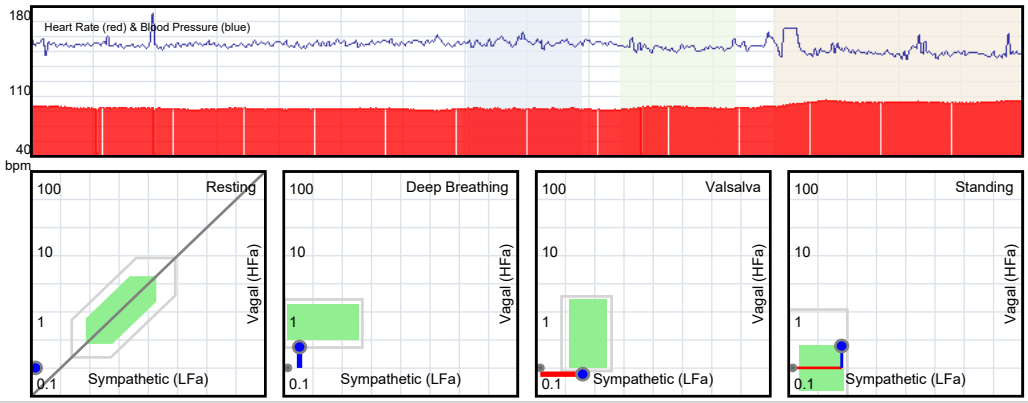
VitalScan

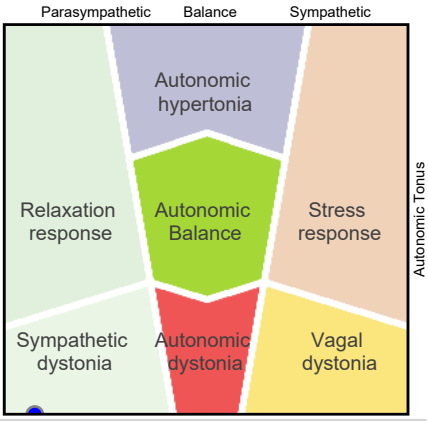
SUMMARY REPORT

Demo Cancer
Gender: Male
Age: 71 (DOB: Jul 24 1949)
Weight: 180 lbs
BMI: 22.5
Height: 6 ft 3 in

Exam Date: Nov 16 2020 13:53

Autonomic Nervous System Function





	HR	BP	LFa	HFa	SpO2	Comment
Resting	84	145/82	0.11	0.24	97	Parasympathetic Dominance; Autonomic nervous system is out of balance; Suggests increased parasympathetic development; Possible chronic autonomic dysfunction; Possible severe chronic autonomic dysfunction – possible Cardiac Autonomic Neuropathy (CAN) [According to Framingham Heart Study]; Clinical protection of the heart is recommended. [Example Bata Blockers, Ace Inhibitors, Angiotensin II Receptor Blockers or Calcium Channel Blockers and additionally cardiovascular workouts]; Possible acute autonomic nervous system dysfunction of the patient such as orthostatic hypotension, heat intolerance, loss of bladder or bowel control - if patient is on Beta-blockers, titration of medication is suggested to increase LFa response and cardiovascular workouts; Possible mild, acute dysautonomia; Symptoms such as orthostatic hypotension, heat intolerance, loss of bladder and bowel control; Suggests Hypertension; Sympathetic dystonia. This may be a sign of accelerated aging, chronic mental fatigue, overwork, lack of sleep or possibly the presence of any chronic health condition causing a decreased regulatory function of the sympathetic nervous system. If similar results appear 3 or more times in a row, it is recommended that one should have a thorough health checkup. Maintaining a healthy
Deep Breathing	86/83	135/75	0.16	0.45	97	Normal Parasympathetic response to stimulation;
Valsalva	87/84	140/84	0.39	0.2	97	Normal Sympathetic response to stimulation;
Standing	91	135/85	0.48	0.47	97	Normal ANS response to stimulation; Heart rate upon standing is considered `low`; Pre-clinical Orthostatic Hypotension is suggested; Orthostatic hypotension is common in older people, especially those with circulatory problems and diabetes. When a person has low blood pressure and pooling of blood in the lower part of the body while sitting or laying down, the process of standing up quickly can cause dizziness and fainting. Normally, body reflexes accommodate such position changes. However, when circulation problems impair these compensation mechanisms, faintness occurs; Prevailing cardiovascular disadaptation. This may be a sign of accelerated aging, physical exhaustion, overtraining or possibly the presence of a cardiovascular health problem causing a deficit in the adaptative capabilities of the autonomic regulation of cardiovascular functioning;

	Score	Units	Norms		Score	Units	Norms		Score	Units	Norms
Autonomic Activity	0	ms²	45-80	Autonomic Balance	7.6	ratio	-3 - 3	E/I Ratio	1.04	ratio	>1.1
Valsalva Ratio	1.04	ratio	>1.15	30:15 Ratio	1.01	ratio	>1.1	Functional Age	79	years	< 73

	Score	Norms	Description	Comments
MSI	-0.88	< 1.0	MSI is an indicator of accumulative mental stress. Mental stress can be caused by situations one has to cope with daily and the emotional states that result. The way in which a person copes with stressful events is a	The score is below average. It indicates low mental stress. Stress in the recent past has had little effect on your mental-health. The negative effects of mental stress are limited.
PSI	26.46	< 1.0	PSI is an indicator of accumulative chronic physical stress. Physical stress can be caused by long-term exposure to negative factors in one`s life or physical illness. The way in which a person copes with physical stressors	The score is clearly above average. It indicates high physical stress. Stress in the recent past has had a major impact on your physical balance. The negative effects of physical stress are clearly visible. This situation necessitates immediate attention.

Cardiovascular Function

	Score	Norms	Description	Comments
EEI	0.3	0.3 - 0.7	EEI is an indicator for left ventricle ejection power and elasticity of large arteries.	Borderline Normal Blood Circulation
DDI	0.38	0.3 - 0.7	DDI indicates the contractility, tension and stiffness in the small arteries.	Borderline Normal Blood Circulation
DEI	0.44	0.3 - 0.7	DEI represents the reflection of arterial elasticity and blood flow in the venous system.	Normal Blood Circulation
AI	0.19	< -0.7	Augmentation Index (AI) is a useful marker for cardiac risk. AI increases with age and a sedentary lifestyle.	AI is a measure of arterial stiffness and it provides general information about the arteries. AI is positively correlated with pulsewave velocity, blood pressure and hypertension.
ABI	1.11	1 - 1.4	Right Ankle/Brachial Index	Normal range
TBI	1.17	> 0.75	Right Toe/Brachial Index	Normal range

	Score	Units	Norms		Score	Units	Norms		Score	Units	Norms
Reflection Index	0.7		.65-.85	Stiffness Index	18.14	m/s	< 8.0	Stroke Volume	73.6	ml	55-100
Cardiac Output	6.11	l/min	4.0-8.0	Mean Arterial Pressure	107	mmHg	70-110	Blood Volume	5.77	l	3-5
C1	8.12	ml/mmHg	> 10.0	C2	7.64	ml/mmHg	> 6.0	DPTI/SPTI	0.61	ratio	
Ventricular Extrasystole	0		< 1	Atrial Extrasystole	0		< 1	Sinoatrial arrest	2		< 1
Artifacts	0		< 1	QRS	83	ms	60-120	QTc	348	ms	350-460
ST seg	104	ms	80-120	PR int	150	ms	120-200	Body Mass Index	22.5		19-25

Physician`s Notes:

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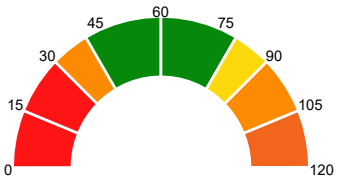
VitalScan

CARDIAC AUTONOMIC NEUROPATHY ASSESSMENT

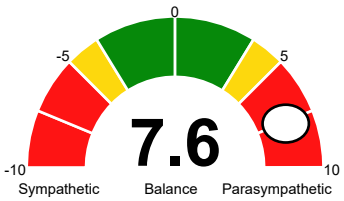
Demo Cancer
Gender: Male
Age: 71 (DOB: Jul 24 1949)
Weight: 180 lbs
BMI: 22.5
Height: 6 ft 3 in

Exam Date: Nov 16 2020 13:53

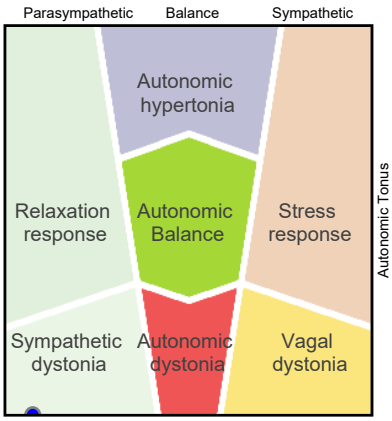
AUTONOMIC ACTIVITY



AUTONOMIC BALANCE

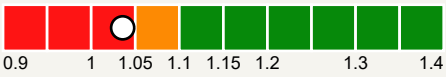


The sympathetic nervous system activates the “fight-or-flight” responses. It activates the glands and organs that defend the body against attack. The sympathetic nervous system uses up energy and depletes the body.The parasympathetic nervous system controls the “rest and digest” responses. The parasympathetic nervous system, when activated by rest, relaxation and happy thoughts, is essential for balanced living and for all healing.



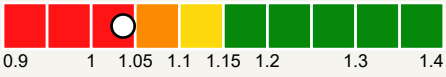
E/I RATIO: 1.04

Expiration/Inspiration Ratio is a marker of cardiovagal response.



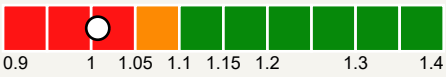
VALSALVA RATIO:1.04

Marker of baroreceptor sensitivity response.



30/15 RATIO: 1.01

Heart rate change during standing or tilt at 30 and 15 second.



Systolic Pressure Response to Standing:5 mmHg

Marker of sympathetic adrenergic function.

Autonomic Nervous System

Parasympathetic Dominance; Autonomic nervous system is out of balance; Suggests increased parasympathetic development; Possible chronic autonomic dysfunction; Treatment Options: Changes in lifestyle, medications and other therapy options are suggested. Possible severe chronic autonomic dysfunction – possible Cardiac Autonomic Neuropathy (CAN) [According to Framingham Heart Study]; Clinical protection of the heart is recommended. [Example Bata Blockers, Ace Inhibitors, Angiotensin II Receptor Blockers or Calcium Channel Blockers and additionally cardiovascular workouts]; Possible acute autonomic nervous system dysfunction of the patient such as orthostatic hypotension, heat intolerance, loss of bladder or bowel control - if patient is on Beta-blockers, titration of medication is suggested to increase LFa response and cardiovascular workouts; Possible mild, acute dysautonomia; Symptoms such as orthostatic hypotension, heat intolerance, loss of bladder and bowel control; Suggests Hypertension; Sympathetic dystonia. This may be a sign of accelerated aging, chronic mental fatigue, overwork, lack of sleep or possibly the presence of any chronic health condition causing a decreased regulatory function of the sympathetic nervous system. If similar results appear 3 or more times in a row, it is recommended that one should have a thorough health checkup. Maintaining a healthy lifestyle may help improve the functioning of the autonomic nervous system;

Parasympathetic Response to Deep Breathing

Normal Parasympathetic response to stimulation;

Sympathetic Response to Valsalva Maneuver

Normal Sympathetic response to stimulation;

Active Standing

Normal ANS response to stimulation; Heart rate upon standing is considered `low`; Pre-clinical Orthostatic Hypotension is suggested; Orthostatic hypotension is common in older people, especially those with circulatory problems and diabetes. When a person has low blood pressure and pooling of blood in the lower part of the body while sitting or laying down, the process of standing up quickly can cause dizziness and fainting. Normally, body reflexes accommodate such position changes. However, when circulation problems impair these compensation mechanisms, faintness occurs; Prevailing cardiovascular disadaptation. This may be a sign of accelerated aging, physical exhaustion, overtraining or possibly the presence of a cardiovascular health problem causing a deficit in the adaptative capabilities of the autonomic regulation of cardiovascular functioning;

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Printed: Mar 11 2021 03:43

VitalScan

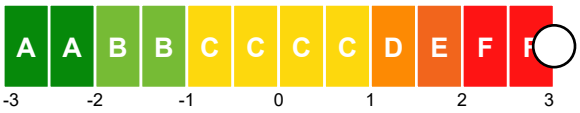
AUTONOMIC REGULATION ASSESSMENT

Demo Cancer
Gender: Male
Age: 71 (DOB: Jul 24 1949)
Weight: 180 lbs
BMI: 22.5
Height: 6 ft 3 in

Exam Date: Nov 16 2020 13:53

AUTONOMIC PHYSICAL DYSREGULATION (PSI) = 26.46

PSI is an indicator of accumulative chronic physical stress. Physical stress can be caused by long-term exposure to negative factors in one`s life or physical illness. The way in which a person copes with physical stressors is a significant contributing factor to this process. When the stress becomes too great, the body will show signs of distress.



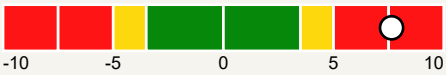
The score is clearly above average. It indicates high physical stress. Stress in the recent past has had a major impact on your physical balance. The negative effects of physical stress are clearly visible. This situation necessitates immediate attention.

ACCUMULATIVE MENTAL STRESS (MSI) = -0.88

MSI is an indicator of accumulative mental stress. Mental stress can be caused by situations one has to cope with daily and the emotional states that result. The way in which a person copes with stressful events is a significant contributing factor to this process. When the stress becomes too great, the body will show signs of distress.

The score is below average. It indicates low mental stress. Stress in the recent past has had little effect on your mental-health. The negative effects of mental stress are limited.

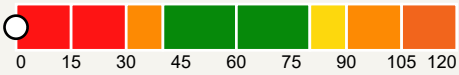
Autonomic Balance: 7.6



Parasympathetic Dominance; Autonomic nervous system is out of balance; Suggests increased parasympathetic development; Possible chronic autonomic dysfunction; Treatment Options: Changes in lifestyle, medications and other therapy options are suggested. Possible severe chronic autonomic dysfunction – possible Cardiac Autonomic Neuropathy (CAN) [According to Framingham Heart Study]; Clinical protection of the heart is recommended. [Example Bata Blockers, Ace Inhibitors, Angiotensin II Receptor Blockers or Calcium Channel Blockers and additionally cardiovascular workouts]; Possible acute autonomic nervous system dysfunction of the patient such as orthostatic hypotension, heat intolerance, loss of bladder or bowel control - if patient is on Beta-blockers, titration of medication is suggested to increase LFa response and cardiovascular workouts; Possible mild, acute dysautonomia; Symptoms such as orthostatic hypotension, heat intolerance, loss of bladder and bowel control; Suggests Hypertension;

The sympathetic nervous system activates the “fight-or-flight” responses. The parasympathetic nervous system controls the “rest and digest” responses.

Total Autonomic Activity:0



Sympathetic dystonia. This may be a sign of accelerated aging, chronic mental fatigue, overwork, lack of sleep or possibly the presence of any chronic health condition causing a decreased regulatory function of the sympathetic nervous system. If similar results appear 3 or more times in a row, it is recommended that one should have a thorough health checkup. Maintaining a healthy lifestyle may help improve the functioning of the autonomic nervous system;

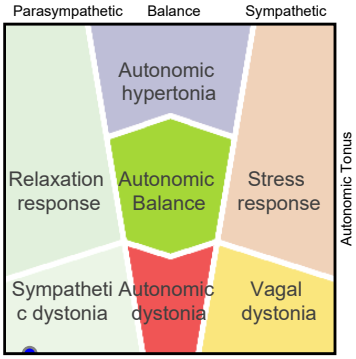
Marker of the overall ANS activity at rest.

Body Mass Index (BMI):22.5

Normal - very low risk of associated diseases

Body mass index is defined as the individual's body weight divided by the square of his or her height. The body mass index can be used to identify if you are overweight.

	Score	Units	Norms		Score	Units	Norms
LFa	0.11	bpm²	0.5-4	HFa	0.24	bpm²	0.5-4
Blood Pressure	145/82	mmHg	<120	SpO2	97	%	>94
BPSys Response to Standing	-5	mmHg	<10	Functional Age	79	years	< 73
Health Risk Factor	55	%	< 50	SDNN	5	ms	> 40
HeartRate	84	bpm	< 90	Ventricular Extrasystole	0		< 1
Atrial Extrasystole	0		< 1	Sinoatrial arrest	2		< 1
Artifacts	0		< 1				



A - Normal B - Borderline Normal C - Moderate D - Borderline Abnorma E - Abnormal F - Severe

Physician`s Notes:

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VitalScan

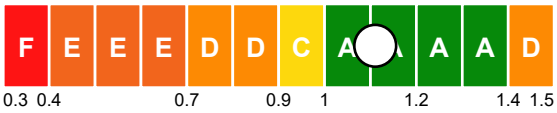
PERIPHERAL ARTERY DISEASE ASSESSMENT

Demo Cancer
Gender: Male
Age: 71 (DOB: Jul 24 1949)
Weight: 180 lbs
BMI: 22.5
Height: 6 ft 3 in

Exam Date: Nov 16 2020 13:53

Right ANKLE/BRACHIAL INDEX (ABI) = 1.11

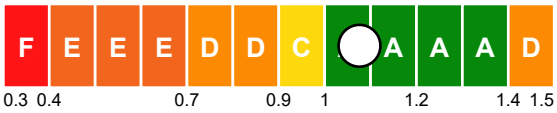
ABI test is a quick, noninvasive way to check your risk of peripheral artery disease (PAD). Peripheral artery disease is a condition in which the arteries in your legs or arms are narrowed or blocked.



Normal range

Left ANKLE/BRACHIAL INDEX (ABI) = 1.08

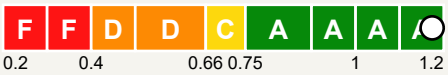
ABI test is a quick, noninvasive way to check your risk of peripheral artery disease (PAD). Peripheral artery disease is a condition in which the arteries in your legs or arms are narrowed or blocked.



Normal range

Right Toe/Brachial Index:1.17

Determine the severity of peripheral arterial disease present in a lower extremity.



Normal range

Ejection Elasticity Index (EEI):0.3

EEI is an indicator for left ventricle ejection power and elasticity of large arteries.

Borderline Normal Blood Circulation

Dicrotic Dilation Index (DDI):0.38

DDI indicates the contractility, tension and stiffness in the small arteries.

Borderline Normal Blood Circulation

Dicrotic Elasticity Index (DEI):0.44

DEI represents the reflection of arterial elasticity and blood flow in the venous system.

Normal Blood Circulation

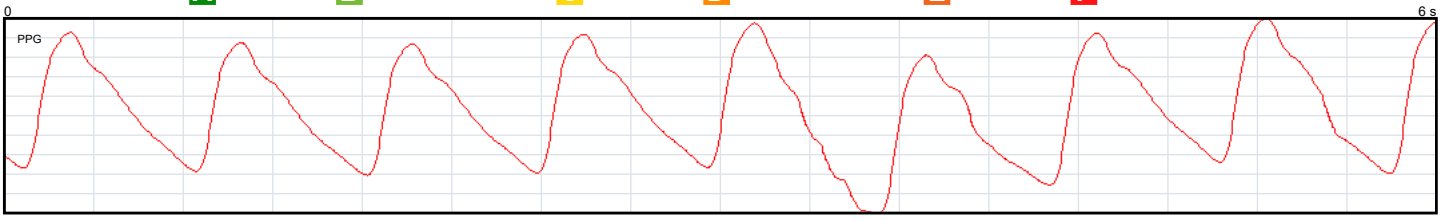
Coronary Respiratory Response:15.9

CAD occurs when the blood vessels that transport blood to the heart are narrowed and hardened due to plaque buildup (atherosclerosis).

Normal range

	Score	Units	Norms		Score	Units	Norms		Score	Units	Norms
Augmentation Index	0.18		< -0.7	Reflection Index	0.7		.65-.85	Stiffness Index	18.14	m/s	< 8.0
Stroke Volume	73.6	ml	55-100	Cardiac Output	6.18	l/min	4.0-8.0	Mean Arterial Pressure	107	mmHg	70-110
Blood Volume	5.77	l	3-5	C1	8.16	ml/mmHg	> 10.0	C2	7.59	ml/mmHg	> 6.0
DPTI/SPTI	0.61	ratio		Systemic Vascular Resistance	1377		700-180(	Pulse Oximetry	97		> 95
Blood Pressure	145/82	mmHg	< 120	Central Systolic Pressure	138	mmHg	110-132				

A - Normal B - Borderline Normal C - Moderate D - Borderline Abnormal E - Abnormal F - Severe



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AUTONOMIC NERVOUS SYSTEM FUNCTION

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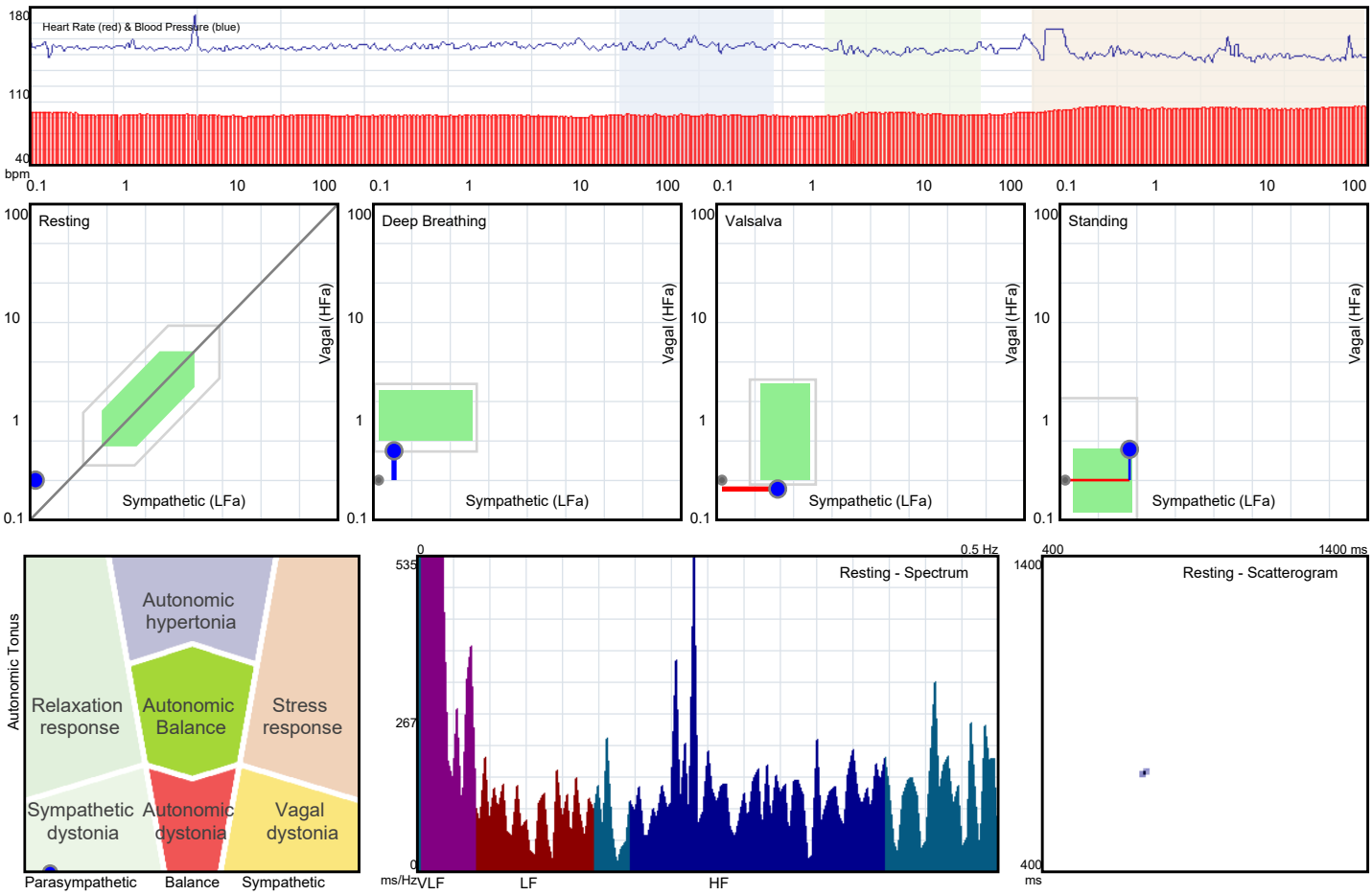

	HR	BP	RMF	LFa	HFa	LFa/HFa	LF/HF	TSP	SDNN	rmsSD	SpO2
Resting	84	145/82 H	0.32	**0.11 L**	**0.24 L**	**0.47 L**	0.57	25	5	4	97
Deep Breathing	86/83	135/75	0.11	0.16	**0.45 N**	0.35	2.9	35	6	6	97
Valsalva	87/84	140/84	0.11	**0.39 N**	0.2	2	4.18	55	7	5	97
Standing	91	135/85 L	0.3	**0.48 N**	**0.47 N**	1.02	2.55	122	31	18	97

Signal Quality = Resting: Good Deep Breathing: Good Valsalva: Good Standing: Good

Autonomic Tonus = 0 L E/I Ratio = 1.04 L Valsalva Ratio = 1.04 L 30:15 Ratio = 1.01 L

Resting: Parasympathetic Dominance; Autonomic nervous system is out of balance; Suggests increased parasympathetic development; Possible chronic autonomic dysfunction; Possible severe chronic autonomic dysfunction – possible Cardiac Autonomic Neuropathy (CAN) [According to Framingham Heart Study]; Clinical protection of the heart is recommended. [Example Bata Blockers, Ace Inhibitors, Angiotensin II Receptor Blockers or Calcium Channel Blockers and additionally cardiovascular workouts]; Possible acute autonomic nervous system dysfunction of the patient such as orthostatic hypotension, heat intolerance, loss of bladder or bowel control - if patient is on Beta-blockers, titration of medication is suggested to increase LFa response and cardiovascular workouts; Possible mild, acute dysautonomia; Symptoms such as orthostatic hypotension, heat intolerance, loss of bladder and bowel control; Suggests Hypertension; Sympathetic dystonia. This may be a sign of accelerated aging, chronic mental fatigue, overwork, lack of sleep or possibly the presence of any chronic health condition causing a decreased regulatory function of the sympathetic nervous system. If similar results appear 3 or more times in a row, it is recommended that one should have a thorough health checkup. Maintaining a healthy lifestyle may help improve the functioning of the autonomic nervous system;

Deep Breathing: Normal Parasympathetic response to stimulation;

Valsalva: Normal Sympathetic response to stimulation;

Standing: Normal ANS response to stimulation; Heart rate upon standing is considered `low`; Pre-clinical Orthostatic Hypotension is suggested; Orthostatic hypotension is common in older people, especially those with circulatory problems and diabetes. When a person has low blood pressure and pooling of blood in the lower part of the body while sitting or laying down, the process of standing up quickly can cause dizziness and fainting. Normally, body reflexes accommodate such position changes. However, when circulation problems impair these compensation mechanisms, faintness occurs; Prevailing cardiovascular disadaptation. This may be a sign of accelerated aging,

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Autonomic Nervous System Function - Graphics

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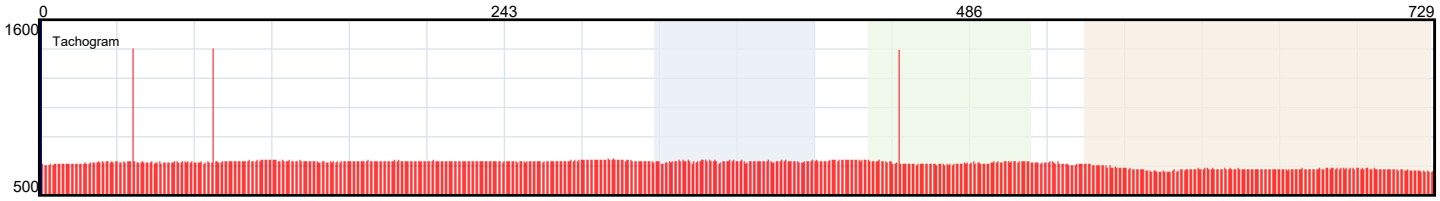

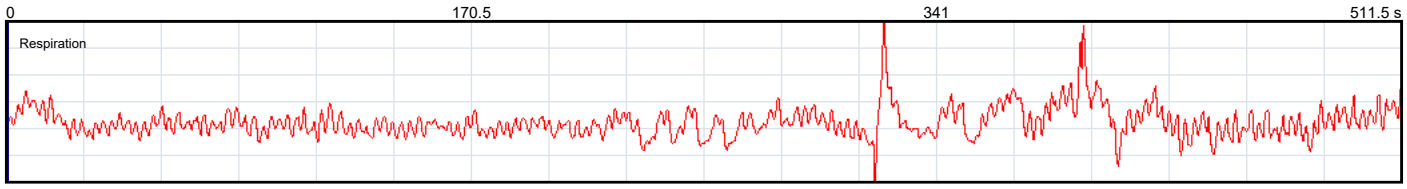

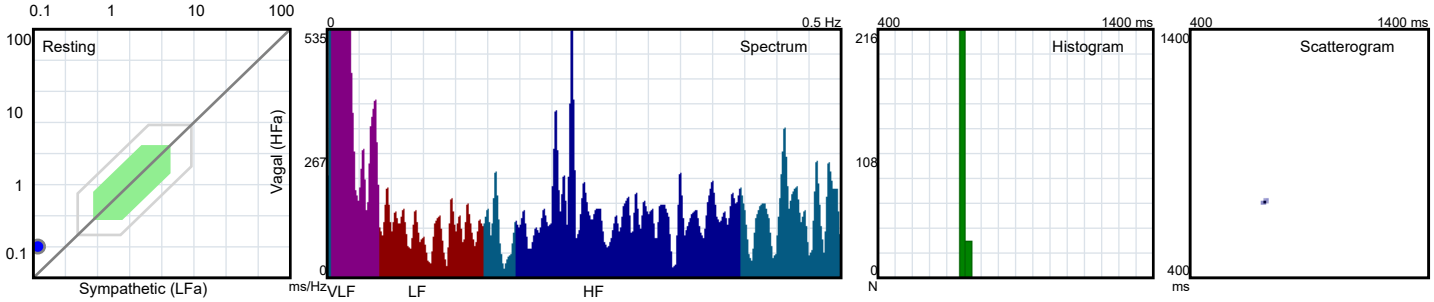

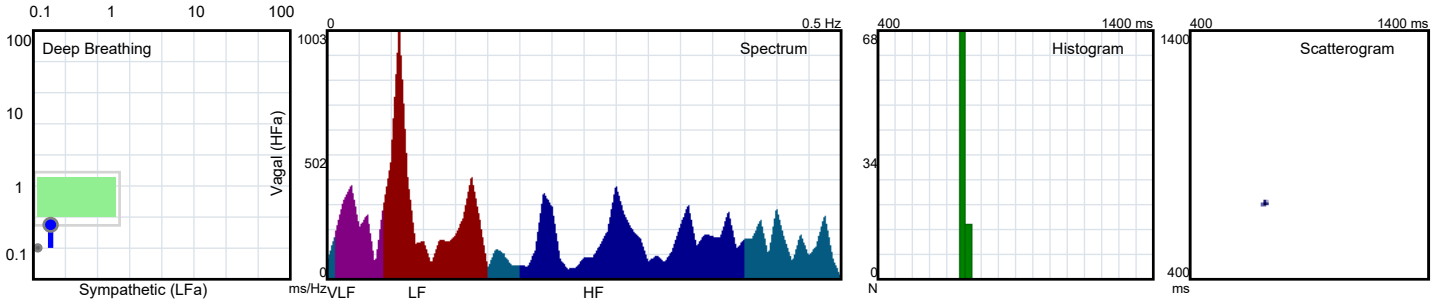

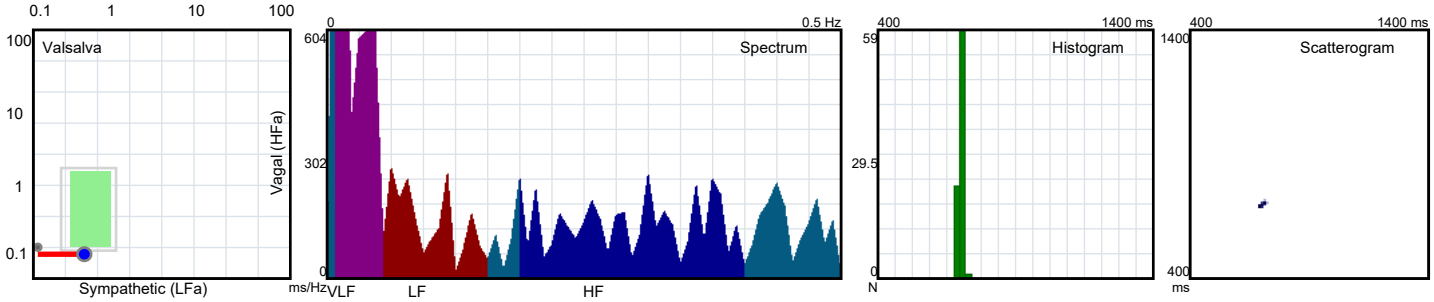

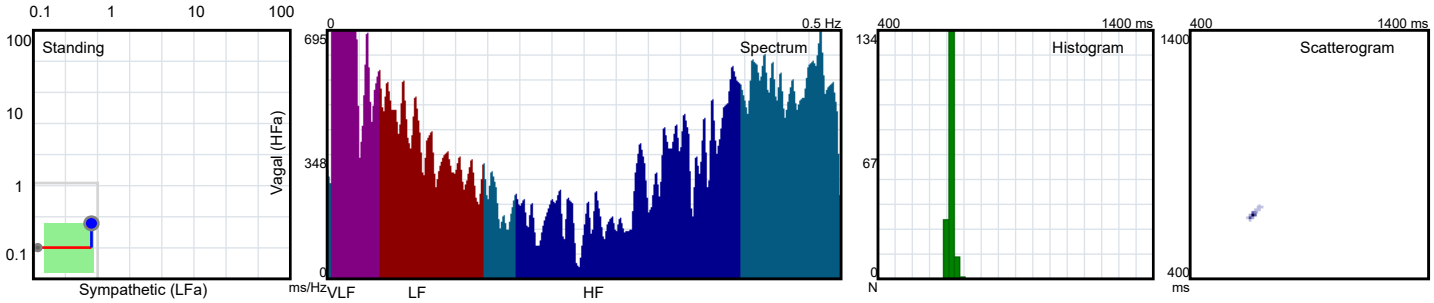

Physician`s Notes:

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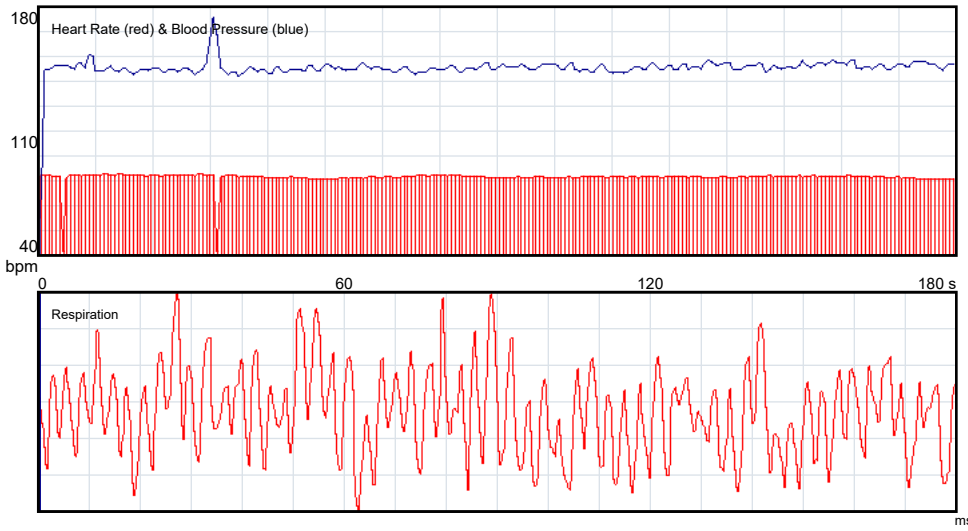
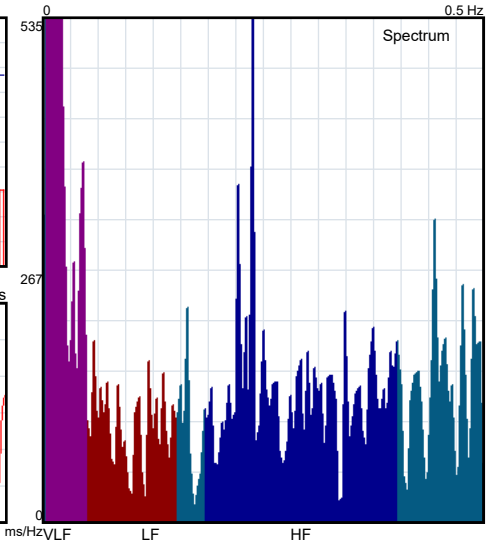
VitalScan

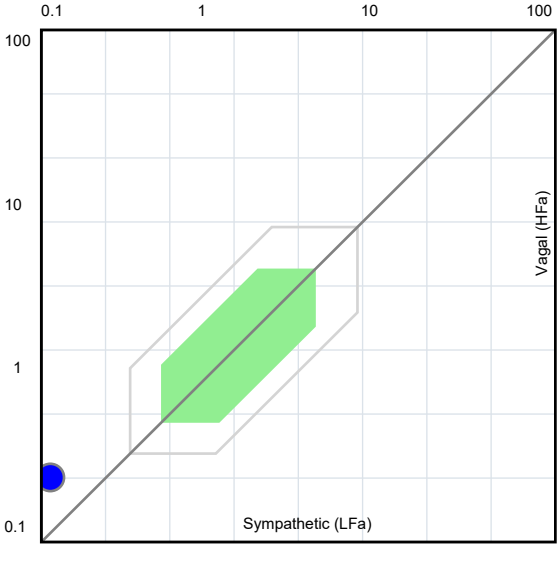
AUTONOMIC BALANCE - RESTING

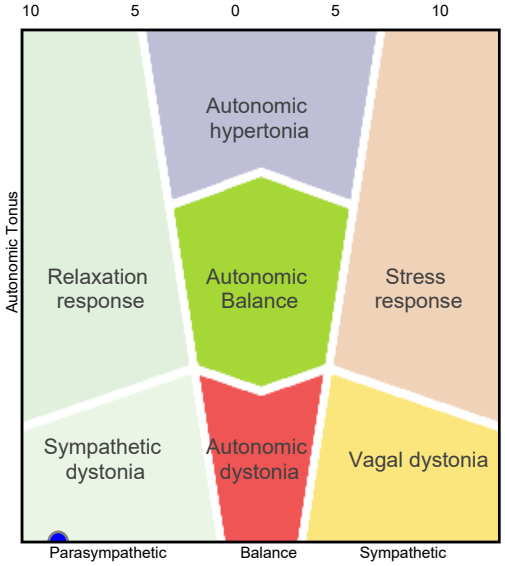
Demo Cancer
Gender: Male
Age: 71 (DOB: Jul 24 1949)
Weight: 180 lbs
BMI: 22.5
Height: 6 ft 3 in

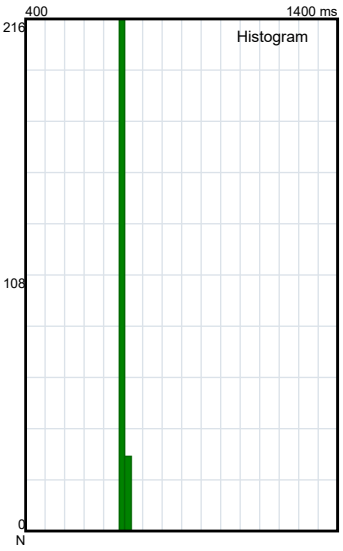
Exam Date: Nov 16 2020 13:53











HeartBeats = 248 Artifacts = 2 (0.8%) Signal Quality = Good

Autonomic Tonus = 0 L

	value	normal	borderline	high	low
LFa	**0.11**	0.5-4	0.3-0.5	>7	<0.3
HFa	**0.24**	0.5-4	0.3-0.5	>7	<0.3
LFa/HFa	**0.47**	0.4 to 3		> 3	< 0.4

HR	84	**BP**	145/82	**RMF**	0.32
VLF	16.01	**LF**	1.6	**HF**	2.82
SDNN	5	**rmsSD**	4	**pNN50**	0
TSP	25	**LF/HF**	0.57	**SpO2**	97

HR,PD - bpm; RMF - Hz; VLF,LF,HF,TSP - ms²; HFa,LFa - bpm²

Parasympathetic Dominance; Autonomic nervous system is out of balance; Suggests increased parasympathetic development; Possible chronic autonomic dysfunction; Possible severe chronic autonomic dysfunction – possible Cardiac Autonomic Neuropathy (CAN) [According to Framingham Heart Study]; Clinical protection of the heart is recommended. [Example Bata Blockers, Ace Inhibitors, Angiotensin II Receptor Blockers or Calcium Channel Blockers and additionally cardiovascular workouts]; Possible acute autonomic nervous system dysfunction of the patient such as orthostatic hypotension, heat intolerance, loss of bladder or bowel control - if patient is on Beta-blockers, titration of medication is suggested to increase LFa response and cardiovascular workouts; Possible mild, acute dysautonomia; Symptoms such as orthostatic hypotension, heat intolerance, loss of bladder and bowel control; Suggests Hypertension; Sympathetic dystonia. This may be a sign of accelerated aging, chronic mental fatigue, overwork, lack of sleep or possibly the presence of any chronic health condition causing a decreased regulatory function of the sympathetic nervous system. If similar results appear 3 or more times in a row, it is recommended that one should have a thorough health checkup. Maintaining a healthy lifestyle may help improve the functioning of the autonomic nervous system;

Physician`s Notes:

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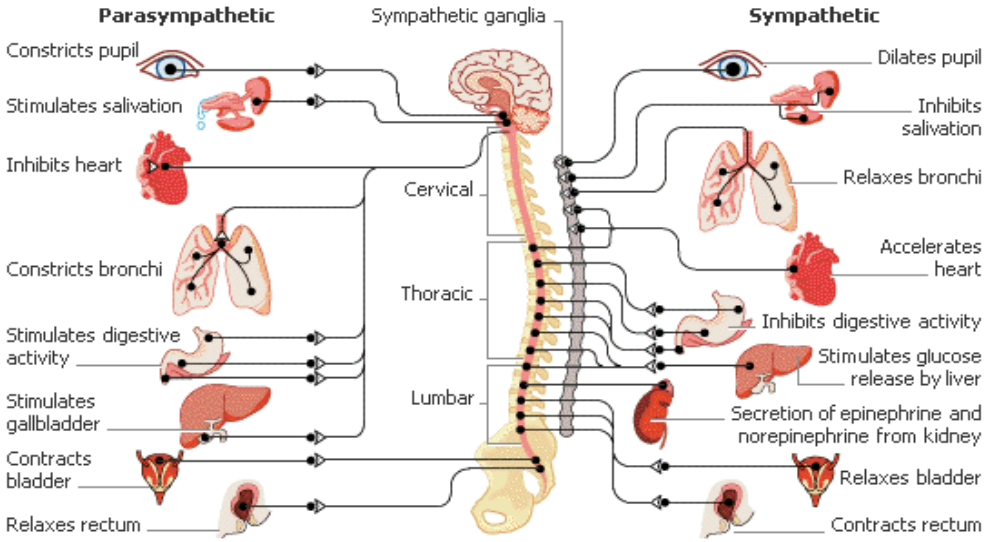
Printed: Mar 11 2021 03:43

VitalScan

AUTONOMIC NERVOUS SYSTEM FUNCTION

Demo Cancer
Gender: Male
Age: 71 (DOB: Jul 24 1949)
Weight: 180 lbs
BMI: 22.5
Height: 6 ft 3 in

Exam Date: Nov 16 2020 13:53



Non-Invasive Autonomic Nervous System Monitoring

Your nervous system is comprised of three parts:
1) Somatic (or sensory) nervous system
2) Motoric Nervous System
3) Autonomic Nervous System (ANS)

Your ANS is that part of your nervous system which functions to sustain your life by helping to control your heart, lungs, digestive system, blood pressure, immune system, certain reflexes, such as coughing and gagging, fluid balance, pupil diameter, sweating and sexual function.

Your ANS Consists of Two Parts (branches). There are two parts, or branches to your ANS
1) Sympathetic branch
2) Parasympathetic branch

Generally, the sympathetic branch is more in control when you are stressed, nervous, or excited, while the parasympathetic branch is more in control when you are relaxing, sleeping, or recovering from an illness or injury.
A balance between the two branches of your ANS is essential for good health. In fact, most illnesses and injuries cause or result from an imbalance between these two branches. An imbalance in your ANS can tell your doctor many things about how healthy you are as well as what can be done to keep you as healthy as possible.

ANS monitoring records your heart rate variability and respiratory activity. Your heart rate variability and respiratory activity are analyzed by a computer to determine how your ANS is controlling your heart and your lungs and other parts of your body. Your physician then interprets your results produced by the computer.

What is Heart Rate Variability (HRV)?
Heart rate variability (HRV) is a measure of your heart's ability to quickly respond to changes in your level of activity. Moderate variability is healthy. Too much or too little is unhealthy. ANS monitoring using HRV can provide your doctor with information that cannot be seen using other measures, for example on an EKG recording.

Why is including respiratory activity important?
Analyzing your respiratory activity along with your HRV is key to monitoring the balance between the two branches of your autonomic nervous system.

Why is ANS monitoring important?
Everyone is different, and so is their autonomic nervous system. How an individual responds to disease, injury, medicines and medical treatments largely depends on her or his ANS. By monitoring your ANS, your doctor can determine whether she or he is doing enough to keep you healthy. In this way, your doctor can better care for you and better maintain your well-being.

Who should be monitored?
Everyone from children to older adults can and should have their ANS monitored. Frequent monitoring, when indicated, helps your doctor better maintain your health and well-being and tailor treatments, including medications, especially for you.

Physician`s Notes:

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VitalScan

AUTONOMIC NERVOUS SYSTEM FUNCTION

Demo Cancer
Gender: Male
Age: 71 (DOB: Jul 24 1949)
Weight: 180 lbs
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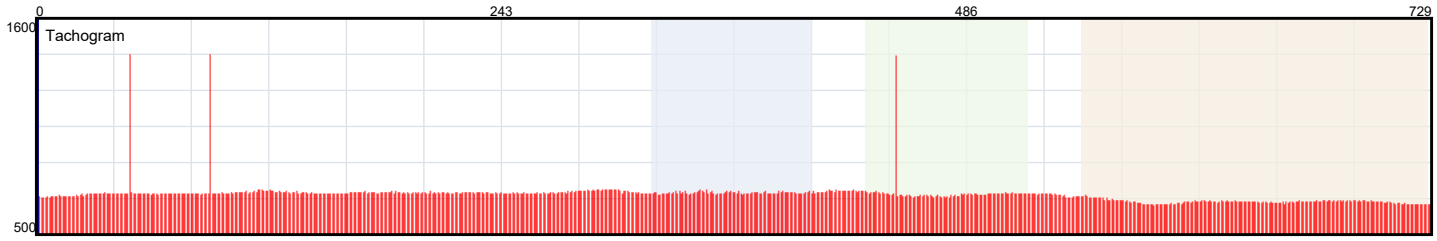
Height: 6 ft 3 in

Exam Date: Nov 16 2020 13:53



	HR	BP	RMF	LFa	HFa	LFa/HF	LF/HF	TSP	SDNN	rmsSD	SpO2
Resting	84	145/82 H	0.32	**0.11 L**	**0.24 L**	**0.47 L**	0.57	25	5	4	97
Deep Breathing	86/83	135/75	0.11	0.16	**0.45 N**	0.35	2.9	35	6	6	97
Valsalva	87/84	140/84	0.11	**0.39 N**	0.2	2	4.18	55	7	5	97
Standing	91	135/85 L	0.3	**0.48 N**	**0.47 N**	1.02	2.55	122	31	18	97

Signal Quality = Resting: Good Deep Breathing: Good Valsalva: Good Standing: Good

Autonomic Tonus = 0 L E/I Ratio = 1.04 L Valsalva Ratio = 1.04 L 30:15 Ratio = 1.01 L

RESTING:
Parasympathetic Dominance; Autonomic nervous system is out of balance; Suggests increased parasympathetic development; Possible chronic autonomic dysfunction; Possible severe chronic autonomic dysfunction – possible Cardiac Autonomic Neuropathy (CAN) [According to Framingham Heart Study]; Clinical protection of the heart is recommended. [Example Bata Blockers, Ace Inhibitors, Angiotensin II Receptor Blockers or Calcium Channel Blockers and additionally cardiovascular workouts]; Possible acute autonomic nervous system dysfunction of the patient such as orthostatic hypotension, heat intolerance, loss of bladder or bowel control - if patient is on Beta-blockers, titration of medication is suggested to increase LFa response and cardiovascular workouts; Possible mild, acute dysautonomia; Symptoms such as orthostatic hypotension, heat intolerance, loss of bladder and bowel control; Suggests Hypertension; Sympathetic dystonia. This may be a sign of accelerated aging, chronic mental fatigue, overwork, lack of sleep or possibly the presence of any chronic health condition causing a decreased regulatory function of the sympathetic nervous system. If similar results appear 3 or more times in a row, it is recommended that one should have a thorough health checkup. Maintaining a healthy lifestyle may help improve the functioning of the autonomic nervous system;

DEEP BREATHING:
Normal Parasympathetic response to stimulation;

VALSALVA:
Normal Sympathetic response to stimulation;

STANDING:
Normal ANS response to stimulation; Heart rate upon standing is considered `low`; Pre-clinical Orthostatic Hypotension is suggested;

Physician`s Notes:

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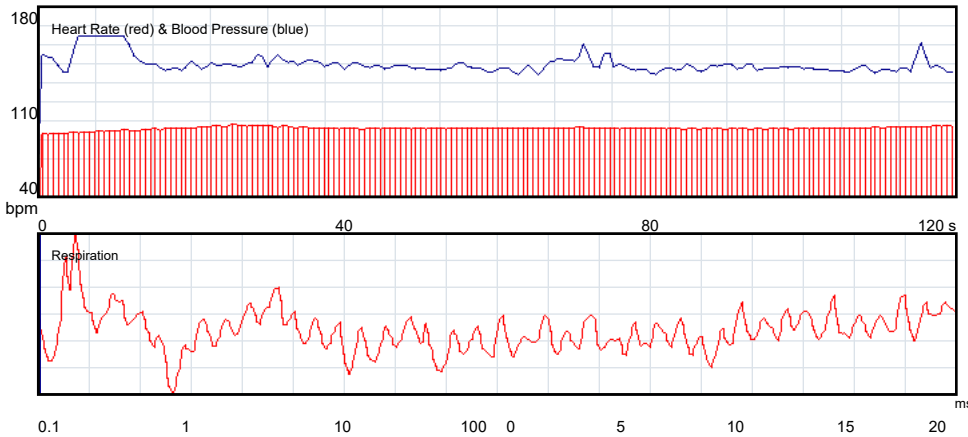
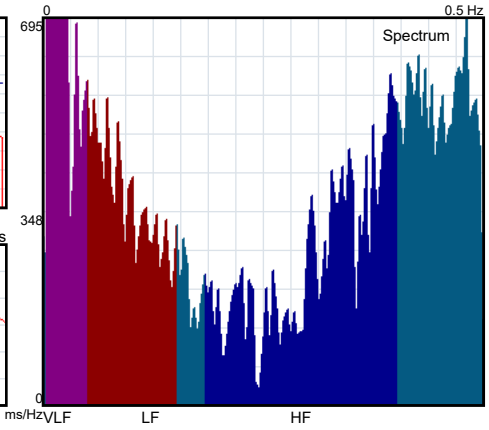
VitalScan

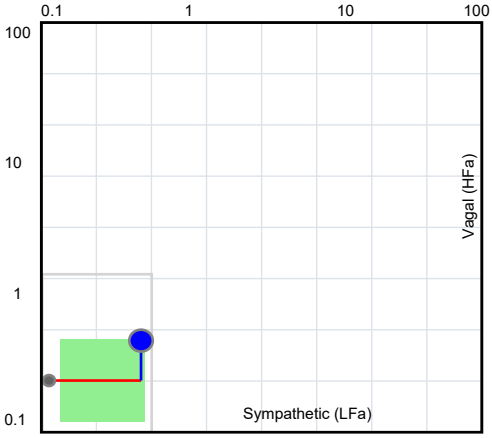
AUTONOMIC BALANCE - STANDING

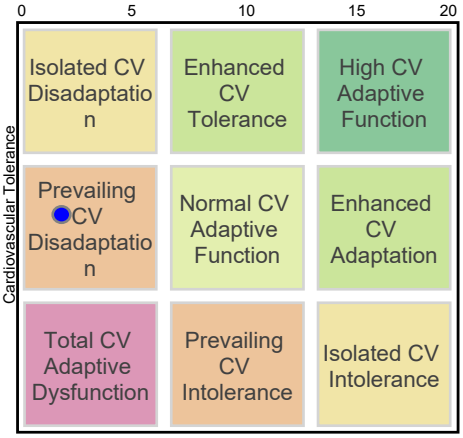
Demo Cancer
Gender: Male
Age: 71 (DOB: Jul 24 1949)
Weight: 180 lbs
BMI: 22.5
Height: 6 ft 3 in

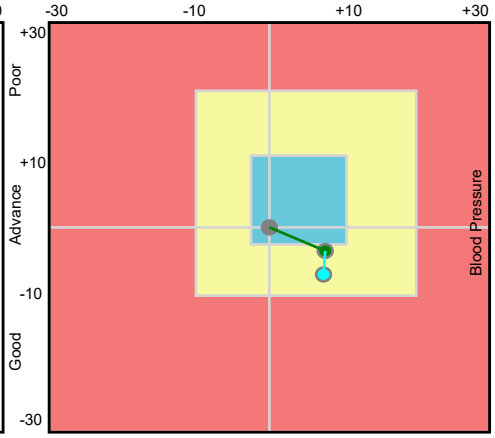
Exam Date: Nov 16 2020 13:53

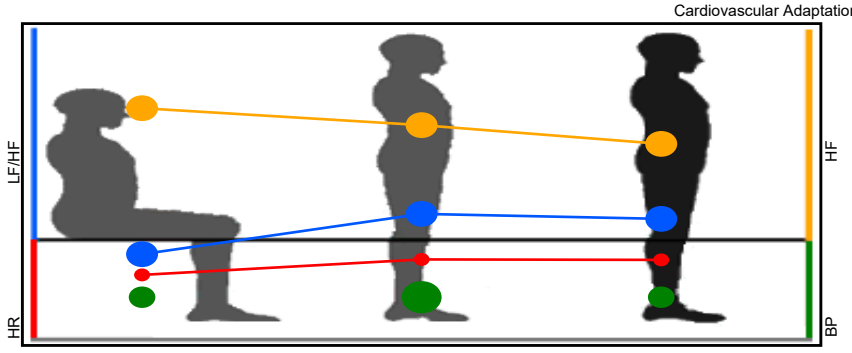












	Resting	Standing 1	Standing 2
HR	84	91	90
LF%	6.49	17.22	10
HF%	11.44	6.92	6.66
SDNN	5.03	8.93	5.08
BP	145	140	135
LF/HF	0.57	2.49	1.5

Total HeartBeats = 180 Artifacts = 1 (0.6%) Signal Quality = Good

	value(re->st)	ratio(st/re)	normal	borderline	high	low
HFa	0.24->0.47	**1.96**	<2	2-6	>6	
LFa	0.11->0.48	**4.23**	1.2-4.5	4.5-5	>5	<0.9
LFa/HFa	0.47->1.02	2.16	1.2-5	0.9-1.2	>5	<0.9
HR	84->91	1.08	>1.1	1-1.1	>30	<1
30:15 Ratio	**1.01**		>1.1			<1.1
TSP	122	**LF/HF**	2.55	**RMF**	0.3	
SDNN	31	**rmsSD**	18	**pNN50**	1	
SDSD	18.29	**PH**	50	**SpO2**	97	

HR,PD - bpm; RMF - Hz; VLF,LF,HF,TSP - ms²; HFa,LFa - bpm²

Normal ANS response to stimulation; Heart rate upon standing is considered `low`; Pre-clinical Orthostatic Hypotension is suggested; Orthostatic hypotension is common in older people, especially those with circulatory problems and diabetes. When a person has low blood pressure and pooling of blood in the lower part of the body while sitting or laying down, the process of standing up quickly can cause dizziness and fainting. Normally, body reflexes accommodate such position changes. However, when circulation problems impair these compensation mechanisms, faintness occurs; Prevailing cardiovascular disadaptation. This may be a sign of accelerated aging, physical exhaustion, overtraining or possibly the presence of a cardiovascular health problem causing a deficit in the adaptative capabilities of the autonomic regulation of cardiovascular functioning;

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VitalScan

ECG ANALYSIS REPORT

Demo Cancer
Gender: Male
Age: 71 (DOB: Jul 24 1949)
Weight: 180 lbs
BMI: 22.5
Height: 6 ft 3 in

Exam Date: Nov 16 2020 13:53

Recorded time	
Start Date	2020-11-16 13:53:31
Duration	8 min 31 sec (729 beats)
High Pass Filters	3.4 Hz

Heart Rate	
Average Heart Rate	85 bpm
Fastest rate	93 bpm
Slowest rate	82 bpm

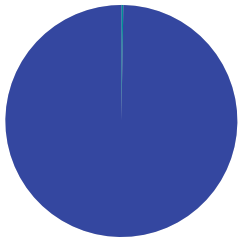
Ventricular Details	
PVC - Ventricular Ectopy	0 beats (0%)
Ventricular Couplet	0 episodes

Supraventricular Details	
PAC - Supraventricular Ectopy	0 beats (0%)
Supraventricular Couplet	0 episodes

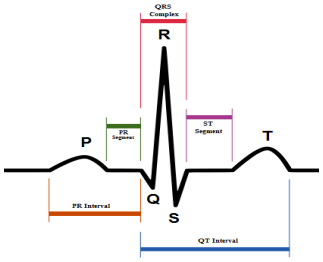
Pause / Block	
Sinus Pause	2 beats (0.3%)

HRV Analysis	
SDNN	5 ms

QRS Analysis	
QRS	81 ms
QT / QTc	294 ms / 351 ms
PR int / seg	145 ms / 101 ms
ST int / seg	214 ms / 105 ms



PAC - Atrial Extrasystole: 0%
PVC - Ventricular Extrasystole: 0%
Sinus Pause: 0.3%
Normal: 99.7%



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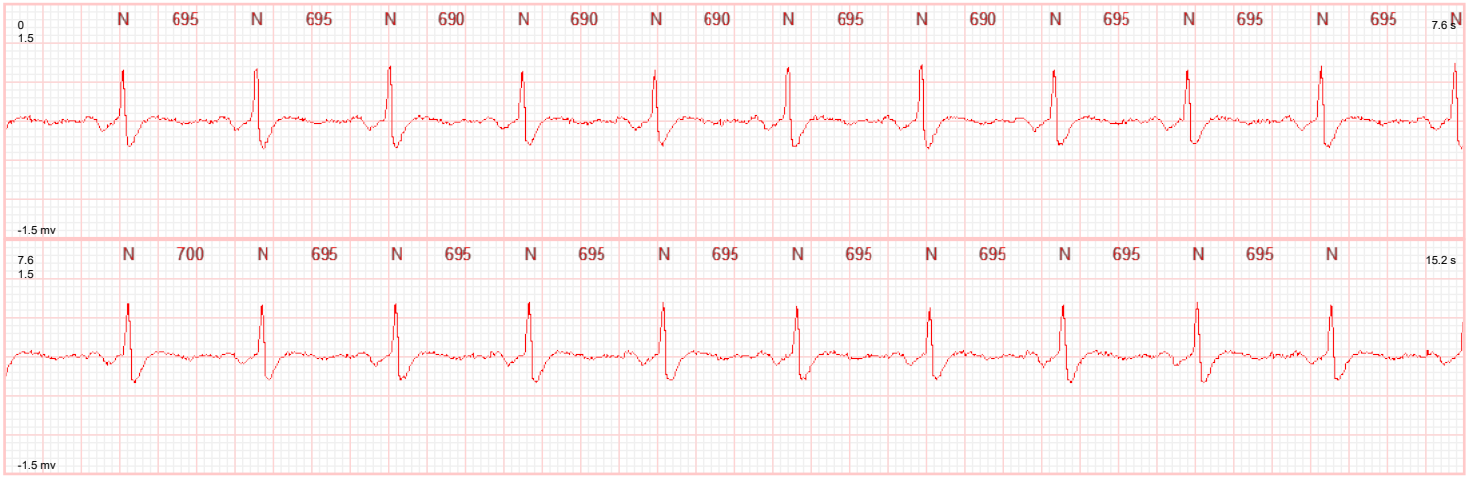

Physician`s Notes:

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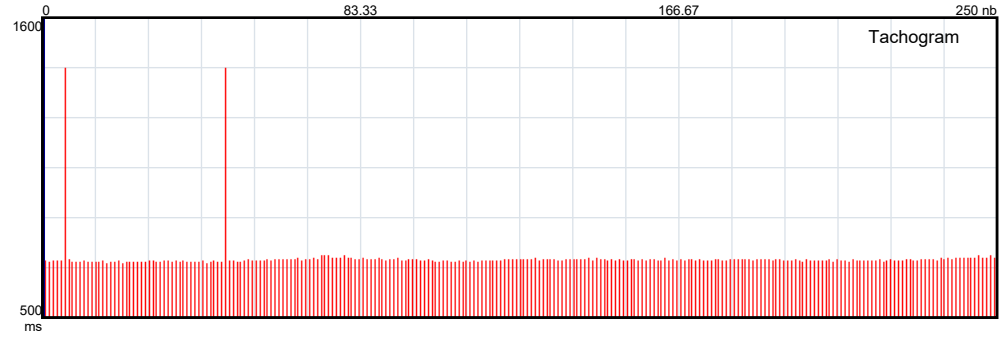
Printed: Mar 11 2021 03:43

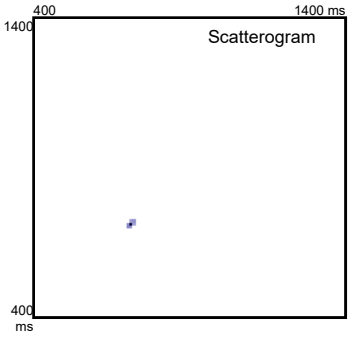
VitalScan

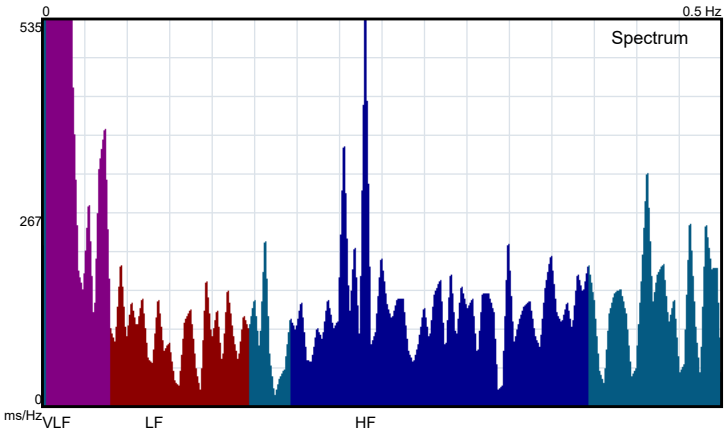
HRV CUMULATIVE STRESS ASSESSMENT

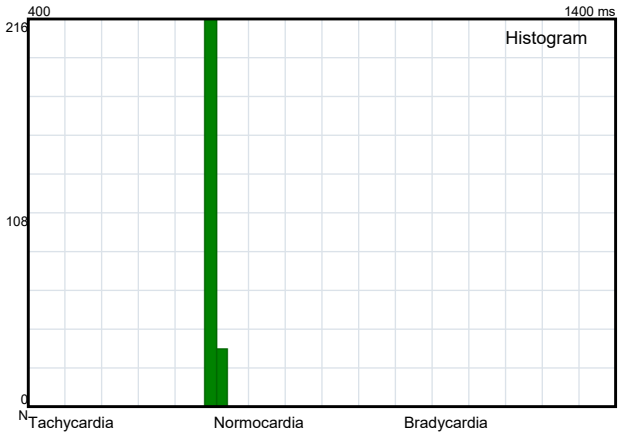
Demo Cancer
Gender: Male
Age: 71 (DOB: Jul 24 1949)
Weight: 180 lbs
BMI: 22.5
Height: 6 ft 3 in

Exam Date: Nov 16 2020 13:53









Total HeartBeats = 248 Artifacts = 2 (0.8%) Signal Quality = Good

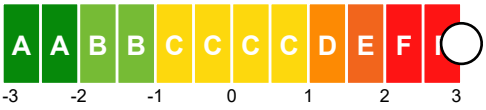
HeartRate = 84.24 (bpm) TDI = 4.72 FDI = 163.03 SDNN = 5.03

FUNCTIONAL AGE (in years) = 79 HEALTH RISK Factor Based on Stress Assessment = 54.75 %

Physical Stress Coefficient = 29.26 (Normal value: 2.8 Range from 0 to 4 Unfavorable values: higher than 3.3)

PHYSICAL STRESS INDEX = 26.46

(Normal value: 0 Range from -3 to 3 Unfavorable values: higher than 1)

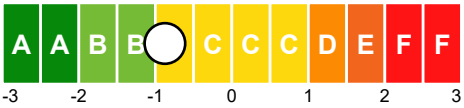


The score is clearly above average. It indicates high physical stress. Stress in the recent past has had a major impact on your physical balance. The negative effects of physical stress are clearly visible. This situation necessitates immediate attention.

Mental Stress Coefficient = 1.42 (Normal value: 2.3 Range from 0 to 4 Unfavorable values: higher than 2.8)

MENTAL STRESS INDEX = -0.88

(Normal value: 0 Range from -3 to 3 Unfavorable values: higher than 1)



The score is below average. It indicates low mental stress. Stress in the recent past has had little effect on your mental-health. The negative effects of mental stress are limited.

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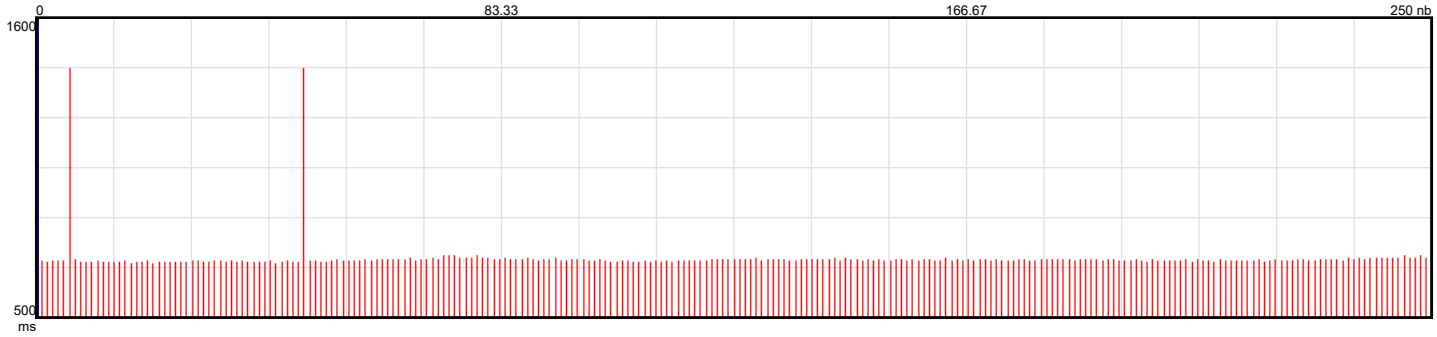
Printed: Mar 11 2021 03:43

VitalScan

HEART RATE VARIABILITY ANALYSIS

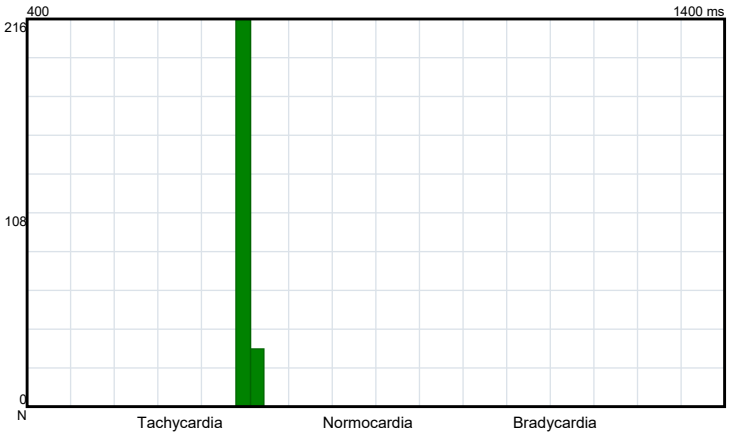
Demo Cancer
Gender: Male
Age: 71 (DOB: Jul 24 1949)
Weight: 180 lbs
BMI: 22.5
Height: 6 ft 3 in

Exam Date: Nov 16 2020 13:53

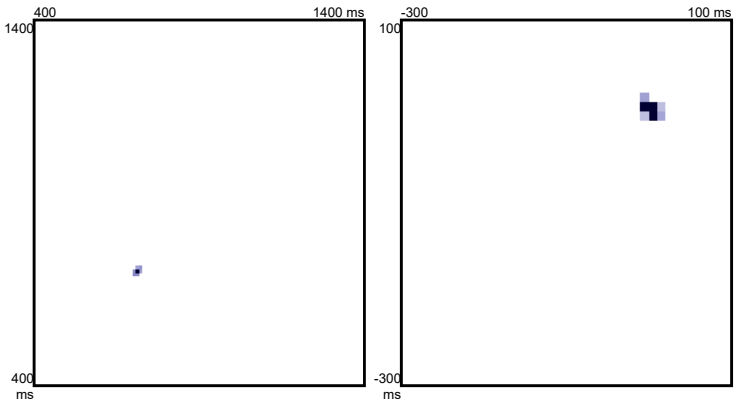


Total HeartBeats = 248 Artifacts = 2 (0.8%) Signal Quality = Good

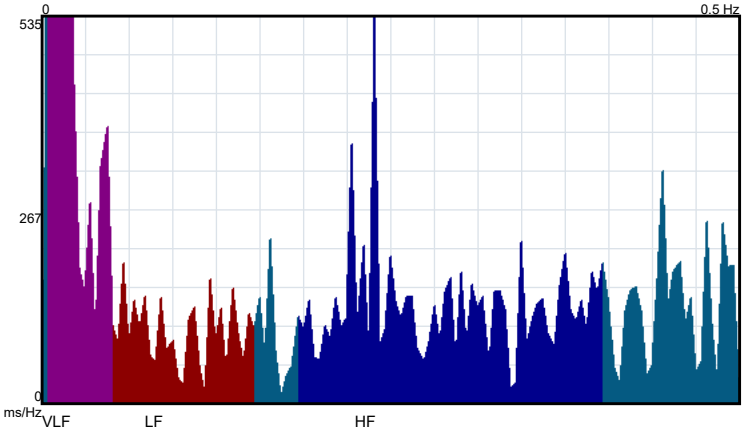
Parameters	Value	Units
HeartRate	84.24	bpm
AMo	216	number
Mo	700	ms
SDNN	5.03	ms
SDNN5	3.88	ms
pNN50	0	%
rmsSD	4.47	ms
SDSD	4.47	ms



Parameters	Value	Units
SD1	3.16	ms
SD2	6.38	ms
SD1/SD2	0.5	



Parameters	Peak(Hz)	Power(ms²)	Power(%)	Power(n.u.)
VLF	0.02	16.01	64.98	
LF	0.07	1.6	6.49	18.54
HF	0.33	2.82	11.44	32.67
TP		24.64		
LF/HF		0.568		



Physician`s Notes:

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Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

Printed: Mar 11 2021 03:43

VitalScan

METABOLIC REPORT

Demo Cancer
Gender: Male
Age: 71 (DOB: Jul 24 1949)
Weight: 180 lbs
BMI: 22.5
Height: 6 ft 3 in

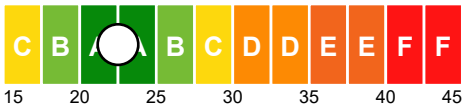
Exam Date: Nov 16 2020 13:53

Ideal Body Weight = 196 Lbs
Real Body Weight = 180 Lbs
Basal Metabolic Rate (BMR) = 1677 cal
Total Daily Energy Expenditure = 2180 cal

Normal | Borderline Normal | Mild - Moderate | Borderline Abnormal | Abnormal - Severe

Body Mass Index (BMI) = 22.5

(Normal value range: 19 - 25)



Body mass index, or BMI, is a new term to many people.
However, it is the measurement of choice for many physicians and researchers and it is used to estimate a healthy body weight based on a person's height, assuming an average body composition.

It is the most widely used diagnostic tool to identify weight problems within a population.
Body mass index is defined as the individual's body weight divided by the square of his or her height.

The body mass index can be used to identify if you are overweight.
A drawback of the calculation is that if you are muscular it can suggest you are overweight due to muscle density.

An elevated BMI is associated with Metabolic Syndrome and is tied to an elevated risk of type 2 diabetes, hypertension, and cardiovascular disease.

Risk of Associated Disease According to BMI and Waist Size

18.5 or less: Underweight - N/A
19 - 25: Normal - very low risk of associated diseases
26 - 29: Overweight - prone to health risks
30 - 40: Overweight to Obese - high risk of associated diseases
40 or greater: Extremely Obese - very high risk of associated diseases

The Basal Metabolic Rate (BMR) shows the calories (energy) your body uses per day while at rest.
The Total Daily Energy Expenditure shows the calories needed to maintain your current weight.

For healthy weight management increase your caloric usage (exercise) and decrease you caloric intake below the Total Daily Energy Expenditure towards the Basal Metabolic Rate (BMR).

Eating a high quality, nutrient dense diet (fresh vegetables (cooked and raw), chicken, fish, eggs, and yogurt) and staying away from carbohydrates and poor quality fats helps to prevent cravings and aids in weight loss.
If you go too far below the Basal Metabolic Rate (BMR) your metabolism may slow down making weight management more difficult.

Physician`s Notes:

All results and analysis should be considered in the context of persons/candidate`s case history, symptoms, diagnosis, current medications, treatment plans and therapies.
Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.

VitalScan

SELF-ASSESSMENT QUESTIONNAIRE

Demo Cancer
Gender: Male
Age: 71 (DOB: Jul 24 1949)
Weight: 180 lbs
BMI: 22.5
Height: 6 ft 3 in

Exam Date: Nov 16 2020 13:53

Do you often experience Depression?: Yes

Do you suffer or have experience any: Depression, Dizziness or Lightheadedness, Fainting, Blurry Vision or Spots Before Eyes, Tingling in Fingers, Chest Pain, Back Pain

Are you taking medication for: Antidepressant (such as amitripyline, amoxapine, clomipramine, desipramine, doxepin, imipramine, nortriptyline, or perphenazine)

Have you ever been diagnosed with any of the following: Lung Disease, Asthma, Cancer

Physician`s Notes:

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Final diagnosis is the sole responsibility of the licensed medical practitioner after persons examination, lab tests and/or other clinical findings as necessary.