artery stiffness.	1442 NORMAL	< 1550 (cm/s)
<u>RIGHT baPWV</u>	It is the rate which the blood pressure waves moves down the vessel. It estimates the right leg artery stiffness.	1575	< 1550 (cm/s)

baPWV = Brachial Ankle Pulse Wave Velocity, Alx = Augmentation Index

ARM BLOOD PRESSURE ANALYSIS

<u>ESTIMATED CENTRAL AORTIC SP</u>	It estimates the SP at the aorta during the ejection phase using the volume plethysmography analysis.	104 NORMAL	< 116 (mmHg)
<u>DELTA RIGHT / LEFT ARM</u>	It assesses the subclavian or axillary stenosis risk.	2 NORMAL	< 20 (mmHg)

SP = Systolic Pressure.

ASSESSMENT



Based on the 2020 International Society of Hypertension guidelines, our Photoplethysmography Spectral Analysis clinical studies, peer reviews regarding the vasomotion or flowmotion and Photoplethysmography second derivative analysis.

BLOOD PRESSURE EVALUATION: MILD HYPERTENSION

ARTERIAL STIFFNESS EVALUATION: INITIAL STEP

CASP EVALUATION: NORMAL RANGE

ENDOTHELIAL FUNCTION EVALUATION: INITIAL STEP 1

Physician's Signature

Physician's Name

DISCLAIMER: All results should be considered within the clinical context of 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.

Patient Name: SAMPLE PATIENT

Gender: Male Height: 5' 6"
DOB: XX/XX/XXXX Weight: 216 Lbs
Age: 35 BMI: 34.7

Physician Name: Physician Name

Clinic or Hospital: Clinic Name

Address:

Referral:

ANKLE BRACHIAL SYSTOLIC PRESSURE

RIGHT ARM

SYSTOLIC P. **157** mmHg

RIGHT PT ARTERY

SYSTOLIC P. **136** mmHg

SA AMPLITUDE **81** mV/min

RIGHT DP ARTERY

SYSTOLIC P. **139** mmHg

SA AMPLITUDE **81** mV/min



LEFT ARM

SYSTOLIC P. **155** mmHg

LEFT PT ARTERY

SYSTOLIC P. **153** mmHg

SA AMPLITUDE **85** mV/min

LEFT DP ARTERY

SYSTOLIC P. **147** mmHg

SA AMPLITUDE **85** mV/min

P. = Pressure, PT = Posterior Tibial, DP = Dorsalis Pedis, SA = Spectral Analysis,

SPECTRAL ANALYSIS AMPLITUDE. It is calculated from the spectral analysis of the volume plethysmography recorded from the cuffs during the deflation during the blood pressure measurement at the arms and ankles. It is a marker of the blood flow recovery after artery occlusion.

RIGHT ANKLE BRACHIAL INDEX

0.89

BORDERLINE

LEFT ANKLE BRACHIAL INDEX

0.97

ACCEPTABLE

ANKLE BRACHIAL INDEX RANGES

1.39 1.30 1.00 0.90 0.80 0.60

SAAMPLITUDE RANGES

60 40 25

ANKLE BRACHIAL INDEX. It is calculated from the lowest systolic pressure (dorsalis Pedis and Posterior tibial artery) at each ankle divided the highest systolic

PERIPHERAL ARTERY DISEASE (PAD) ASSESSMENT RISK CHART

Early Stages

Calcified

Defined

BORDERLINE

Type 1

Type 2

Type 3



Type 4

Type 5

Type 6

Physician's Signature



Based on the "Management of Patients with Peripheral Artery Disease" published by the Journal of the American College of Cardiology

Physician's Name

DATA MANAGEMENT REPORT

LIFESTYLE ASSESSMENT

Page No. 6

Visit : 2026

Visit Time:



Patient Name: SAMPLE PATIENT

Gender: Male

Height: 5' 6"

DOB: XX/XX/XXXX

Weight: 216 Lbs

Age: 35

BMI: 34.7

Physician Name: Physician Name

Clinic or Hospital: Clinic Name

Address:

Referral:

MARKERS	DESCRIPTION	RESULT	RANGES (Units)
FAT LEVEL			
ESTIMATED FAT MASS	(Fat mass / total weight) * (100)	34 SEVERE	<= 21 (%)
BMI	(Weight / Height ²)	35 ABNORMAL	<= 22 (kg/m ²)

BMI = Body Mass Index

VITAL SIGNS			
HEART RATE	Tachycardia at rest can limit the possibility of moderate and vigorous exercise (> 3 METs).	71 NORMAL	> 50 & < 85 (bpm)
SpO2	It is a marker of blood oxygen saturation. A low SpO2 (<=90%) can limit the possibility of moderate and vigorous exercise (> 3 METs).	96 NORMAL	>= 94 (%)
SYSTOLIC PRESSURE	High systolic pressure can limit the possibility of moderate and vigorous exercise (> 3 METs)	155 BORDERLINE	<= 140 (mmHg)

HRV EXERCISE CAPACITY			
rMSSD	It estimates parasympathetic system activity. Studies show that a lower rMSSD is associated with a longer exercise recovery.	27 BORDERLINE	> 35 (ms)
SDANN	It estimates sympathetic and parasympathetic activities. Studies show that a lower SDANN is associated with exercise intolerance.	33 BORDERLINE	>= 40 (ms)
LF/HF	It estimates adrenergic sympathetic system predominance and can be associated with mental stress.	2.31 OVER	> 0.6 & < 2 (ratio)

HRV = Heart Rate Variability, rMSSD = Root Mean Square Successive Difference, SP = Systolic Pressure.
SDANN = Standard Deviation Average Normal to Normal.

ASSESSMENT

Based on the Bioimpedance analysis, vital signs and Heart rate Variability peer reviews

BODY COMPOSITION EVALUATION: OBESE TYPE 2

VITAL SIGNS: NORMAL RANGE

EXERCISE CAPACITY MARKERS EVALUATION: ACCEPTABLE

Physician's Signature

Physician's Name

DISCLAIMER: All results should be considered within the clinical context of 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.

MAIN MARKERS OVERVIEW

Visit Date: 2026

Visit Time:

Patient Name: SAMPLE PATIENT

Gender: Male Height: 5' 6"
 DOB: XX/XX/XXXX Weight: 216 Lbs
 Age: 35 BMI: 34.7

Physician Name: Physician Name

Clinic or Hospital: Clinic Name

Address:

Referral:

ENDOTHELIAL	MARKERS	RESULT	RANGE (Unit)	DESCRIPTION
	PTG TOTAL POWER	415	<= 406 (ms ²)	High Sensitivity and Specificity to detect Insulin Resistance.
	STRESS INDEX	132	< 180 (Vs)	Correlated to the CRP Lab Test.
	PTG Index	46.3	>= 40 (Vs)	Correlated to the heart artery blood flow.
	PTGVLF Index	19	<= 32 (Vs/microS)	Correlated to the fibrinogen lab test,
BP	SDPTG	0.09	<= 0.42 (Ratio)	Correlated to the Vascular Tone
	ARM SYSTOLIC PRESSURE	155	<= 130 (mmHg)	Highest blood pressure
	ARM DIASTOLIC PRESSURE	88	<= 85 (mmHg)	Lowest blood pressure
PAD	ESTIMATED CASP	104	< 116 (mmHg)	Estimated Central Aortic Systolic Pressure.
	LEFT ABI	0.97	>= 1.0 and < 1.30 (Ratio)	Left Ankle lowest pressure / arm highest pressure.
	RIGHT ABI	0.89	>= 1.0 and < 1.30 (Ratio)	Right Ankle lowest pressure / arm highest pressure.
	LEFT ANKLE SA AMPLITUDE	85	>= 60 (mV/min)	Left Ankle blood flow recovery.
CAN	RIGHT ANKLE SA AMPLITUDE	81	>= 60 (mV/min)	Right Ankle blood flow recovery.
	SDANN	33	>= 40 (mS)	A Low SDANN is associated with exercise intolerance.
	HRV TOTAL POWER	1760	> 1200 (ms ²)	Overall homestatic response at rest.
	ΔDPRS	19	< 10 and > -20 (mmHg)	Epinephrine response during the postural change.
	ΔSPRS	27	< 10 and > -20 (mmHg)	Norepinephrine response during the postural change.
	VALSALVA RATIO	1.75	>= 1.21 (Ratio)	Marker of the parasympathetic baroreceptor reflex sensitivity.
	E/I RATIO	1.25	> 1.15 (Ratio)	Estimated vagal innervation.
SUDDO	K3015 RATIO	1.04	>= 1.04 and < 1.14 (Ratio)	Estimated cardiac vagal function.
	LEFT NO PEAK	1152	>= 832 (mV)	Left foot skin microcirculatory response.
	RIGHT NO PEAK	1100	>= 832 (mV)	Right foot skin microcirculatory response.
	LEFT SWEAT PEAK	1229	>= 832 and < 1100 (mV)	Left foot skin sweat production response.
	RIGHT SWEAT PEAK	1229	>= 832 and < 1100 (mV)	Right foot skin sweat production response.
LIFESTYLE	ESTIMATED FAT MASS	34	< 21 %	(Fat mass / total weight) * (100)
	HEART RATE	71	> 50 and < 85 (bpm)	Heart beats per minute.
	SPO2	96	>= 94 %	Blood oxygen saturation.
	rMSSD	27	> 35 mS	A low rMSSD is associated with a longer exercise recovery.
	LF/HF	2.31	> 0.6 and < 2.0 (Ratio)	Estimated adrenergic sympathetic system activity at Rest.

■ NORMAL

■ ACCEPTABLE

■ BORDERLINE

■ ABNORMAL

■ SEVERE

Patient Name: SAMPLE PATIENT

Gender: Male Height: 5' 6"
DOB: XX/XX/XXXX Weight: 216 Lbs
Age: 35 BMI: 34.7

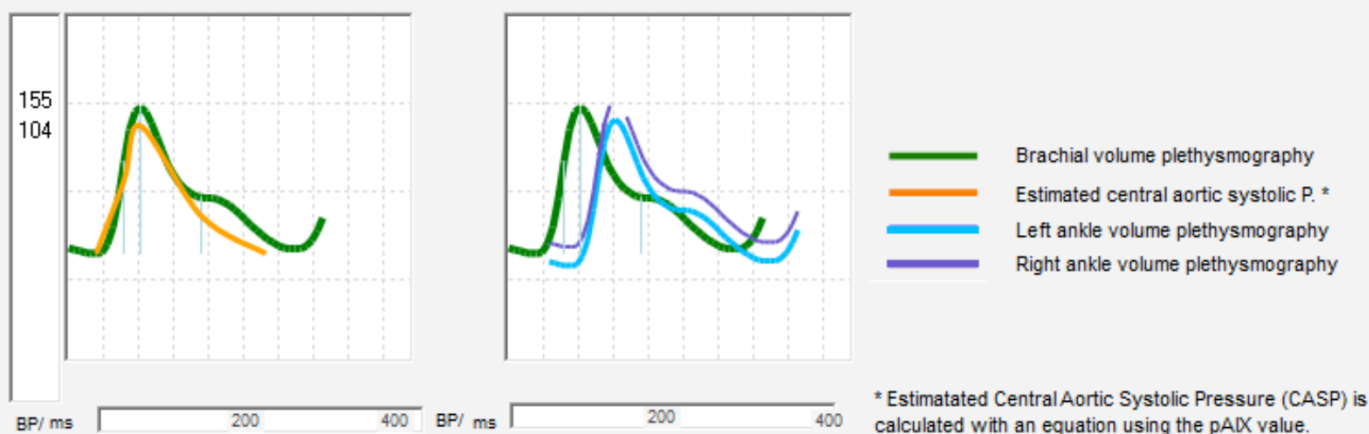
Physician Name: Physician Name

Clinic or Hospital: Clinic Name

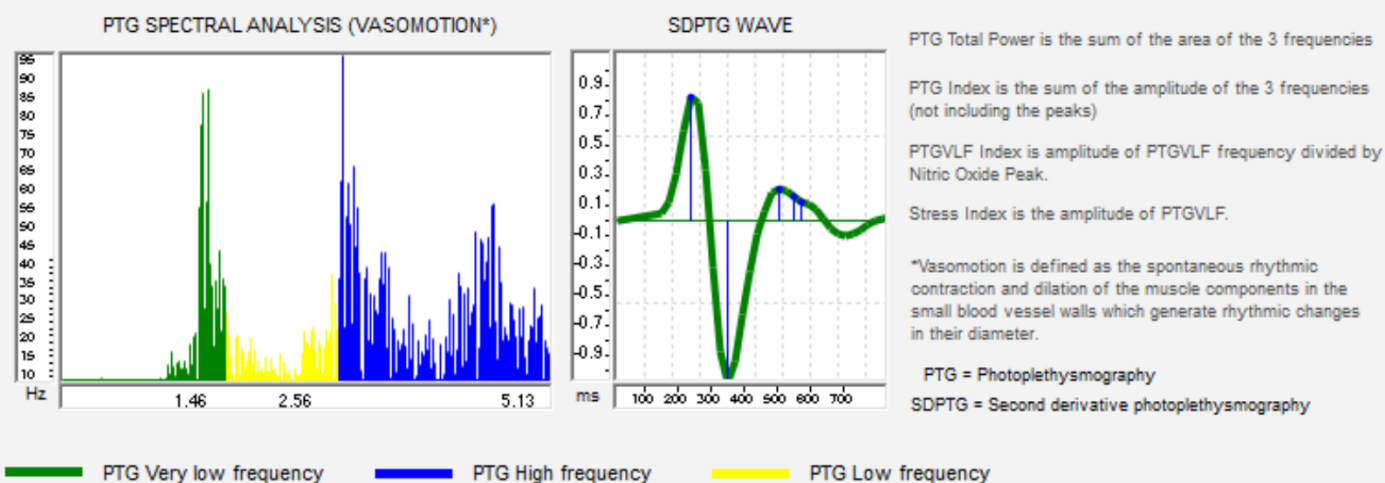
Address:

Referral:

GRAPHICS OF VOLUME PLETHYSMOGRAPHY ANALYSIS



GRAPHICS OF PHOTOPLETHYSMOGRAPHY ANALYSIS



ANKLE VOLUME PLETHYSMOGRAPHY SPECTRAL ANALYSIS

Visit : 2026
Visit Time:

Patient Name: SAMPLE PATIENT

Gender: Male Height: 5' 6"
DOB: XX/XX/XXXX Weight: 216 Lbs
Age: 35 BMI: 34.7

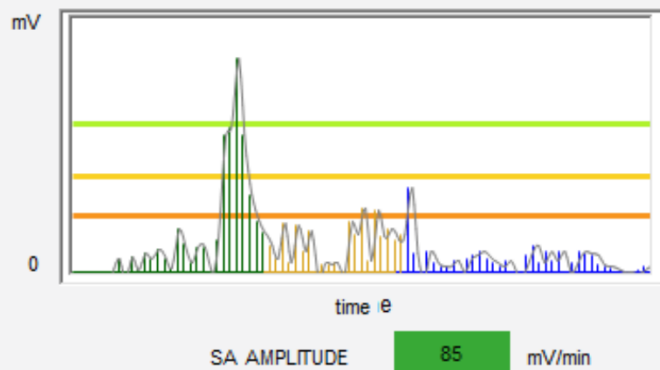
Physician Name: Physician Name

Clinic or Hospital: Clinic Name

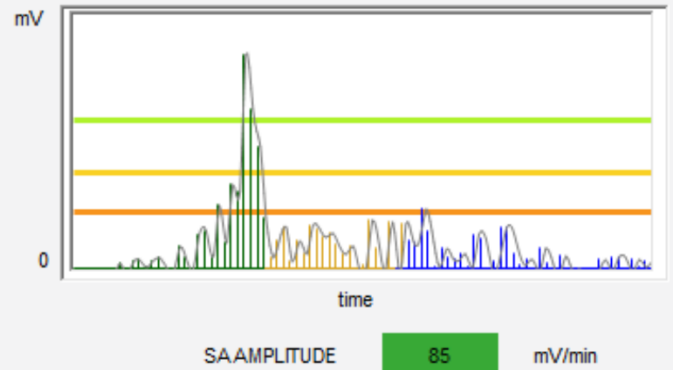
Address:

Referral:

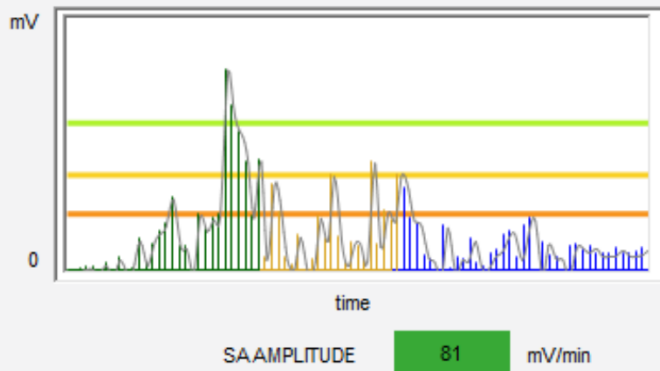
LEFT ANKLE DP ARTERY



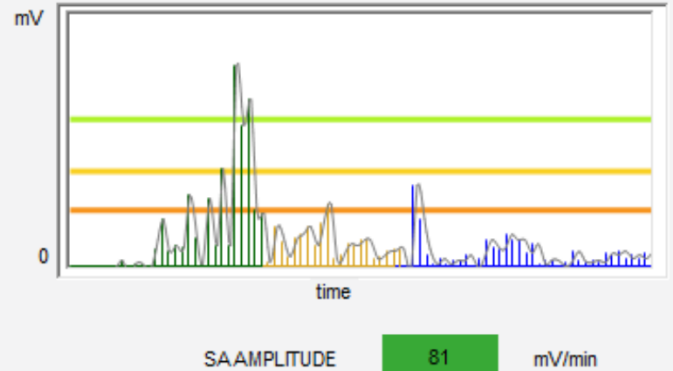
LEFT ANKLE PT ARTERY



RIGHT ANKLE DP ARTERY



RIGHT ANKLE PT ARTERY



SAAMPLITUDE RANGES 60 40 25

DP = Dorsal Pedis, PT = Posterior Tibial, SA = Spectral Analysis (of the volume plethysmography).

SPECTRAL ANALYSIS AMPLITUDE. It is calculated from the spectral analysis of the volume plethysmography recorded from the cuffs during the deflation during the blood pressure measurement at the arms and ankles. It is a marker of the blood flow recovery after artery occlusion.

DISCLAIMER: The interpretation of the graphics is the responsibility of the medical doctor.



TBL-ABI REPORT

ABI VOLUME PLETHYSMOGRAPHY

Page No. 11

Visit Date: 2026
Visit Time:

Patient Name: SAMPLE PATIENT

Gender: Male Height: 5' 6"
DOB: XX/XX/XXXX Weight: 216 Lbs
Age: 35 BMI: 34.7

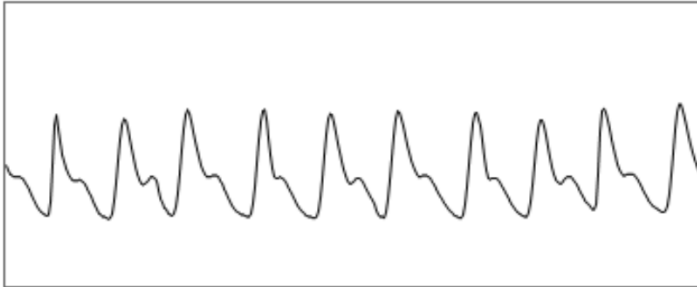
Physician Name: Physician Name

Clinic or Hospital: Clinic Name

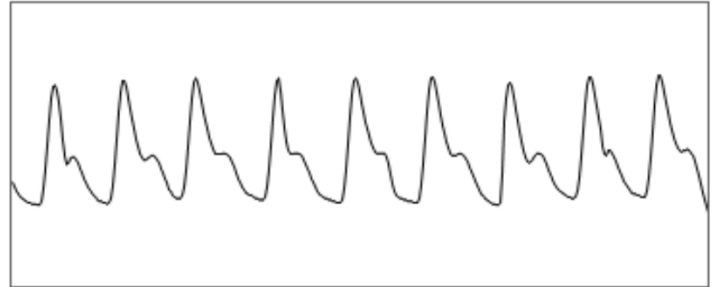
Address:

Referral:

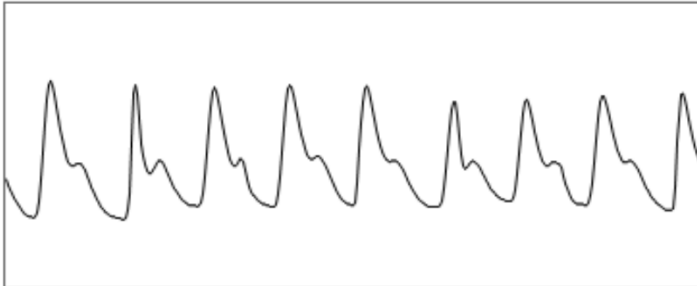
RIGHT ARM BRACHIAL ARTERY VPR



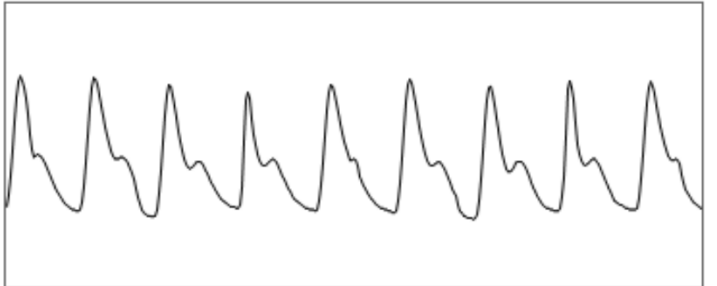
LEFT ARM BRACHIAL ARTERY VPR



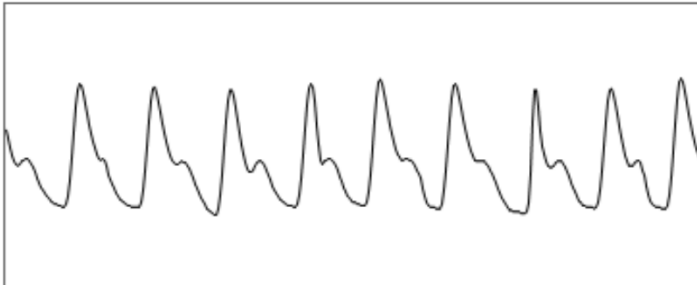
RIGHT ANKLE DP ARTERY VPR



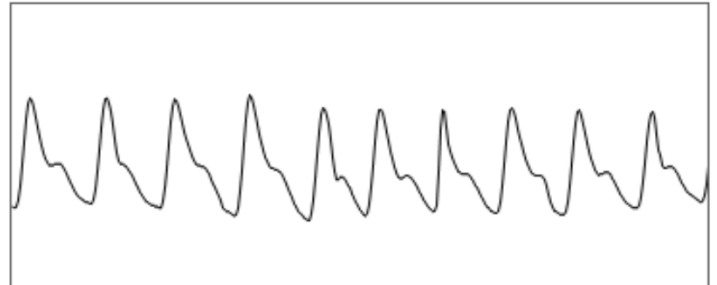
LEFT ANKLE DP ARTERY VPR



RIGHT ANKLE PT ARTERY VPR



LEFT ANKLE PT ARTERY VPR



VPR = Volume Plethysmographic Record, DP= Dorsal Pedis, PT= Posterior Tibial.

Device: TBL ABI, Method: Volume Plethysmography using air pressure cuffs.

DISCLAIMER: The Interpretation of the graphics is the responsibility of the medical doctor.

Patient Name: SAMPLE PATIENT

Gender: Male Height: 5' 6"
DOB: XX/XX/XXXX Weight: 216 Lbs
Age: 35 BMI: 34.7

Physician Name: Physician Name

Clinic or Hospital: Clinic Name

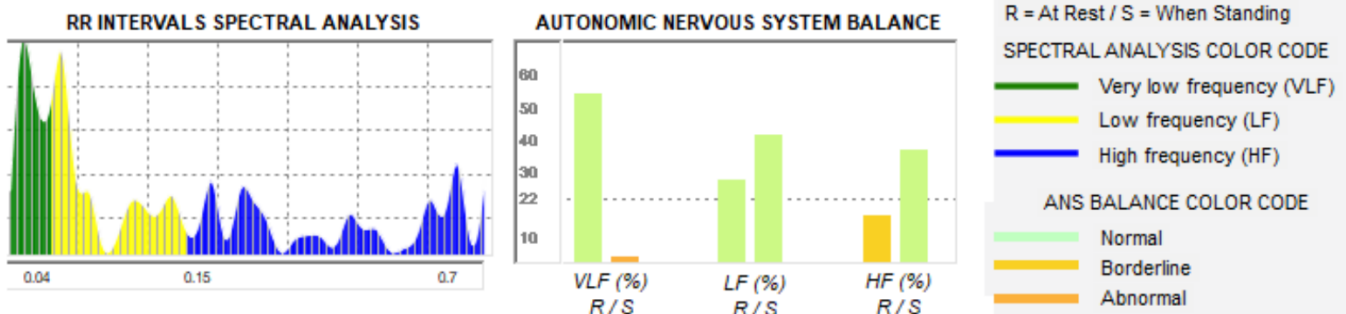
Address:

Referral:

SUDOMOTOR RESPONSE RECORDS



HEART RATE VARIABILITY (HRV) ANALYSIS



CARDIAC AUTONOMIC REFLEX TESTs (CARTs) RECORDS

