

Name: Sarah Wilson	Doctor/Tech Name: Dr. Adam Miller	Insurance P.:					
Gender: Female	Specialty: Internal Medicine						
DOB: 1960/05/14	Address: 123 Maple Street, Austin, TX 73301	Insurance#:					
Age: 65	Clinic or Hospital Phone: 555-987-6543						
EMR ID: 123456789	Visit Time: 12:27	Group#:					
VASCULAR ASSESSMENT <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Blood Pressure Moderate Hypertension</p> <p>Arterial Stiffness Borderline</p> <p>Estimated CASP Severely Elevated</p> <p>Endothelial Function Severe Impairment</p> <p>Lower Artery Extremity Initial Step 1</p> <p>Activity Level Light BMI 32</p> </div> <div style="width: 45%; text-align: center;"> </div> </div>							
LIFESTYLE ASSESSMENT <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Fat Level Obese Type 1</p> <p>Vital Sign Borderline</p> <p>Exercise Capacity Borderline</p> </div> <div style="width: 45%;"> <p>Cardiac Autonomic Function Initial Step 1</p> <p>Sudomotor Function Over-Response</p> </div> </div>							
AUTONOMIC ASSESSMENT <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Heart Rate 59</p> <p>SP02% 97</p> </div> <div style="width: 45%;"> <p>Assessment Color Code</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Normal Range</td> <td style="width: 20%;">Initial Step 1/Acceptable</td> <td style="width: 20%;">Initial Step 2/Borderline</td> <td style="width: 20%;">Defined</td> <td style="width: 20%;">Severe</td> </tr> </table> </div> </div>			Normal Range	Initial Step 1/Acceptable	Initial Step 2/Borderline	Defined	Severe
Normal Range	Initial Step 1/Acceptable	Initial Step 2/Borderline	Defined	Severe			

CMR SCORE * 56%	VASCULAR SCORE ** 20%	AUTONOMIC SCORE ** 28%	Risk based on the Scores Cardiometabolic disease: Moderate Risk Risk factors based on the lifestyle score: High Risk Vascular complication(s): Moderate Risk Autonomic complication(s): Mild Risk <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Insignificant</th> <th style="width: 20%;">Minor</th> <th style="width: 20%;">Mild</th> <th style="width: 20%;">Moderate</th> <th style="width: 20%;">Severe</th> </tr> <tr> <td>(*) 100%</td> <td>$\geq 80 >$</td> <td>$\geq 70 >$</td> <td>$> 60 \geq$</td> <td>$> 40 \geq$</td> </tr> <tr> <td>(**) 40%</td> <td>$\geq 37 >$</td> <td>$> 32 \geq$</td> <td>$> 24 \geq$</td> <td>$> 16 \geq$</td> </tr> <tr> <td>(***) 20%</td> <td>$\geq 18 >$</td> <td>$\geq 16 >$</td> <td>$> 12 \geq$</td> <td>$> 8 \geq$</td> </tr> </table>					Insignificant	Minor	Mild	Moderate	Severe	(*) 100%	$\geq 80 >$	$\geq 70 >$	$> 60 \geq$	$> 40 \geq$	(**) 40%	$\geq 37 >$	$> 32 \geq$	$> 24 \geq$	$> 16 \geq$	(***) 20%	$\geq 18 >$	$\geq 16 >$	$> 12 \geq$	$> 8 \geq$
Insignificant	Minor	Mild	Moderate	Severe																							
(*) 100%	$\geq 80 >$	$\geq 70 >$	$> 60 \geq$	$> 40 \geq$																							
(**) 40%	$\geq 37 >$	$> 32 \geq$	$> 24 \geq$	$> 16 \geq$																							
(***) 20%	$\geq 18 >$	$\geq 16 >$	$> 12 \geq$	$> 8 \geq$																							
LIFESTYLE SCORE *** 8%																											

CASP = Central Aortic Systolic Pressure.

C PG = Cholinergic Post-Ganglionic.

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.

OVERVIEW ASSESSMENT

2

Name: Sarah Wilson	Doctor/Tech Name: Dr. Adam Miller	Insurance P.:
Gender: Female	Specialty: Internal Medicine	
DOB: 1960/05/14	Address: 123 Maple Street, Austin, TX 73301	Insurance#:
Age: 65 EMR ID:	Clinic or Hospital Phone: 555-987-6543	
Visit Date: 2025/9/12	Visit Time: 12:27	Group#:

CLINICAL CONTEXT

Sarah Wilson is a 65-year-old female gender, weight 82 kg. and height 160 cm and BMI 32. The patient has the following symptom: Headache, Chronic Pain, Tingling or burning in the foot. The patient has the following risk factor(s): Type II diabetes.

OVERVIEW FINDING TEMPLATE

- Peripheral Artery disease Risk from Ankle and Toe Brachial Indices
 - ✓ The overall wave types, along with the ABI and TBI results indicate that the blood flow to the legs is acceptable and there is no evidence of a blockage. However, there may be a few atherosclerotic plaques or mild calcification present. It is important to remember that peripheral artery disease (PAD) can progress over time, so ongoing monitoring of symptoms and regular checkups are recommended.
- Cardiac Autonomic Neuropathy Risk from Heart Rate variability and Cardiac Autonomic Reflex Tests analysis
 - ✓ Cardiac autonomic reflex testing (CARTs) detected 1 abnormal CART result. The CAN Subcommittee of Toronto Consensus Panel on Diabetic Neuropathy guidelines indicate a diagnostic of initial step 1 Cardiac autonomic neuropathy. This diagnosis of initial Step 1 CAN warrants active surveillance with repeat autonomic testing in 6 months.
- Cardiovascular Risk from endothelial markers and CASP
 - ✓ Accordingly, to the guidelines and endothelial testing results: The endothelial testing indicates severe dysfunction. The testing detects at least three abnormal results. Central aortic systolic pressure is severely elevated. This means that the patient is currently at a high risk of developing cardiovascular events and/or diabetes and/or diabetes complications. The patient should be referred to a cardiologist and/or endocrinologist for further exam(s). It is important to note that severely elevated central aortic systolic pressure is a powerful predictor of cardiovascular disease and mortality, and therefore, immediate, and appropriate management is crucial.
- Lifestyle evaluation from markers affecting exercise practice and nutrition
 - ✓ The lifestyle score of the patient is very poor based on wellness markers (8%), it suggests that the lifestyle of the patient is not completely healthy. The patient has to make major changes in his/her lifestyle and needs support from specialist physicians.

Date

Interpreting Physician's Name

Signature

mm/dd/yy

Dr. --

Interpreter's NPI: N/A

Interpreter's Phone #: N/A

Signature

Date

Doctor / Technician Name

2025/9/12

Dr. Adam Miller

Dr. Adam Miller

Doctor's NPI: 1114442222

Doctor's Phone #: 555-987-6543

DISCLAIMER: All results should be considered within the clinical context of the patient's case, symptoms, known diagnosis, findings from other diagnostic studies, current medications, treatment plan and therapies. The interpretation of the results is the responsibility of the physician who signed the report.

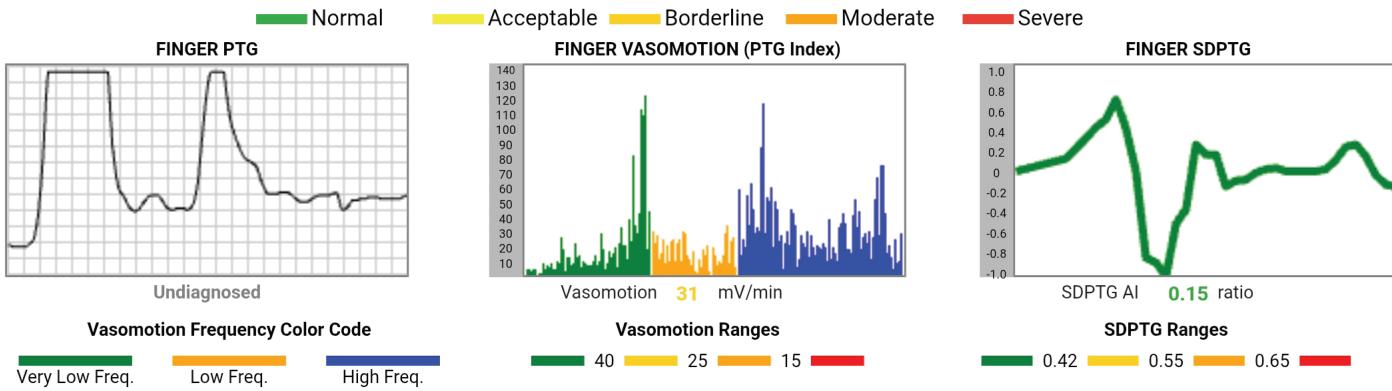
Name: Sarah Wilson	Doctor/Tech Name: Dr. Adam Miller	Insurance P.:
Gender: Female	Speciality: Internal Medicine	N/A
DOB: 1960/05/14	Address: 123 Maple Street, Austin, TX 73301	Insurance#:
Age: 65 EMR ID: N/A	Clinic or Hospital Phone: 555-987-6543	N/A
Visit Date: 2025/12/30	Visit Time: 11:11	Group#: N/A

Endothelial Function*

Markers	Description	Results	Ranges(Units)
Stress Index	Correlated to C-Reactive Protein	253	≤ 180 (Vs)
Finger PTGi (Vasomotion)	Correlated to Upper Artery atherosclerosis risk	31	≥ 40 (mV/min)
PTG SD Ratio	Correlated to Arterial Stiffness	0.15	≤ 0.42 (Ratio)
PTG TP	Correlated to Insulin Resistance	452	≤ 406 (ms ²)
PTG VLF Index	Correlated to Fibrinogen Lab Test	6	≤ 32 (Vs/mS)

Upper Large Artery

Markers	Description	Results	Ranges(Units)
ΔL/R SP Arm	Axillary stenosis Risk Marker	3	<20(mmHg)
CASP	Aortic Systolic Pressure	102	< 130 (mmHg)
pAlx	Aortic Arterial Stiffness	38	<75(Ratio)



Device: OXI_W. : mathematical analysis of the input of the PTG using the first and second derivatives of the PTG values related to the microvascular condition.
 Manufacturer LD Technology TBL-ABI 510K# K172655

*: Off-label use

Impression

Sarah Wilson is a 65-year-old female gender, weight 82 kg. and height 160 cm and BMI 32.

This patient had an endothelial testing on 2025/12/30.

IMPRESSION: Accordingly, to the guidelines and endothelial testing results: The endothelial dysfunction is in initial step 2. The testing detects one abnormal and at least 2 borderline results. Central aortic systolic pressure is in the normal range. This means that the patient is currently at a mild risk of developing cardiovascular events, but they may be at an increased risk in the future. The patient should continue to monitor their symptoms and get regular checkups. This will help to ensure that they detect any early signs of cardiovascular disease.

Date

Doctor / Technician Name

Signature

N/A

Dr. --

N/A

Interpreter's NPI: N/A

Interpreter's Phone #: N/A

WELLNESS REPORT

1

Name: Sarah Wilson	Doctor/Tech Name: Dr. Adam Miller	Insurance P.:
Gender: Female	Speciality: Internal Medicine	N/A
DOB: 1960/05/14	Address: 123 Maple Street, Austin, TX 73301	Insurance#:
Age: 65 EMR ID: N/A	Clinic or Hospital Phone: 555-987-6543	N/A
Visit Date: 2025/12/30	Visit Time: 11:11	Group#: N/A

Markers Affecting Exercise Capacity

Markers	Description	Results	Ranges(Units)
Heart Rate	Cardiac Cycles / Minute	53	≥ 50 and ≤ 85 (bpm)
SpO2	Blood Oxygen Saturation	98	>= 94 (%)
Systolic P.	Left Arm Maximum Arterial Pressure	136	≤ 130 (mmHg)
Diastolic P.	Left Arm Maximum Arterial Pressure	82	<= 80 (mmHg)
rMSSD	Correlated to Exercise Recovery Index	25	> 35 (ms)
LF/HF	Sympathetic Activity at Rest	2.04	> 0.6 and < 2 (ratio)
SDANN	Correlated to Exercise Tolerance	27	≥ 30 (ms)

Markers Affecting Nutrition*

Markers	Description	Results	Ranges(Units)
Stress Index	Correlated to Inflammation	253	≤ 180 (Vs)
PTG SD Ratio	Correlated to Arterial Stiffness	0.15	<= 0.42 (Ratio)
PTG TP	Correlated to Insulin Resistance	452	<= 406 (ms2)
PTG Index	Correlated to Upper Artery atherosclerosis risk	31	>= 40 (mV/min)
Body Fat Mass	(Fat Mass/Total Weight) * (100)	33	< 24(%)
Worst No Peak	Correlated to Oxidative Stress	1139	>= 832 (mV)

█ Normal █ Acceptable █ Borderline █ Moderate █ Severe

*: Off-label use

Impression

Sarah Wilson is a 65-year-old female gender, weight 82 kg. and height 160 cm and BMI 32.

Body Composition Evaluation: Obese Type 1

Stress Index Marker is mildly increased. This suggests that the patient may have CRP level mildly increased.

PTGTP Marker is increased. This suggests that the patient has insulin resistance.

PTGI marker mildly reduced. This suggests that the patient has a mild atherosclerosis risk.

The rMSSD marker is mildly reduced. This suggested that the exercise recovery is mildly reduced.

The LF/HF marker is mildly increased. This indicates a mild mental stress.

The SDNN marker is mildly decreased. This indicates a mild exercise intolerance.

IMPRESSION: The lifestyle score of the patient is poor based on wellness markers (12%), it suggests that the lifestyle of the patient is not completely healthy. The patient has to make some changes in his/her lifestyle. See attached Wellness Plan for recommendations and suggestions.

Date

Doctor / Technician Name

Signature

N/A

Dr. --

N/A

Interpreter's NPI: N/A

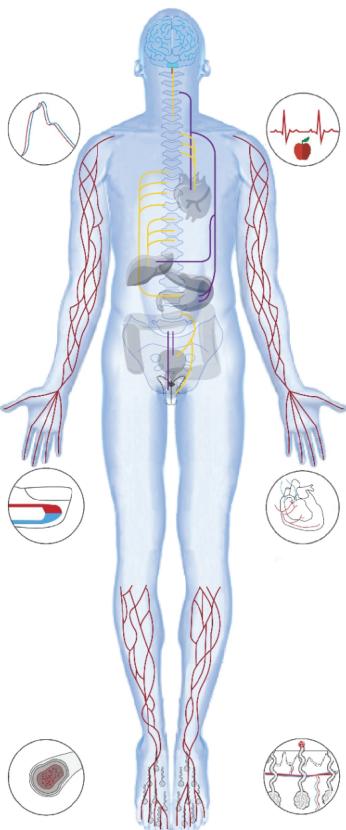
Interpreter's Phone #: N/A

Name: Sarah Wilson	Doctor/Tech Name: Dr. Adam Miller	Insurance P.:
Gender: Female	Speciality: Internal Medicine	N/A
DOB: 1960/05/14	Address: 123 Maple Street, Austin, TX 73301	Insurance#:
Age: 65	Clinic or Hospital Phone: 555-987-6543	N/A
EMR ID: N/A	Visit Time: 11:11	Group#: N/A
Visit Date: 2025/12/30		

VASCULAR ASSESSMENT

Blood Pressure

Pre Hypertension



Arterial Stiffness

Normal Range

Estimated CASP

Normal Range

Endothelial Function

Initial Step 2

Lower Artery Extremity

Initial Step 2

Activity Level
ModerateBMI
34

LIFESTYLE ASSESSMENT

Fat Level

Obese Type 1

Vital Sign

Normal Range

Exercise Capacity

Acceptable

AUTONOMIC ASSESSMENT

Cardiac Autonomic Function

Initial Step 2

Sudomotor Function

Over-Response

Heart Rate

53

SP02%

98

Assessment Color Code

■ Normal Range ■ Initial Step 1/Acceptable ■ Initial Step 2/Borderline ■ Defined ■ Severe

VASCULAR SCORE **

29%

CMR SCORE *

72%

AUTONOMIC SCORE **

31%

LIFESTYLE SCORE ***

12%

Risk based on the Scores

Cardiometabolic disease: Minor Risk

Risk factors based on the lifestyle score: High Risk

Vascular complication(s): Mild Risk

Autonomic complication(s): Mild Risk

Insignificant	Minor	Mild	Moderate	Severe
---------------	-------	------	----------	--------

(*) 100% ■ ≥ 80 > ■ ≥ 70 > ■ ≥ 60 > ■ ≥ 40 > ■ ≥ 20

(**) 40% ■ ≥ 37 > ■ ≥ 32 > ■ ≥ 24 > ■ ≥ 16 > ■ ≥ 8

(***) 20% ■ ≥ 18 > ■ ≥ 16 > ■ ≥ 12 > ■ ≥ 8

CASP = Central Aortic Systolic Pressure.

C PG = Cholinergic Post-Ganglionic.

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.

OVERVIEW ASSESSMENT

2

Name: Sarah Wilson	Doctor/Tech Name: Dr. Adam Miller	Insurance P.:
Gender: Female	Speciality: Internal Medicine	N/A
DOB: 1960/05/14	Address: 123 Maple Street, Austin, TX 73301	Insurance#:
Age: 65 EMR ID: N/A	Clinic or Hospital Phone: 555-987-6543	N/A
Visit Date: 2025/12/30	Visit Time: 11:11	Group#: N/A

CLINICAL CONTEXT

Sarah Wilson is a 65-year-old female gender, weight 82 kg. and height 160 cm and BMI 32.

OVERVIEW FINDING TEMPLATE

- Peripheral Artery disease Risk from Ankle and Toe Brachial Indices
 - ✓ The overall wave types, along with the ABI and TBI results indicate that the blood flow to the legs is slightly decreased, but there is no evidence of a blockage. There is a possibility of atherosclerosis plaque or calcification on the left ankle DP and left ankle PT, which could lead to a blockage in the future.
- Cardiac Autonomic Neuropathy Risk from Heart Rate variability and Cardiac Autonomic Reflex Tests analysis
 - ✓ Cardiac autonomic reflex testing (CARTs) detected 1 abnormal CART and 1 abnormal HRV results. The CAN Subcommittee of Toronto Consensus Panel on Diabetic Neuropathy guidelines indicate a diagnosis of initial step 2 Cardiac autonomic neuropathy. This diagnosis of initial Step 2 CAN warrants active surveillance with repeat autonomic testing in 6 months.
- Cardiovascular Risk from endothelial markers and CASP
 - ✓ Accordingly, to the guidelines and endothelial testing results: The endothelial dysfunction is in initial step 2. The testing detects one abnormal and at least 2 borderline results. Central aortic systolic pressure is in the normal range. This means that the patient is currently at a mild risk of developing cardiovascular events, but they may be at an increased risk in the future. The patient should continue to monitor their symptoms and get regular checkups. This will help to ensure that they detect any early signs of cardiovascular disease.
- Lifestyle evaluation from markers affecting exercise practice and nutrition
 - ✓ The lifestyle score of the patient is poor based on wellness markers (12%), it suggests that the lifestyle of the patient is not completely healthy. The patient has to make some changes in his/her lifestyle. See attached Wellness Plan for recommendations and suggestions.

Date

Interpreting Physician's Name

Signature

mm/dd/yyyy

Dr. --

NA

Interpreter's NPI: N/A

Interpreter's Phone #: N/A

Date

Doctor / Technician Name

Signature

2025/12/30

Dr. Adam Miller

Dr. Adam Miller

Doctor's NPI: 1114442222

Doctor's Phone #:

555-987-6543

DISCLAIMER: All results should be considered within the clinical context of the patient's case, symptoms, known diagnosis, findings from other diagnostic studies, current medications, treatment plan and therapies. The interpretation of the results is the responsibility of the physician who signed the report.

SWEATC SYSTEM SUDOMOTOR FUNCTION REPORT

1

Name: Sarah Wilson	Doctor/Tech Name: Dr. Adam Miller	Insurance P.:
Gender: Female	Speciality: Internal Medicine	N/A
DOB: 1960/05/14	Address: 123 Maple Street, Austin, TX 73301	Insurance#:
Age: 65 EMR ID: N/A	Clinic or Hospital Phone: 555-987-6543	N/A
Visit Date: 2025/12/30	Visit Time: 11:11	Group#: N/A

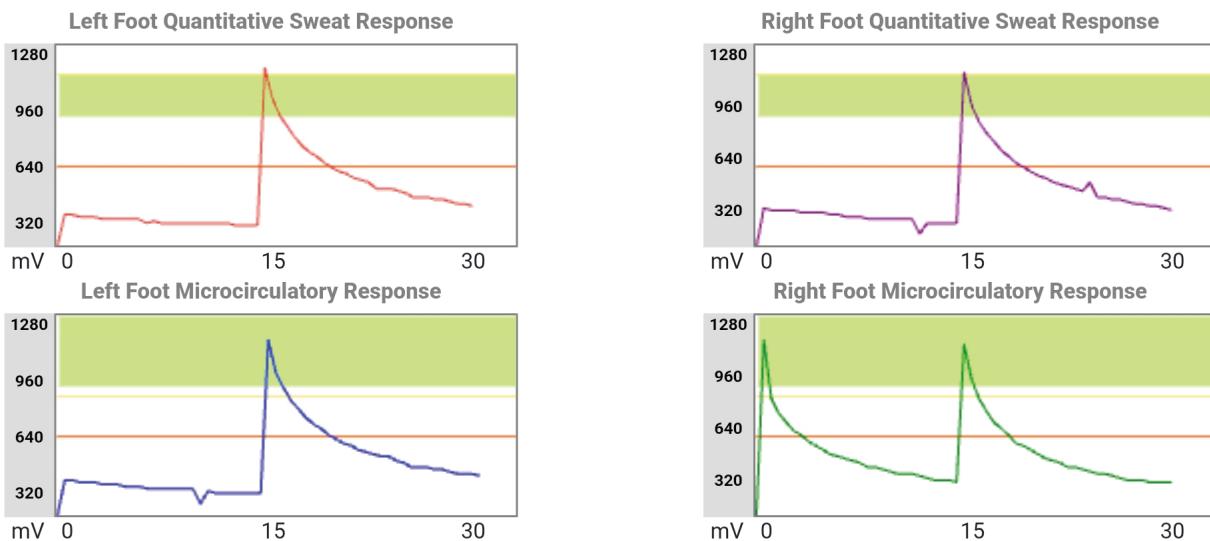
Markers	Results		Ranges(Units)
	LEFT FOOT	RIGHT FOOT	
Sweat Output	1152	1126	≥ 832 and < 1100 mV
NO Peak	1139	1113	≥ 768 mV
Latency	2	2	≤ 2.15 sec
Delta % Foot	2		≤ 20%

Sweat Peak is calculated from the peak amplitude of the galvanic skin response at the positive electrode. It estimates the quantitative sweat production response. Reduced or absent Sweat response output response may indicate a disorder affecting the postganglionic sudomotor nerves. Our Study shows that a poor sweat peak response is correlated to peripheral neuropathy symptoms.

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 microcirculatory markers.

Latency is the time it takes for the response to appear after a stimulus measured in seconds. Prolonged latency in SSR can be an indicator of sudomotor dysfunction, potentially due to small fiber neuropathy.

Delta % is the percentage difference in absolute value between the right and left feet.



SWEATC SYSTEM SUDOMOTOR FUNCTION REPORT

2

Name: Sarah Wilson	Doctor/Tech Name: Dr. Adam Miller	Insurance P.:
Gender: Female	Speciality: Internal Medicine	N/A
DOB: 1960/05/14	Address: 123 Maple Street, Austin, TX 73301	Insurance#:
Age: 65 EMR ID: N/A	Clinic or Hospital Phone: 555-987-6543	N/A
Visit Date: 2025/12/30	Visit Time: 11:11	Group#: N/A

Device: SweatC. Sympathetic skin response. Manufacturer LD technology SweatC 510K# K152216.
CPT Code:N/A

Impression

Sarah Wilson is a 65-year-old female gender, weight 82 kg. and height 160 cm and BMI 32.

This patient had a sudomotor test on 2025/12/30.

The right Sweat Peak is 1126mV. The right NO Peak is 1113mV. The right latency is 2 seconds.

The left Sweat Peak is 1152mV. The left NO Peak is 1139mV. The left latency is 2 seconds.

Sweat output over response in both legs.

IMPRESSION: The sudomotor test indicates that the sweat output sympathetic system response value is increased, indicating early stages of small fiber neuropathy, possibly due to denervation supersensitivity.

The NO Peak value is within the normal range.

The latency value is within the normal range.

Date

Interpreting Physician's Name

Signature

N/A

N/A

N/A

Interpreter's NPI: N/A

Interpreter's Phone #: N/A

Date

Doctor / Technician Name

Signature

2025/12/30

Dr. Adam Miller

Dr. Adam Miller

Doctor's NPI: 1114442222

Doctor's Phone #: 555-987-6543

DISCLAIMER: All results should be considered within the clinical context of the patient's case, symptoms, known diagnosis, findings from other diagnostic studies, current medications, treatment plan and therapies. The interpretation of the results is the responsibility of the physician who signed the report.

**OXI-W SYSTEM CARDIAC AUTONOMIC FUNCTION
REPORT**

1

Name: Sarah Wilson	Doctor/Tech Name: Dr. Adam Miller	Insurance P.:
Gender: Female	Speciality: Internal Medicine	N/A
DOB: 1960/05/14	Address: 123 Maple Street, Austin, TX 73301	Insurance#:
Age: 65	Clinic or Hospital Phone: 555-987-6543	N/A
EMR ID: N/A	Visit Time: 11:11	Group#: N/A
Visit Date: 2025/12/30		

HRV Analysis Baseline

Markers	Description	Results	Ranges(Units)
Total Power	ANS Homeostatic Response at Rest	450	> 1200 (ms2)
SDANN	ANS Components Regulation at Rest	27	≥ 30 (ms)

CARTs: Parasympathetics Responses

Markers	Description	Results	Ranges(Units)
Valsalva Ratio	Baroreceptor Response to Valsalva Maneuver	1.12	>1.21(Ratio)
E/I Ratio	Cardiac Innervation Response to Deep Breathing	1.25	≥1.07(Ratio)
K30/15 Ratio	Cardiac Function Response to Standing	1.14	≥ 1.04 and < 1.14 (Ratio)

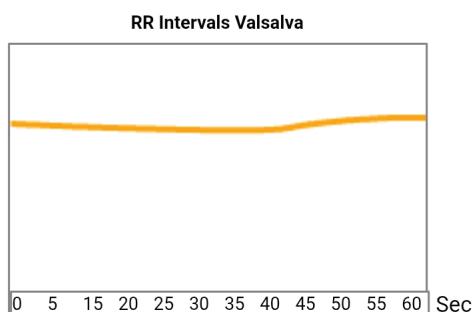
CARTs: Sympathetics Responses

Markers	Description	Results	Ranges(Units)
ΔSPRS	Norepinephrine Response to Standing	5	< 10 and > -20 (mmHg)
ΔDPRS	Epinephrine Response to Standing	13	< 10 and > -20 (mmHg)

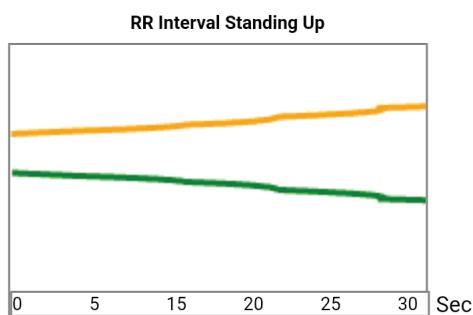
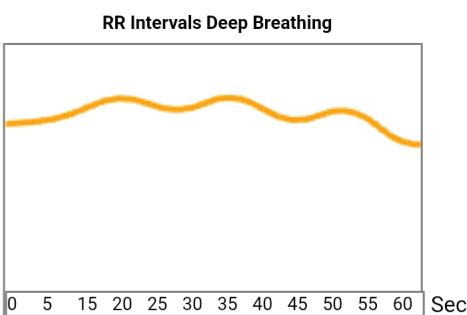
Color Code

■ Normal ■ Acceptable ■ Borderline ■ Moderate ■ Severe

Cardiac Autonomic Reflex Test Graphics



■ RR Interval
■ Standing SP Change
■ Valsalva SP Change
■ K3015 Heart Rate
SP = Systolic Pressure



Blood Oxygen Saturation

Valsalva	93%
Deep Breathing	97%
Standing	96%

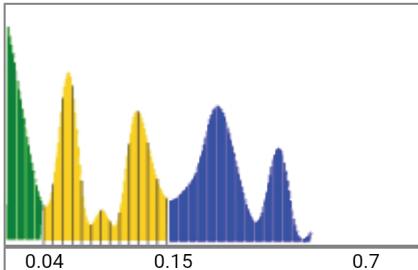
**OXI-W SYSTEM CARDIAC AUTONOMIC FUNCTION
REPORT**

2

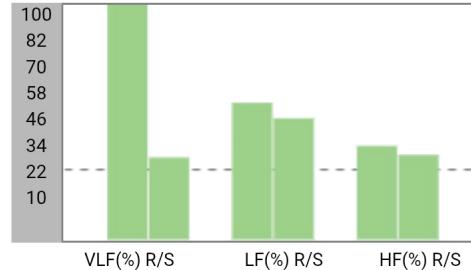
Name: Sarah Wilson	Doctor/Tech Name: Dr. Adam Miller	Insurance P.:
Gender: Female	Speciality: Internal Medicine	N/A
DOB: 1960/05/14	Address: 123 Maple Street, Austin, TX 73301	Insurance#:
Age: 65 EMR ID: N/A	Clinic or Hospital Phone: 555-987-6543	N/A
Visit Date: 2025/12/30	Visit Time: 11:11	Group#: N/A

Heart Rate Variability Analysis Graphics

HRV Spectral Analysis



Autonomic Balance at rest and standing



VLF = Very low frequency correlated to Angiotensin Renin System

LF = Low frequency correlated to Baroreceptor Activity

HF = Very low frequency correlated to Parasympathetic Activity

R = At Rest / S = When Standing

Device: OXI-W : To analyze the basic rhythms of the NN or RR intervals in heart rate , both in the time domain and in the frequency domain (short time 5 minutes). It only provides mathematical analysis of the heart rate variability values related to the autonomic nervous system function.

Manufacturer LD Technology OXI_W 510K# K200141

CPT Code:N/A

Impression

Sarah Wilson is a 65-year-old female gender, weight 82 kg. and height 160 cm and BMI 32.

This patient had a cardiac autonomic nervous system test performed on 2025/12/30.

IMPRESSION: Cardiac autonomic reflex testing (CARTs) detected 1 abnormal CART and 1 abnormal HRV results. The CAN Subcommittee of Toronto Consensus Panel on Diabetic Neuropathy guidelines indicate a diagnostic of initial step 2 Cardiac autonomic neuropathy. This diagnosis of initial Step 2 CAN warrants active surveillance with repeat autonomic testing in 6 months.

Date

Interpreting Physician's Name

Signature

N/A

N/A

N/A

Interpreter's NPI: N/A

Interpreter's Phone #:

N/A

Date

Doctor / Technician Name

Signature

2025/12/30

Dr. Adam Miller

Dr. Adam Miller

Doctor's NPI: 1114442222

Doctor's Phone #:

555-987-6543

DISCLAIMER: All results should be considered within the clinical context of the patient's case, symptoms, known diagnosis, findings from other diagnostic studies, current medications, treatment plan and therapies. The interpretation of the results is the responsibility of the physician who signed the report.