

CardioVision_R MS-2000

Patient : **00010** Date:2002/06/12 10:23

Name : **Akemi Rice**

Sex : **Female**

Age : **43**

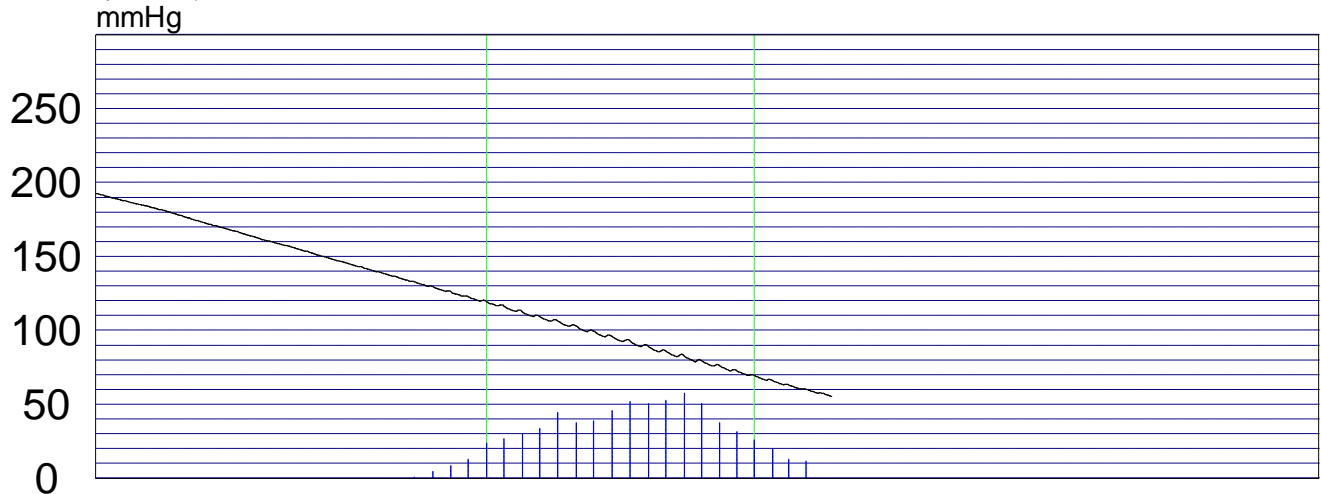
Memo Monopril HCT 20/12.5mg 1X2 a day Glucovance 5/500mg 2X2 a day
y Actos 30mg 1x1 a day Tamoxifen 10mg 1x2 a day

ASI Range

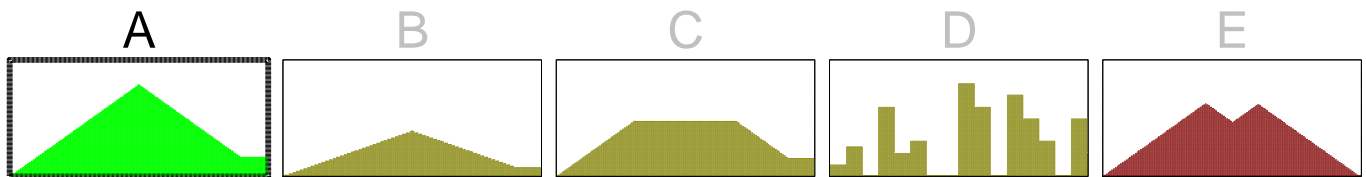
A	0 - 80
AC	81 - 209
C	210 +

LIPID PROFILE AND OTHER TESTS

Cholesterol 172 mg/dL	LDL-Cholesterol 96 mg/dL	HDL-Cholesterol 38 mg/dL	Triglycerides 192 mg/dL	Glucose 207 mg/dL	HbA1c 4.4 %	ALT 22 U/L
Ankle Brachial Index (<0.9=Increased PVD Risk) (>1.30=Non-compressible)		Brachial Pressure Supine 116 mmHg		Left Ankle 102 mmHgCV	Right Ankle 107 mmHgCV	ABI 0.88 ABI 0.92



ASI	Systolic	Diastolic	Pulse	PulsePress
55	120	70	83	50
				>60=Increased Risk



PATTERN A

This pulse wave pattern demonstrates normal stiffness of the brachial artery. As the CardioVision measures blood pressure and pulse rate it also measures and calculates the stiffness of the brachial artery as the pressure is released from the blood pressure cuff. The Arterial Stiffness Index (ASI) ranges from 0-750+. It produces the pattern classification according to measured arterial stiffness or flexibility (lower ASI=flexible and higher ASI=inflexible). This information is graphically displayed as pulse waves on the computer screen. Since the stiffness of the brachial artery has been shown to correlate with the stiffness of the other arteries, it can be assumed that this patient is at a lowered risk for artery disease. However, this correlation is not absolute and can only be interpreted in light of other risk factors for artery disease.