

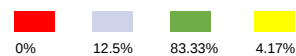
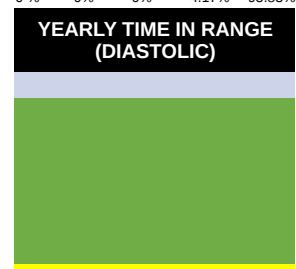
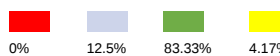
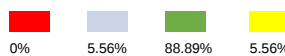
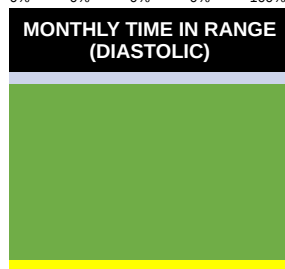
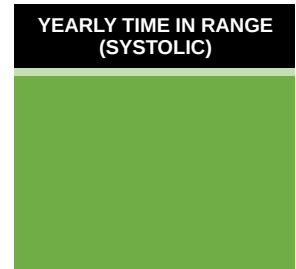
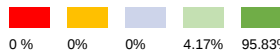
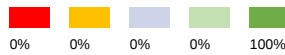


40 Mitchell Ave, Binghamton, NY 13903 Phone:(607) 723-1676

**Patient Name:** Julie Bishop  
**Height:** 5.6

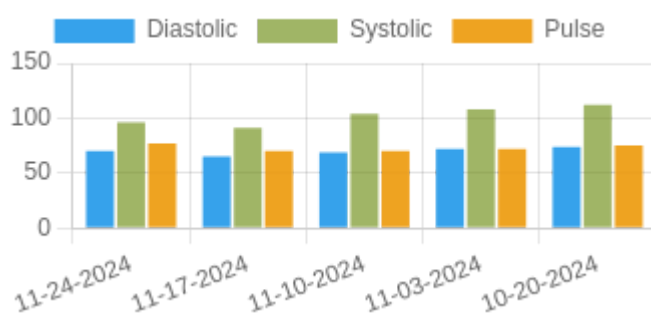
**MRN #:** 8201  
**Weight:** 133

**Birth Year:**  
**Hypertension:** S1



## Blood Pressure Averages

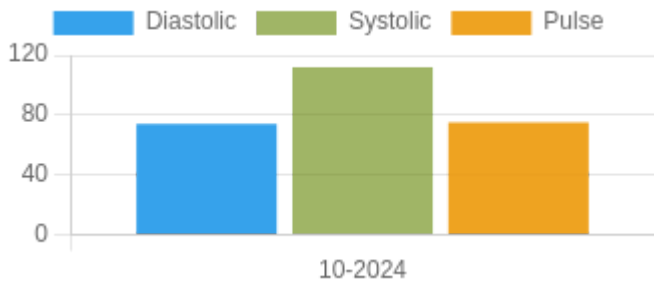
### Blood Pressure Averages: Weekly



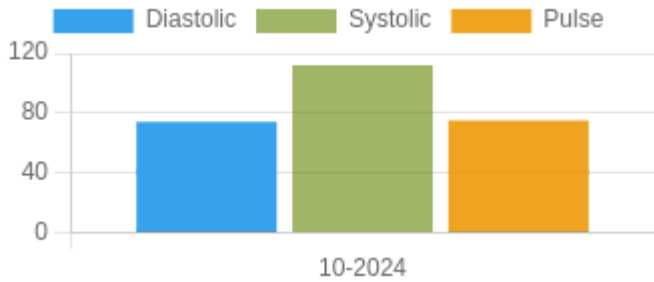
Week	Systolic(n)	Diastolic(n)	Pulse(n)
11-24-2024	96 (2)	70 (2)	77 (2)
11-17-2024	91 (3)	65 (3)	70 (3)
11-10-2024	104 (8)	69 (8)	70 (8)
11-03-2024	108 (5)	72 (5)	72 (5)
10-20-2024	112 (6)	74 (6)	75 (6)

### Blood Pressure Averages: Monthly

Month-Year	Systolic(n)	Diastolic(n)	Pulse(n)
10-2024	112 (6)	74 (6)	75 (6)

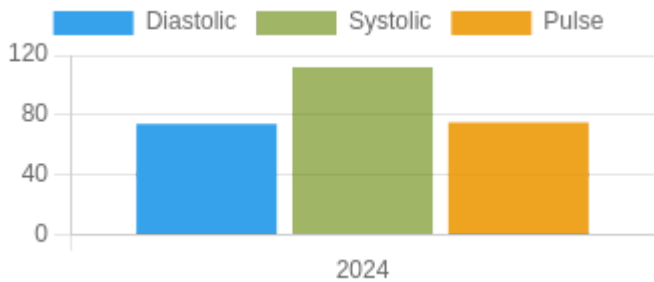


## Blood Pressure Averages: Quarterly



Quarter-Year	Systolic(n)	Diastolic(n)	Pulse(n)
10-2024	112 (6)	74 (6)	75 (6)

## Blood Pressure Averages: Yearly



Year	Systolic(n)	Diastolic(n)	Pulse(n)
2024	112 (6)	74 (6)	75 (6)

## Blood Sugar Averages

Week	Before breakfast	2 hours after breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Bedtime
12-01-2024	131(3)						112(1)
11-23-2024	122(4)						118(1)
11-15-2024	117(7)			108(1)			100(2)
11-07-2024							94(1)

Month-Year	Before breakfast	2 hours after breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Bedtime
11-2024	121(14)			108(1)			104(5)
10-2024	110(3)			119(1)			

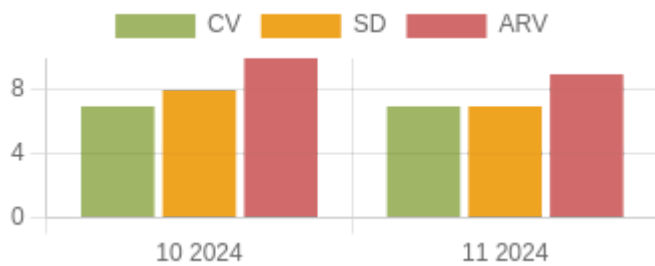
Year	Before breakfast	2 hours after breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Bedtime
01-01-2024	119(17)			113(2)			104(5)

## Chat

Sender	Receiver	Message	Date&Time
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Julie Bishop	R.A. Ramanujan, M.D.	rybelsius does not sound like a good option with delayed gastric emptying. Already have enough issues with reflux and constipation. I had a hgbA1c at 5.8 until I took the Tymlos which made my uric acid level high which increased my blood sugars. Always issues with medications. Why doesn't metformin work for me?? It's mechanism of action is supposed to be suppression of glucose production by the liver and increased insulin secretion. Probably not enough insulin, but issues with dp suggest over production of glucose by the liver. I have had a couple of strokes that I did not know about. I have rosacea, lots of incidents with light-headedness, and incidents of numbness around the mouth, besides the things that I already discussed with you. Maybe you can at least tell me about the cure for toenail fungus. Otherwise, will have to put on my big girl pants and reach into my big bag of discipline. It seems that it would be best if I start taking the metformin again. I could take 500mg tid with meals. what do you think?	29-11-2024
R.A. Ramanujan, M.D.	Julie Bishop	HAPPY THANKSGIVING!	27-11-2024
R.A. Ramanujan, M.D.	Julie Bishop	Happy Thanksgiving!	27-11-2024
Julie Bishop	R.A. Ramanujan, M.D.	BTW. I came to you to establish a game plan...	27-11-2024
Julie Bishop	R.A. Ramanujan, M.D.	have been sending numbers since back for a little over 2 wks. this am fbs was 133. YIKES! have been off metf a little over 5 weeks now. my goal was to further delay progression to a diagnosis of diabetes, not to hasten it.	27-11-2024
R.A. Ramanujan, M.D.	Julie Bishop	GM Julie, Thanks for sharing the numbers and will track the progress without Metformin. Best	22-10-2024

## Systolic Variability Trends

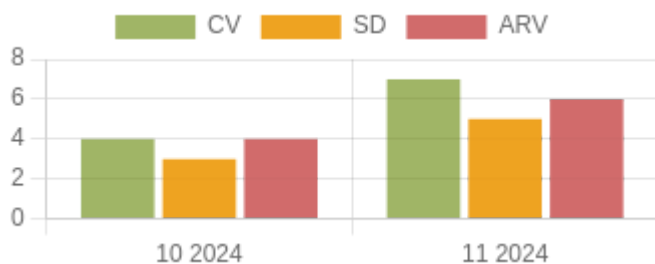


**1. CV** –The coefficient of variation (CV) is the ratio of the standard deviation to the mean. The higher the coefficient of variation, the greater the level of dispersion around the mean, Units = mmHg.

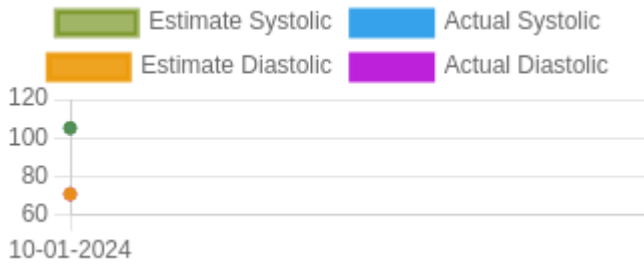
**2. ARV** – Average real variability (ARV) is a method for measuring short-term, reading-to-reading, within-subject variability. It is defined as the average of the absolute differences between consecutive readings, Units = mmHg.

**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).

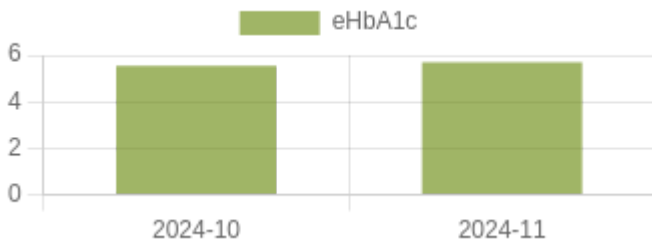
**3. V-** Variance determines the spread of numbers.. It measures how far each number in the set is from the mean (average) and from every other number in the set.

## PSR



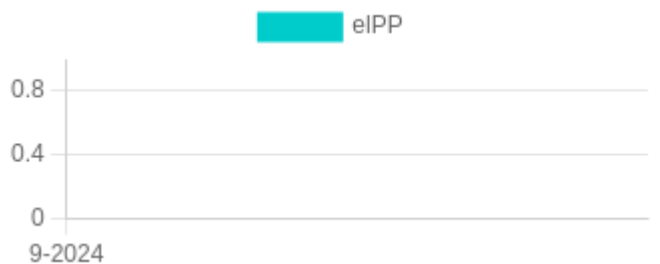
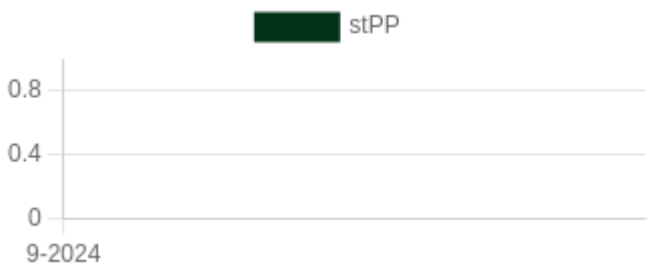
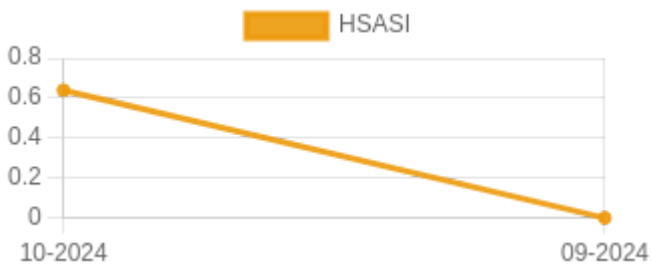
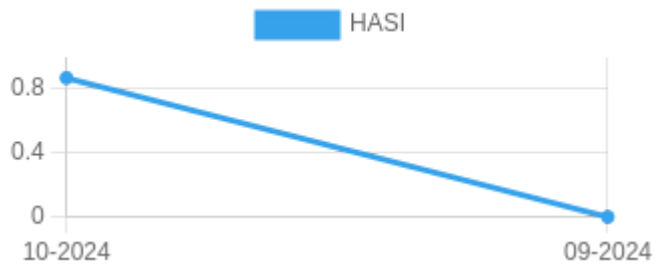
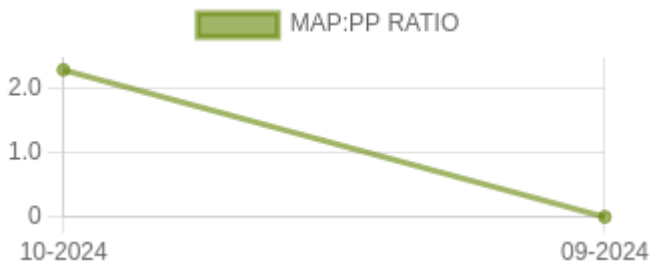
**PSR:** Pulse stiffening ratio (PSR) is the ratio between systolic and diastolic stiffness. It can be expressed as  $PSR = \frac{[systolic\ stiffness]}{[diastolic\ stiffness]}$ .

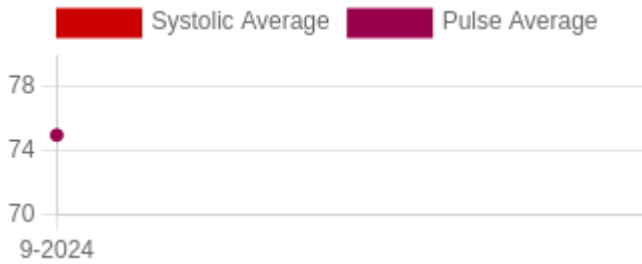
## HbA1c Trends



**Estimated HbA1c - eHbA1c**

## 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.  $stPP = PP / (1 + WIF)$

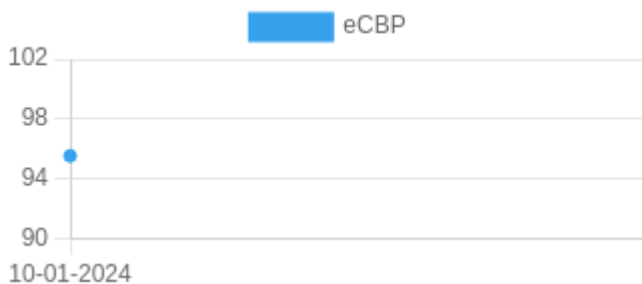
## eCO graph



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

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

## eCBP graph

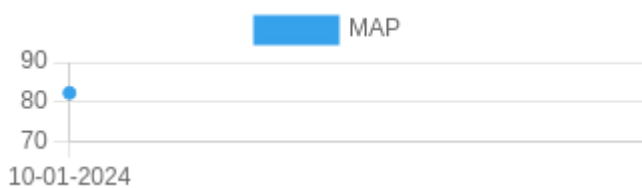


eCBP (Estimated Central Blood Pressure) normal range – 0 – 100 mmHg

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

## Reference & Abbreviations

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

<b>HBPM</b> -Home blood pressure measurement.	<b>HBS</b> -Home blood sugar
<b>PP</b> -Pulse pressure	<b>AP</b> -Average pulse
<b>BPV</b> -Blood pressure variability	<b>SV</b> -Systolic variability
<b>DV</b> -Diastolic variability	<b>PV</b> -Pulse variability
<b>ARV</b> -Average real variability	<b>CV</b> -Coefficient of variation %
<b>SD</b> -Standard deviation	<b>MAP</b> -Mean arterial blood pressure
<b>MAP:</b> PP Mean Arterial Pressure : Pulse Pressure	<b>HASI</b> -Home arterial stiffness index
<b>HSASI</b> -Home Symmetric arterial stiffness index	<b>Estimated CO</b> -Cardiac output [CO=(PPxHR)x.002]
<b>PSR Pulse stiffening ratio.</b> (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 x 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. Pulse pressure \* inverse log ( std. dev. systolic / std. dev. Diastolic) / (std. dev. systolic / std. dev. Diastolic) - 1 (Pulse pressure X 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/jappphysiol.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:

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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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