Ejection Elasticity Index (EEI) = 0.425
EEI is an indicator for left ventricle ejection power and elasticity of large arteries.

Dicrotic Dilation Index (DDI) = 0.46
DDI indicates the contractility, tension and stiffness in the small arteries.

Dicrotic Elasticity Index (DEI) = 0.588
DEI represents the reflection of arterial elasticity and blood flow in the various system.

Augmentation Index (AI) = 0.03
Augmentation Index (AI) is a useful marker for cardiac risk. AI increases with age and a sedentary lifestyle.

Reflection Index (RI) = 0.68
RI is an indicator of the vascular tone of the small arteries. Both vasodilation and vasoconstriction play important roles in determining vascular tone.

Stiffness Index (SI) = 10.41 m/s
SI is a measure of large artery stiffness determined by time. SI calculation gives a value similar to aortic pulse wave velocity.

Heart Rate = 80 (bpm)
C1 - Capacitive Arterial Compliance = 34.27 ml/mmHg
C2 - Oscillatory or Reflective Arterial Compliance = 32.2 ml/mmHg
Diastolic/Systolic Pressure Time Index (DPTI/SPTI) = 0.36
Heart Rate = 80 (bpm)  
Pulse Height (PH) = 79

a-b: 115 ms  
a-c: 140 ms  
a-d: 190 ms  
a-e: 295 ms  
b/a: -0.02  
c/a: -0.12  
d/a: -0.27  

Thank you for taking the Pulse Wave Velocity (PWV) Analysis. This report gives you a quick and objective answer to how your vascular system is currently doing. The aim of these results are not to state a medical diagnosis, but to support a diagnosis by a medical professional. The result should therefore be interpreted accordingly.

PWV is an excellent analysis to evaluate vascular endothelial dysfunction. This represents the elasticity of the artery. Arteries that are atherosclerotic, arteriosclerotic, or hardened (having reduced elasticity and increased narrowing) place an extra strain on the heart, valves, and arteries which can lead to stroke, heart attack, kidney failure and/or sudden death.

The pulse wave is a physiological phenomenon, observable and measurable in the arterial system during blood circulation. During one heartbeat a certain blood volume is expelled. This propagates through the arteries due to the reciprocal transformation between kinetic energy of a segment of the expelled blood volume and the potential energy of a stretched segment of the resilient vascular wall. We can observe the changes in pressure, blood flow, velocity and profile throughout the whole pulse wave. It can be used for classification of the artery elasticity.

How is Pulse Wave Velocity measured by a finger probe?

The heart contracts and creates a direct wave which travels down the arm (red curve). The direct wave is reflected in the lower body, and travels back towards the arm (pink curve). The direct wave and the reflected wave combine to form the finger probe (blue curve).

Stroke Volume (SV): 70.23 ml (55-100)  
Stroke Volume Index (SVI): 30.62 ml/m²  
Cardiac Output (Q): 5.62 l/min (4.0-6.0)  
Cardiac Index (CI): 2.45 l/min/m² (2.6-4.2)  
Systemic Vascular Resistance (SVR): 1335 (700-1800)  
Mean Arterial Pressure (MAP): 94.77 mmHg (70-119)  
Pulse Pressure (PP): 36.12 mmHg (25-100)  
Estimated PPG Ejection Fraction (EF): 64.26 % (55-70)  
Blood Volume (BV): 6.06 l (3-5)  
Estimated PPG Cardiac Ejection Time (ETC): 335 ms (260-380)
Ejection Elasticity Index (EEI) = 0.425
EEI is an indicator for left ventricle ejection power and elasticity of large arteries.

Normal Blood Circulation

Dicrotic Dilation Index (DDI) = 0.46
DDI indicates the contractility, tension and stiffness in the small arteries.

Normal Blood Circulation

Dicrotic Elasticity Index (DEI) = 0.568
DEI represents the reflection of arterial elasticity and blood flow in the venous system.

Normal Blood Circulation

Augmentation Index (AI) = 0.03
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 (PWV) and blood pressure (BP).

Reflection Index (RI) = 0.68
RI is an indicator of the vascular tone of the small arteries. Both vasodilation and vasoconstriction play important roles in determining vascular tone.

Stiffness index (SI) = 10.41 m/s
SI is a measure of large artery stiffness determined by time. SI calculation gives a value similar to aortic pulse wave velocity.
Gender: M  Date: 17 Feb 2012 09:19  Weight: 107 kg  Height: 177 cm

Heart Beats = 326

Artifacts = 0

QT = 364 ms  QTc = 424 ms  Vx = 0.35

QRS = 94 ms

Ventricular Extrasystole = 0

Supra-Ventricular (Atrial) Extrasystole = 0

Second degree AV block = 0

Comments:

Physician’s Signature...

All results and analysis should be considered in the context of person/candidate’s case history, symptoms, diagnosis, current medications, treatment plans and therapies.

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

**Gender:** M  |  **Date:** 17 Feb 2012 09:19  |  **Weight:** 107 kg  |  **Height:** 177 cm

<table>
<thead>
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<th>Parameter</th>
<th>Value</th>
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<tbody>
<tr>
<td>P wave duration</td>
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</tr>
<tr>
<td>Q wave duration</td>
<td>120 ms</td>
</tr>
<tr>
<td>R wave duration</td>
<td>80 ms</td>
</tr>
<tr>
<td>S wave duration</td>
<td>60 ms</td>
</tr>
<tr>
<td>P-R interval</td>
<td>15 ms</td>
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<td>QRS complex duration</td>
<td>8 ms</td>
</tr>
<tr>
<td>T wave duration</td>
<td>50 ms</td>
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<tr>
<td>QT interval</td>
<td>480 ms</td>
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<tr>
<td>ST segment depression</td>
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<tr>
<td>PR interval</td>
<td>120 ms</td>
</tr>
<tr>
<td>RR interval</td>
<td>700 ms</td>
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<tr>
<td>QTc interval (corrected)</td>
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<tr>
<td>QT interval (total)</td>
<td>284 ms</td>
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<td>RR interval</td>
<td>500 ms</td>
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**Comments:**

**Physician’s Signature...**

---

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

Gender: M   Date: 17 Feb 2012 09:19   Weight: 107kg   Height: 177cm

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

<table>
<thead>
<tr>
<th>Status</th>
<th>Duration</th>
<th>HR</th>
<th>BP</th>
<th>DMF</th>
<th>LF H</th>
<th>LF R</th>
<th>LF/LF</th>
<th>TSP</th>
<th>SDNN</th>
<th>rmsSD</th>
<th>pHR</th>
<th>E/I Ratio</th>
<th>Valsalva Ratio</th>
<th>30:15 Ratio</th>
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</thead>
<tbody>
<tr>
<td>Resting</td>
<td>239</td>
<td>81</td>
<td>146/81</td>
<td>0.51</td>
<td>0.86 N</td>
<td>0.74 N</td>
<td>1.17 N</td>
<td>1.42</td>
<td>463.37</td>
<td>24.9</td>
<td>10.8</td>
<td>30:15 1.25</td>
<td>Valsalva Ratio = 1.33</td>
<td>30:15 Ratio = 1.23</td>
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<tr>
<td>Deep Breathing</td>
<td>59</td>
<td>77</td>
<td>110/86</td>
<td>0.11</td>
<td>3.92</td>
<td>0.57 N</td>
<td>0.65</td>
<td>1.66</td>
<td>2254.78</td>
<td>51.9</td>
<td>26.38</td>
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<tr>
<td>Valsalva</td>
<td>89</td>
<td>77</td>
<td>124/92</td>
<td>0.1</td>
<td>3.05 N</td>
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<tr>
<td>Standing</td>
<td>119</td>
<td>86</td>
<td>142/103</td>
<td>0.13</td>
<td>1.94 N</td>
<td>1.84 N</td>
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</table>

Autonomic Tonus = 134.52 N

Resting: Normal level of sympathetic and parasympathetic and sympathetic balance.

Deep Breathing: Normal Parasympathetic response to stimulation.

Valsalva: Normal Sympathetic response to stimulation.

Standing: Normal response to stimulation; heart rate upon standing is considered ‘low’. Possible Pre-Clinical Orthostatic Intolerance: General therapies would include fluid and salt intake and lifestyle modifications as necessary. Enhanced cardiovascular tolerance. The autonomic regulation of cardiovascular functions provides enormous ability to tolerate physical exertions and normal adaptation to their long-term effects. Typically this is a sign of an absence of physical exhaustion, overtraining or any cardiovascular health conditions. This is a typical pattern found in a physically active, healthy individual, without any evident signs of physical exhaustion, overtraining or other conditions altering the regulatory functions of the autonomic nervous system or the cardiovascular response to it.

Comments:

Physician's Signature...

Printed: 01 Apr 2013 13:30

All results and analysis should be considered in the context of the patient's case history, symptoms, diagnosis, current medications, treatment plans and therapies.

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

Physician's Signature...

All results and analysis should be considered in the context of patient/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies.

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

Gender: M  Date: 17 Feb 2012 09:19  Weight: 107kg  Height: 177cm

![Graphs and charts showing autonomic balance metrics.]

Total Heartbeats = 325  Artifacts = 1 (0.3%)  Signal Quality = Good

<table>
<thead>
<tr>
<th>Metric</th>
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<th>Reference Range</th>
<th>Quality</th>
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<tr>
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<td>0.5-4</td>
<td>Normal</td>
</tr>
<tr>
<td>RFa</td>
<td>0.74</td>
<td>0.5-4</td>
<td>Normal</td>
</tr>
<tr>
<td>LFa/RFa</td>
<td>1.17</td>
<td>0.4 to 3</td>
<td>Normal</td>
</tr>
<tr>
<td>HR</td>
<td>81</td>
<td>BP</td>
<td>Normal</td>
</tr>
<tr>
<td>VLF</td>
<td>69.86</td>
<td>LF</td>
<td>Normal</td>
</tr>
<tr>
<td>SDNN</td>
<td>24.9</td>
<td>rmsSD</td>
<td>Normal</td>
</tr>
<tr>
<td>TSP</td>
<td>463</td>
<td>LF/HF</td>
<td>Normal</td>
</tr>
</tbody>
</table>

HR:FD - bpm; DMF - Hz; VLF,LF,HR,TSP - ms^-2; LFa,LFa - bpm^-2

Normal level of sympathetic and parasympathetic and sympathovagal balance;

Comments:

Physician's Signature...

Printed: [Date of Print]
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.

Comments:

Physician's Signature...
Autonomic Balance Analysis

Gender: M  Date: 17 Feb 2012 09:19  Weight: 107kg  Height: 177cm

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

Autonomic Tonus = 134.52  E/I Ratio = 1.25  Valsalva Ratio = 1.33  30:15 Ratio = 1.23

RESTING: Normal level of sympathetic and parasympathetic and sympathovagal balance;

DEEP BREATHING: Normal Parasympathetic response to stimulation;

VALSALVA: Normal Sympathetic response to stimulation;

STANDING: Normal response to stimulation; Heart rate upon standing is considered 'low'; Possible Pre-Clinical Orthostatic Intolerance; General therapies would include fluid and salt intake and life style modifications as necessary; Enhanced cardiovascular tolerance. The autonomic regulation of cardiovascular functions provides enormous ability to tolerate physical exertions and normal adaptation to their long-term effects. Typically this is a sign of an absence of physical exhaustion, overtraining or any cardiovascular health conditions. This is a typical pattern found in a physically active, healthy individual, without any evident signs of physical exhaustion, overtraining or other conditions altering the regulatory functions of the autonomic nervous system or the cardiovascular response to it;

Comments:

Physician's Signature...

All results and analyses should be considered in the context of patient/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies.
Final diagnosis is the sole responsibility of the licensed medical practitioner after persona examination, lab tests and/or other clinical findings as necessary.
**Autonomic Balance Analysis**

**Gender:** M  
**Date:** 17 Feb 2012 09:19  
**Weight:** 107kg  
**Height:** 177cm

### Parameters

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<tr>
<th>Parameter</th>
<th>Value</th>
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<tr>
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<td>1.2 to 1.6</td>
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<tr>
<td>E/I Ratio</td>
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<td>1.1 to 1.6</td>
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<td>Standing nHR</td>
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<td>30/15 Ratio</td>
<td>1.23</td>
<td>1.1 to 1.6</td>
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<td>1 to 12</td>
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### Parameters

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<tr>
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<td>0.4 - 3</td>
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<td>Deep breathing xLFa</td>
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<tr>
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### Parameters

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<td>15.94</td>
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<td>HFPn</td>
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<td>6.4</td>
<td>8.27</td>
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<td>BP</td>
<td>136</td>
<td>142</td>
<td>142</td>
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<tr>
<td>L/H</td>
<td>1.42</td>
<td>2.19</td>
<td>2.39</td>
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**Comments:**

*All results and analysis should be considered in the context of patient's current health status, symptoms, diagnosis, current medications, treatment plans and therapies. Final diagnosis is the sole responsibility of the licensed medical practitioner after personal examination, lab tests and/or other clinical findings as necessary.*

**Physician’s Signature:**
Comments:

Normal Sympathetic response to stimulation.

Physician's Signature...

Printed Text: Autonomic Balance - Valsalva

Gender: M  Date: 17 Feb 2012 09:19  Weight: 107kg  Height: 177cm

Total Heartbeats = 115  Artifacts = 1 (0.9%)  Signal Quality = Good

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>x10.32</td>
<td>&gt;1.2</td>
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HR  77  PM  72  DMF  0.1
VLF  496.67  LF  683.72  HF  229.8
SDNN  84.32  rmsSD  27.12  pNN50  6
TSP  3555  LF/HF  2.98
Autonomic Balance Analysis - Sympathetic

Gender: M  Date: 17 Feb 2012 09:19  Weight: 107kg  Height: 177cm

Signal Quality = Resting: Good  Valsalva: Good

RESTING

<table>
<thead>
<tr>
<th>Value</th>
<th>Normal</th>
<th>Borderline</th>
<th>High</th>
<th>Low</th>
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<tbody>
<tr>
<td>LFa</td>
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<td>0.5-4</td>
<td>0-3</td>
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<td>RPa</td>
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<td>0.5-4</td>
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<td>&gt;7</td>
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<td>0.4-3</td>
<td>&gt;3</td>
<td>&lt;0.4</td>
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<td>140/91</td>
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<td>LF</td>
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<td>SDNN</td>
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<td>10.8</td>
<td>pHNSD</td>
</tr>
<tr>
<td>TSP</td>
<td>463</td>
<td>LF/HF</td>
<td>1.42</td>
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VALSALVA

<table>
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<th>BL high</th>
<th>High</th>
<th>Low</th>
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<td>x3-10</td>
<td>x0.3</td>
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<td>&lt;3</td>
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<tr>
<td>Ratio</td>
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<td>&gt;1.2</td>
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<td>&lt;1.2</td>
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<tr>
<td>BP</td>
<td>124/52</td>
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Autonomic Tonus = 134.52 N  Valsalva Ratio = 1.33

Resting: Normal level of sympathetic and parasympathetic and sympathetic balance;
Valsalva: Normal Sympathetic response to stimulation;

Comments:

Physician’s Signature...

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

Gender: M  Date: 17 Feb 2012 09:19  Weight: 107kg  Height: 177cm

Heart Rate & HRV

Spectrum

Total HeartBeats = 77  Artifacts = 0 (0%)  Signal Quality = Good

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<tr>
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<th>Value</th>
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<tr>
<td>R/Ra</td>
<td>x8.19</td>
<td>x3-10</td>
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<td>E/I Ratio</td>
<td>1.25</td>
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<td>TSP</td>
<td>2254</td>
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<td>1.66</td>
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HR, PD - bpm; DMF - Hz; VLF, LF, HF, TSP - mV²; RA, RFA - bpm²

Normal Parasympathetic response to stimulation.

Comments:

Physician's Signature...
Autonomic Balance Analysis - Parasympathetic

Gender: M  Date: 17 Feb 2012 09:19  Weight: 107kg  Height: 177cm

Signal Quality = Resting: Good  Deep Breathing: Good

RESTING

<table>
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<tr>
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<th>Borderline</th>
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<th>Low</th>
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<tr>
<td>LfA</td>
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<td>0.5-4</td>
<td>0.3-0.5</td>
<td>&gt;7</td>
</tr>
<tr>
<td>RfA</td>
<td>0.74</td>
<td>0.5-4</td>
<td>0.3-0.5</td>
<td>&gt;7</td>
</tr>
<tr>
<td>LfA/RfA</td>
<td>1.17</td>
<td>&gt;3</td>
<td>&lt;3</td>
<td>&lt;0.4</td>
</tr>
<tr>
<td>HR</td>
<td>81</td>
<td>140/81</td>
<td>DMPF</td>
<td>0.31</td>
</tr>
<tr>
<td>VLF</td>
<td>69.86</td>
<td>LF</td>
<td>HF</td>
<td>46.9</td>
</tr>
<tr>
<td>SDNN</td>
<td>24.9</td>
<td>rmsSD</td>
<td>10.8</td>
<td>pNN50</td>
</tr>
<tr>
<td>TSP</td>
<td>463</td>
<td>LF/HF</td>
<td>1.42</td>
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DEEP BREATHING

<table>
<thead>
<tr>
<th>Value</th>
<th>Normal</th>
<th>Bl low</th>
<th>Bl high</th>
<th>High</th>
<th>Low</th>
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</thead>
<tbody>
<tr>
<td>RfA</td>
<td>x8.19</td>
<td>x2-10</td>
<td>x0.3</td>
<td>x10-11</td>
<td>&gt;x11</td>
</tr>
<tr>
<td>E/I Ratio</td>
<td>1.25</td>
<td>&gt;1.1</td>
<td>&lt;1.1</td>
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<td></td>
</tr>
<tr>
<td>BP</td>
<td>119/86</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Autonomic Tonus = 134.52 N  E/I Ratio = 1.25

Resting: Normal level of sympathetic and parasympathetic and sympathovagal balance;
Deep Breathing: Normal Parasympathetic response to stimulation;

Comments:

Physician's Signature...

Printed 8 Feb 2012 09:31

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

Gender: Male  Date: 17 Feb 2012 09:19  Weight: 107kg  Height: 177cm

Heart Rate & ECG

Cardiovascular Function

Cardiovascular Adaptation

Spectrum

<table>
<thead>
<tr>
<th>Heartbeats</th>
<th>Artifacts</th>
<th>Signal Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>173</td>
<td>1 (0.8%)</td>
<td>Good</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Value</th>
<th align="right">Re</th>
<th align="right">St</th>
<th>Normal</th>
<th>Borderline</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFa</td>
<td align="right">0.74 &gt; 1.84</td>
<td align="right">2.5</td>
<td>&lt;2</td>
<td>2.6</td>
<td>&gt;5</td>
<td>&lt;5</td>
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<tr>
<td>LFa</td>
<td align="right">0.86 &gt; 1.94</td>
<td align="right">2.25</td>
<td>1.2 - 4.5</td>
<td>4.5 - 5</td>
<td>&gt;5</td>
<td>&lt;5</td>
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<tr>
<td>LFa/RFa</td>
<td align="right">1.27 &gt; 1.03</td>
<td align="right">0.9</td>
<td>1.2 - 5</td>
<td>5.1 - 1.2</td>
<td>&gt;5</td>
<td>&lt;5</td>
</tr>
<tr>
<td>HR</td>
<td align="right">81 - 86</td>
<td align="right">1.06</td>
<td>&gt;1.1</td>
<td>1 - 1.1</td>
<td>&gt;30</td>
<td>&lt;1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VLF</th>
<th>LF</th>
<th>HF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1104</td>
<td>1.1F/HF</td>
<td>2.41</td>
</tr>
<tr>
<td>42.55</td>
<td>rmsSD</td>
<td>11.04</td>
</tr>
<tr>
<td>11.03</td>
<td>PH</td>
<td>29</td>
</tr>
</tbody>
</table>

Total Heartbeats = 173  Artifacts = 1 (0.8%)  Signal Quality = Good

Normal response to stimulation; heart rate upon standing is considered 'low'. Possible Pre-Clinical Orthostatic Intolerance. General therapies would include fluid and salt intake and lifestyle modifications as necessary. Enhanced cardiovascular tolerance. The autonomic regulation of cardiovascular functions provides enormous ability to tolerate physical exertion and normal adaptation to their long-term effects. Typically this is a sign of an absence of physical exhaustion, overtraining or any cardiovascular health conditions. This is a typical pattern found in a physically active, healthy individual, without any evident signs of physical exhaustion, overtraining or other conditions altering the regulatory functions of the autonomic nervous system or the cardiovascular response to it.

Comments:

Physician’s Signature...

Printed: [Date] [Time] [Signature]

All results and analyses should be considered in the context of patients/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies.

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Gender: M  Date: 17 Feb 2012 09:19  Weight: 107kg  Height: 177cm

Total Heartbeats = 325  Artifacts = 1 (0.3%)  Signal Quality = Good

Heart Rate = 81 (bpm)  TDI = 21.12  FDI = 463.37  SDNN = 24.9

FUNCTIONAL AGE (in years) = 54  HEALTH RISK Factor Based on Stress Assessment = 68.25 %

Physical Stress Coefficient = 4.615  (Normal value: 1.9  Range from 0 to 4  Unfavorable values: higher than 2.4)

PHYSICAL STRESS INDEX = 2.715
(Normal value: 0  Range from -3 to 3  Unfavorable values: higher than 1)

Mental Stress Coefficient = 1.791  (Normal value: 1.3  Range from 0 to 4  Unfavorable values: higher than 1.8)

MENTAL STRESS INDEX = 0.491
(Normal value: 0  Range from -3 to 3  Unfavorable values: higher than 1)

Comments:

Physician’s Signature...

Printed: 8 Apr 2012 16:31

All results and analysis should be considered in the context of a person/candidate's case history, symptoms, diagnosis, current medications, treatment plans, and therapies.

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

Gender: M  Date: 17 Feb 2012 09:34  Weight: 107 kg  Height: 177 cm

Total HeartBeats = 341  Artifacts = 1 (0.3%)  Signal Quality = Good

Heart Rate = 85 bpm  HR Min = 74  HR Max = 100  Total Power = 798.837
A1 = 131 ms  A2 = 1 ms  B1 = 3 s  B2 = 11 s  L1 = 741 ms  L2 = 692 ms

Cardiac Coefficient = 7.452  (Normal value: 7.2  Range from 1 to 15  Unfavorable values: lower than 6.2)

Cardiac Performance Index = 6.262
(Normal value: 6  Range from 0 to 12  Unfavorable values: lower than 4)

Vascular Coefficient = 3.65  (Normal value: 5.5  Range from 1 to 15  Unfavorable values: lower than 4.5)

Vascular Performance Index = 4.05
(Normal value: 6  Range from 0 to 12  Unfavorable values: lower than 4)

Cardiovascular Training Coefficient = 6.484  (Normal value: 6.4  Range from 1 to 15  Unfavorable values: lower than 5.4)

Cardiovascular Training Index = 6.1
(Normal value: 6  Range from 0 to 12  Unfavorable values: lower than 4)

The score is average. The cardio fitness is moderate. It is recommended that you exercise more and adopt a more active and healthy lifestyle.

Comments:

Physician's Signature...

Printed: 9 Apr 2012, 10:31
Overall Health Assessment

Gender: M  Date: 17 Feb 2012 09:19  Weight: 107 kg  Height: 177 cm

Signal Quality = Good

FUNCTIONAL AGE (in years) = 54

PHYSICAL STRESS INDEX = 2.715
(Normal value: 0  Range from -3 to 3  Unfavorable values: higher than 1)

MENTAL STRESS INDEX = 0.491
(Normal value: 0  Range from -3 to 3  Unfavorable values: higher than 1)

CARDIAC PERFORMANCE INDEX = 6.262
(Normal value: 6  Range from 0 to 12  Unfavorable values: lower than 4)

VASCULAR PERFORMANCE INDEX = 4.05
(Normal value: 6  Range from 0 to 12  Unfavorable values: lower than 4)

CARDIOVASCULAR TRAINING INDEX = 8.1
(Normal value: 6  Range from 0 to 12  Unfavorable values: lower than 4)

OVERALL HEALTH RISK FACTOR = 66.475%
(Normal value: 50  Range from 0 to 100  Unfavorable values: higher than 66)

The score is above average. Indicates a higher health risk. The score is not indicative for immediate measures, but monitoring is advised. Further steps to reduce stress or increase vitality are recommended.

Comments:

Physician's Signature...

Printed: 9 Apr 2013 09:01

All results and analysis should be considered in the context of person/candidate's case history, symptoms, diagnosis, current medications, treatment plans and therapies.
Final diagnosis is the sole responsibility of the licensed medical practitioner after physical examination, lab tests and/or other clinical findings as necessary.
Gender: M  Date: 17 Feb 2012 09:19  Weight: 107 kg  Height: 177 cm

Ideal Body Weight = 74 kg
Real Body Weight = 107 kg
Basal Metabolic Rate (BMR) = 2122 cal
Total Daily Energy Expenditure = 3183 cal

Body Mass Index (BMI) = 34.2
(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
20 - 29: Overweight - prone to health risks
30 - 40: 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 (exercises) and decrease your caloric intake below the Total Daily Energy Expansiture 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.