

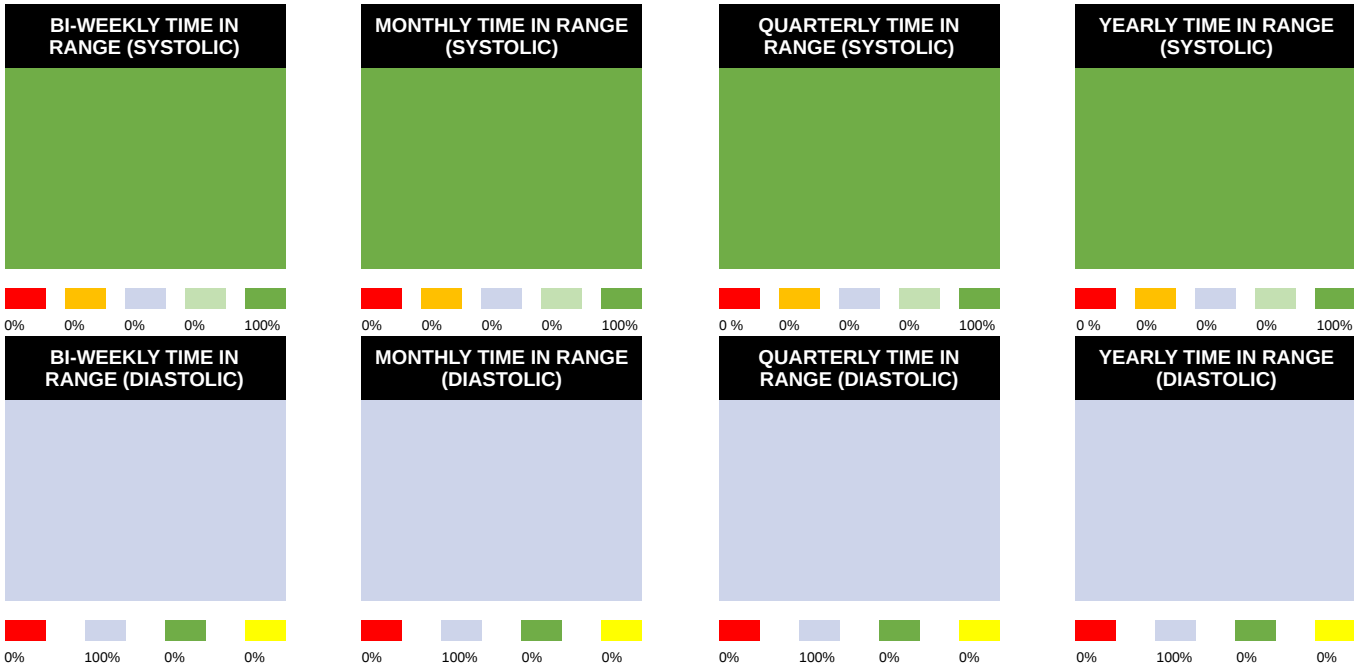


40 Mitchell Ave, Binghamton, NY 13903 Phone:(607) 723-1676

Patient Name: Jade Seraydarian
Height:

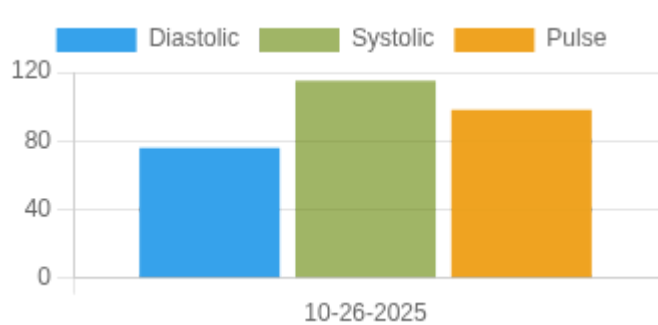
MRN #: 8366
Weight:

Birth Year:
Hypertension: S1



Blood Pressure Averages

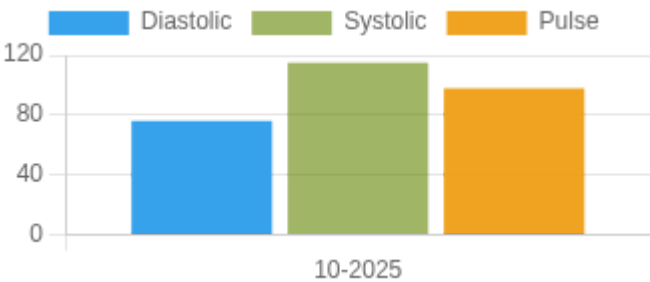
Blood Pressure Averages: Weekly



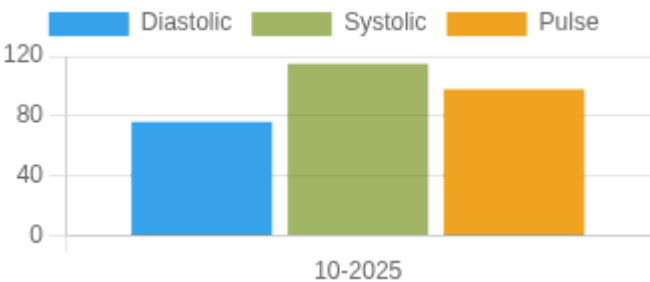
Week	Systolic(n)	Diastolic(n)	Pulse(n)
10-26-2025	115 (1)	76 (1)	98 (1)

Blood Pressure Averages: Monthly

Month-Year	Systolic(n)	Diastolic(n)	Pulse(n)
10-2025	115 (1)	76 (1)	98 (1)

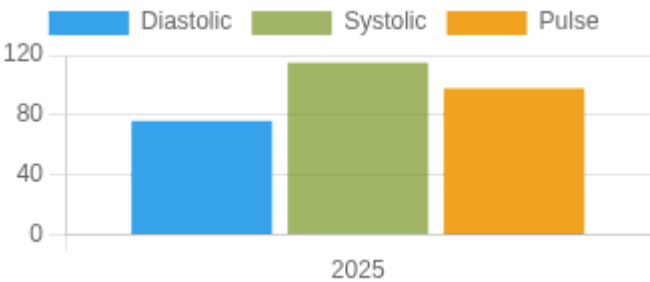


Blood Pressure Averages: Quarterly



Quarter-Year	Systolic(n)	Diastolic(n)	Pulse(n)
10-2025	115 (1)	76 (1)	98 (1)

Blood Pressure Averages: Yearly



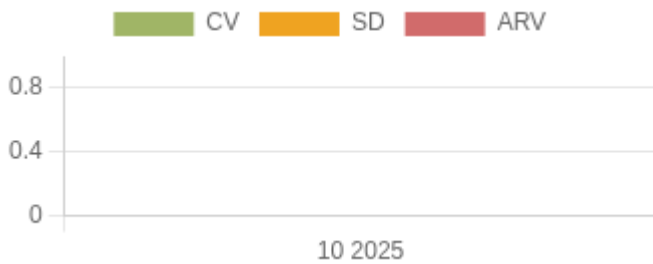
Year	Systolic(n)	Diastolic(n)	Pulse(n)
2025	115 (1)	76 (1)	98 (1)

Chat

Sender	Receiver	Messege	Date&Time
Amy Burpee MS,RD,CDE	Jade Seraydarian	Hi Jade! I'm looking forward to seeing you next Friday! We can discuss in more detail options then. Have a Happy Halloween and a great weekend and I will see you on 11/7 😊	30-10-2025
Jade Seraydarian	R.A. Ramanujan , M.D.	also, if I have to do the 3 months of a weight management program before the Zepbound, could I do another medication in the meantime, like the Phentermine?	29-10-2025
Jade Seraydarian	R.A. Ramanujan , M.D.	Okay, are you guys able to do a prior authorization now and see if it will go through without the 3 month weight management program? or is the 3 month weight management program a must no matter what?	29-10-2025
null Lexi Matthias, LPN	Jade Seraydarian	HI JADE, THANK YOU FOR DOING YOUR HOMEWORK. WE CAN PERSUE A ZEPBOUND PRESCRIPTION, BUT AS I MENTIONED, YOU WILL NEED TO SEE OUR DIETICIAN MONTHLY FOR 3 CONSECUTIVE MONTHS TO FUFILL THE REQUIREMENT OF BEING ENROLLED IN A WEIGHT MANAGEMENT PROGRAM. AMY CAN DISCUSS WITH YOU IN MORE DETAIL DURING THE APPT NEXT WEEK. LEXI	29-10-2025
Jade Seraydarian	R.A. Ramanujan , M.D.	Hi, my name is Jade Seraydarian. I was seen by Dr. Ramanujan yesterday and was told to message through here. Lexi I believe was his nurse. I did some research on the medications that Dr. Ramanujan gave me. Taking something once a week would be moredoorable than something once a day in the mornings. it was recommended that some of the options would be best to take in the mornings which I struggle with. Therefore, I believe Zepbound would work best for me after during research. if that doesn't work, then potentially the Wegovy and third would be Phentermine. I called my insurance and they told me they could not give me any stipulations as to what would qualify someone for the medication. I was told all	29-10-2025

three of those do need a prior authorization and that my insurance does indeed cover weight loss medications. They said Phentermine would be about a \$5 out of pocket cost and the Wegovy and Zepbound would be a \$25 out of pocket cost. All for 30 day supplies and at any dosage. Could we go through and try for the Zepbound?

Systolic Variability Trends

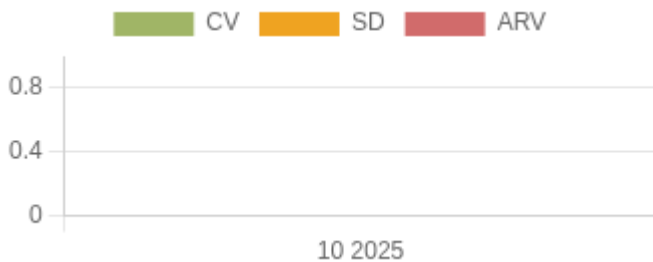


1. **CV** –The coefficient of variation (CV) is the ratio of the standard deviation to the mean. The higher the coefficient of variation, the greater the level of dispersion around the mean, Units = mmHg.

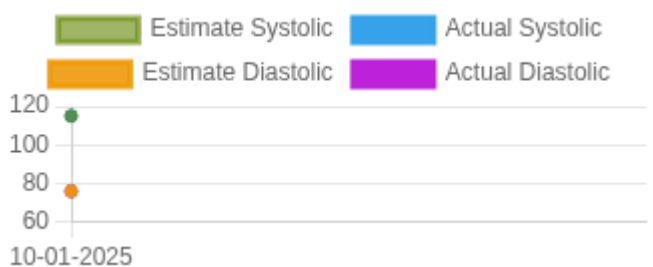
2. **ARV** – Average real variability (ARV) is a method for measuring short-term, reading-to-reading, within-subject variability. It is defined as the average of the absolute differences between consecutive readings, Units = mmHg.

3. **SD** – Standard deviation is a statistical measurement of variability. It measures how much variation there is from the average (mean), Units = mmHg.

Diastolic Variability Trends



Kalman Trends

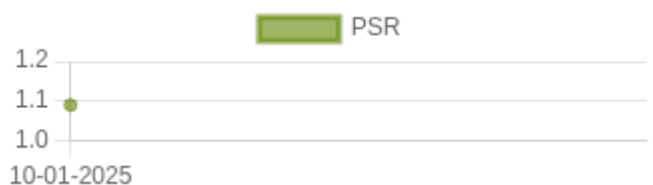


1. **Mean(Arithmetic Mean)** – Mean is the average of a set of numbers

2. **SD** – Standard deviation is a statistical measurement of variability. It measures how much variation there is from the average (mean).

3. **V-** Variance determines the spread of numbers.. It measures how far each number in the set is from the mean (average) and from every other number in the set.

PSR



PSR: Pulse stiffening ratio (PSR) is the ratio between systolic and diastolic stiffness. It can be expressed as $PSR = \frac{[systolic\ stiffness]}{[diastolic\ stiffness]}$.

HbA1c Trends

Others Trends



1. **MAP:PP Ratio**- Mean Arterial Pressure : Pulse Pressure Ratio
2. **HASI**- Home arterial stiffening index
3. **HSASI**- Home Symmetric arterial stiffening index
4. **PP**- Pulse Pressure
5. **WIF or widening factor number**. $WIF = K - 1 / \ln(K) - 1$, where K is the variability ratio ($K = \text{Systolic Std. Dev} / \text{Diastolic Std. Dev}$)
6. **eIPP**- Elastic component of pulse pressure. $eIPP = (PP - stPP)$
7. **stPP**- Stiffening component of pulse pressure. $stPP = PP / (1 + WIF)$

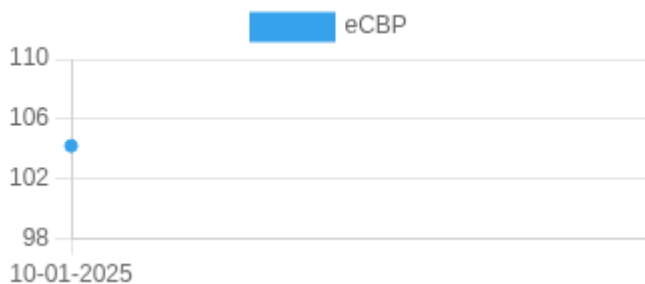
eCO graph

eCO (Estimated Cardiac Output) Normal range to be added 5 – 10 liters/minute

Units of eCO (Estimated Cardiac Output) – liters/minute



eCBP graph



eCBP (Estimated Central Blood Pressure) normal range – 0 – 100 mmHg

1. Cardiac output scale is in liters/minute. Normal range at rest is 5-6 liters/min and (with activity goes up to 30 -35 liters/min)

2. Central mean BP is Squared, Mean radial artery BP/diastolic BP in mmHg. Scale in mmHg and range is in mmHg and the scale Should be between 0-50 50-100, 150 and 200 mmHg. No established normal at the moment.

MAP graph



MAP -Mean arterial blood pressure. $MAP = \text{Diastolic blood pressure} + \frac{1}{3}(\text{Systolic blood pressure} - \text{Diastolic blood pressure})$

Reference & Abbreviations

Guide to abbreviations and blood pressure, pulse and other Metrics.

HBPM -Home blood pressure measurement.	HBS -Home blood sugar
PP -Pulse pressure	AP -Average pulse
BPV -Blood pressure variability	SV -Systolic variability
DV -Diastolic variability	PV -Pulse variability
ARV -Average real variability	CV -Coefficient of variation %
SD -Standard deviation	MAP -Mean arterial blood pressure
MAP: PP Mean Arterial Pressure : Pulse Pressure	HASI -Home arterial stiffness index
HSASI -Home Symmetric arterial stiffness index	Estimated CO -Cardiac output [CO= (PPxHR)x.002]
PSR Pulse stiffening ratio. (PSR = SBP/DBP or slope of systolic BP/slope of diastolic BP)	

Estimated central blood pressure ECBP (ECBP = brachial MBP2/brachial DBP or ECBP = radial MBP2/radial DBP)

Normal Ranges.

Systolic BP 110 – 120 mm Hg

Diastolic BP 70 – 80 mmHg

Pulse 60 - 100/min

Pulse pressure (PP) 40 mmHg (Low PP less than 25% of the systolic BP and high PP greater than 100 mm Hg)

Normal stroke volume (SV) 60 -100 ml

Cardiac output (CO) $SV \times \text{pulse rate/min}$

Estimate Cardiac output = Stroke volume / m

Blood pressure variability; Not defined in USA. But desirable ranges ESH guidelines; Systolic day time BP less than 15 mmHg and Diastolic less than 7.9 mmHg and Weighted SD less than 12.8 mmHg for systolic

Definitions.

MAP:PP ratio not defined.

Pulse stiffening ration; Not defined. $\text{Pulse pressure} \times \text{inverse log (std. dev. systolic / std. dev. Diastolic) / (std. dev. systolic / std. dev. Diastolic)} - 1$ (Pulse pressure $\times \ln(K)/(K-1)$ where K is systolic Sd /diastolic SD.)

Home arterial stiffness index; Not defined

Home arterial symmetric arterial index: Not defined.

Central blood pressure:Not defined

References.

MAP;
Chemla D, Antony I, Zamani K, Nitenberg A. Mean aortic pressure is the geometric mean of systolic and diastolic aortic pressure in resting humans. J Appl Physiol (1985). 2005 Dec;99(6):2278-84. doi: 10.1152/japplphysiol.00713.2005. Epub 2005 Jul 28. PMID: 16051709. Tien LYH, Morgan WH, Cringle SJ, Yu DY. Optimal Calculation of Mean Pressure From Pulse Pressure. Am J Hypertens. 2023 May 21;36(6):297-305. doi: 10.1093/ajh/hpad026. PMID: 36945835; PMCID: PMC10200551.

PSR:

Gavish B, Izzo JL Jr. Arterial Stiffness: Going a Step Beyond. Am J Hypertens. 2016 Nov 1;29(11):1223-1233. doi: 10.1093/ajh/hpw061. PMID: 27405964.

DCBP:

Chemla D, Millasseau S, Hamzaoui O, Teboul JL, Monnet X, Michard F, Jozwiak M. New Method to Estimate Central Systolic Blood Pressure From Peripheral Pressure: A Proof of Concept and Validation Study. Front Cardiovasc Med. 2021 Dec 15;8:772613. doi: 10.3389/fcvm.2021.772613. PMID: 34977186; PMCID: PMC8714848.

CO

Koenig J, Hill LK, Williams DP, Thayer JF. Estimating cardiac output from blood pressure and heart rate: the liljestrand& zander formula. Biomed Sci Instrum. 2015;51:85-90. PMID: 25996703; PMCID: PMC5317099.

BP

Mean arterial blood pressure;

Guidelines recommend less than 125 mmHg Poon LC, Shennan A, Hyett JA, Kapur A, Hadar E, Divakar H, McAuliffe F, da Silva Costa F, von Dadelszen P, McIntyre HD, Kihara AB, Di Renzo GC, Romero R, D'Alton M, Berghella V, Nicolaides KH, Hod M. The International Federation of Gynecology and Obstetrics (FIGO) initiative on pre-eclampsia: a pragmatic guide for first-trimester screening and prevention. Int J

GynaecolObstet 2019;

145(Suppl 1):1–33. Not defined in general (desirable MAP ,90 mm Hg) Melgarejo JD, Yang WY, Thijs L, Li Y, Asayama K, Hansen TW, Wei FF, Kikuya M, Ohkubo T, Dolan E, Stolarz-Skrzypek K, Huang QF, Tikhonoff V, Malyutina S, Casiglia E, Lind L, Sandoya E, Filipovský J, Gilis-Malinowska N, Narkiewicz K, Kawecka-Jaszcz K, Boggia J, Wang JG, Imai Y, Vanassche T, Verhamme P, Janssens S, O'Brien E, Maestre GE, Staessen JA, Zhang ZY; International Database on Ambulatory Blood Pressure in Relation to Cardiovascular Outcome Investigators*. Association of Fatal and Nonfatal Cardiovascular Outcomes With 24-Hour Mean Arterial Pressure. Hypertension. 2021 Jan;77(1):39-48

We hope these complementary multiparametric data along with standard set used in daily practice helps to understand home blood pressure trend and other information they may potentially generate in the future to understand

medication effects and patient management.

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