

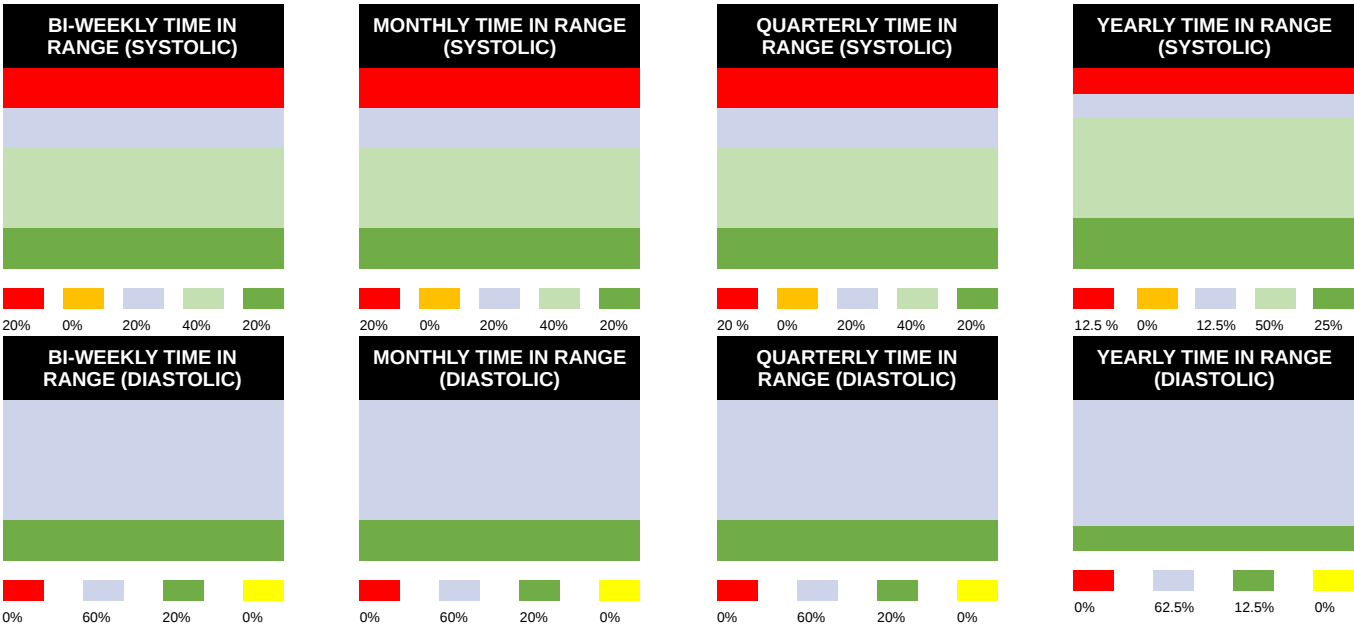


40 Mitchell Ave, Binghamton, NY 13903 Phone:(607) 723-1676

Patient Name: E Kim Zaverton
Height: 5.6

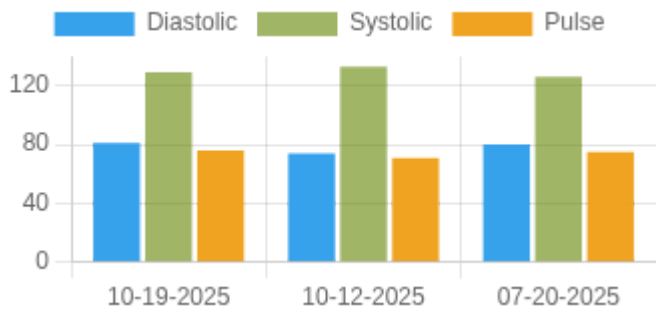
MRN #: 7810
Weight: 0

Birth Year:
Hypertension: S1



Blood Pressure Averages

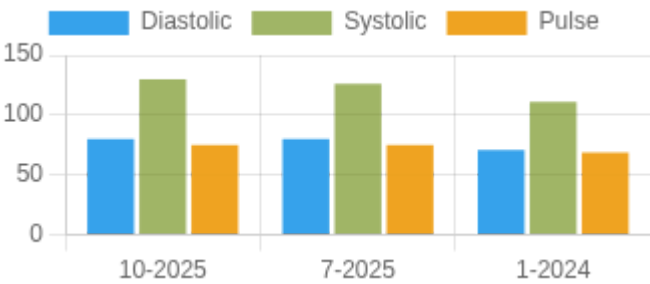
Blood Pressure Averages: Weekly



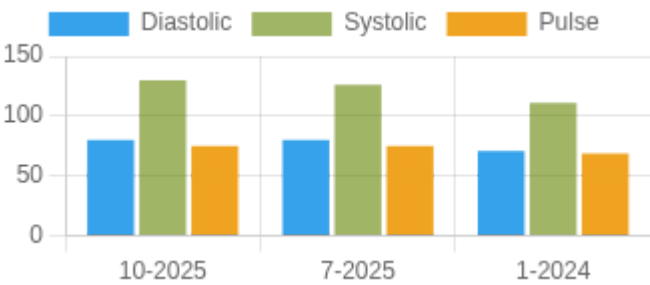
Week	Systolic(n)	Diastolic(n)	Pulse(n)
10-19-2025	129 (4)	81 (4)	76 (4)
10-12-2025	133 (1)	74 (1)	71 (1)
07-20-2025	126 (3)	80 (3)	75 (3)

Blood Pressure Averages: Monthly

Month-Year	Systolic(n)	Diastolic(n)	Pulse(n)
10-2025	130 (5)	80 (5)	75 (5)
7-2025	126 (3)	80 (3)	75 (3)
1-2024	111 (1)	71 (1)	69 (1)

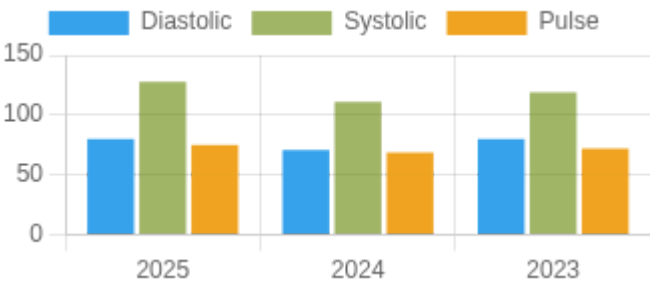


Blood Pressure Averages: Quarterly



Quarter-Year	Systolic(n)	Diastolic(n)	Pulse(n)
10-2025	130 (5)	80 (5)	75 (5)
7-2025	126 (3)	80 (3)	75 (3)
1-2024	111 (1)	71 (1)	69 (1)

Blood Pressure Averages: Yearly



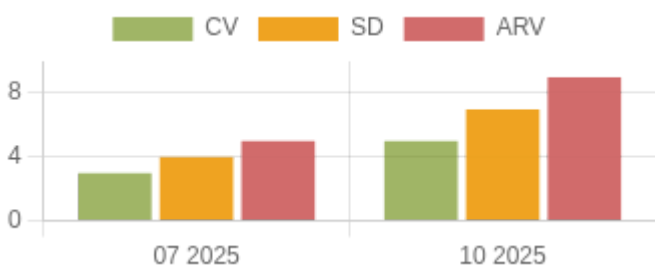
Year	Systolic(n)	Diastolic(n)	Pulse(n)
2025	128 (8)	80 (8)	75 (8)
2024	111 (1)	71 (1)	69 (1)
2023	119 (16)	80 (16)	72 (16)

Chat

Sender	Receiver	Messege	Date&Time
R.A. Ramanujan , M.D.	E Kim Zaverton	🙏🙏	16-10-2025
E Kim Zaverton	R.A. Ramanujan , M.D.	thanks for the feed back	16-10-2025
E Kim Zaverton	R.A. Ramanujan , M.D.	i will start checking it at work	16-10-2025
E Kim Zaverton	R.A. Ramanujan , M.D.	im sorry my machine broke and i failed to get a new one	16-10-2025
R.A. Ramanujan , M.D.	E Kim Zaverton	If had been been more consistent in interacting with your home BP and pulse that would have made information more sensible to share with claim. We have only 3 BP readings since 2025 ??	16-10-2025
E Kim Zaverton	R.A. Ramanujan , M.D.	thank you ! i appreciate it	15-10-2025
null Lexi Matthias, LPN	E Kim Zaverton	HI KIM, I SPOKE TO THE PRIOR AUTH DEPARTMENT AT YOUR INSURANCE WHO WILL BE FAXING ME A PRIOR AUTH FORM SINCE THE ELECTRONIC SUBMISSION CAME BACK AS A PLAN EXCLUSION. ONCE I RECEIVE THE FORM IT CAN TAKE A IP TO A WEEK FOR A DETERMINATION. LEXI	15-10-2025

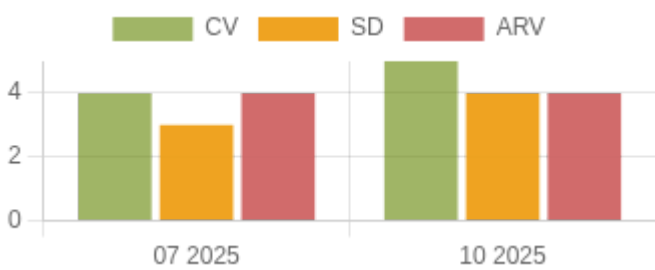
E Kim Zaverton	R.A. Ramanujan , M.D.	i called my ins they said its not an exclusion on my coverage she said that where it goes thru always say that. she also said wit dx of heart disease hx of open heart high cholesterol with oral and injectable medication that im on lipitor 80mg and repathata biweekly and now ozempic with weight gain could help get approval.	15-10-2025
E Kim Zaverton	R.A. Ramanujan , M.D.	one of the Unit assistance here on M3 Has UHS ins and she us on it thru the ins. thanks for the update . ill wait to here back from u	15-10-2025
null Lexi Matthias, LPN	E Kim Zaverton	HI KIM I GOT A MESSAGE FROM YOUR INSURANCE THAT ZEPBOUND MAY BE A PLAN EXCLUSION AND TO CALL THEM DIRECTLY.I HOPING TO BE AVLE TO CALL THIS THIS AFTERNOON. I'LL SEND A MESSAGE WITH THE UPDATE AS SOON AS I KNOW MORE. LEXI	15-10-2025
E Kim Zaverton	R.A. Ramanujan , M.D.	Lexi were u able to submit for prior auth?	15-10-2025
null Lexi Matthias, LPN	E Kim Zaverton	I'LL BE SURE TO INCLUDE THOSE DIAGNOSIS IN THE PRIOR AUTH. THANKS!! LEXI	13-10-2025
E Kim Zaverton	R.A. Ramanujan , M.D.	thank you. im hoping they will approve because of my heart disease and high chlosteral and weigh gain on ozempic . i read with the comorbitities possible approval if not we tried . thanks again	13-10-2025
null Lexi Matthias, LPN	E Kim Zaverton	HI KIM, I'LL START THE PRIOR AUTH FOR THE ZEPBOUND. I'LL LET YOU KNOW ONCE I HEAR SOMETHING. HAVE A NICE EVENING. LEXI	13-10-2025
E Kim Zaverton	R.A. Ramanujan , M.D.	ins	13-10-2025

Systolic Variability Trends

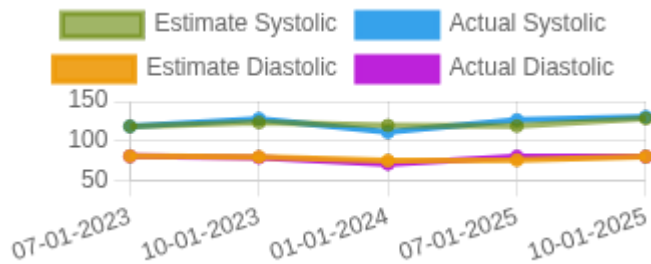


- 1. **CV** –The coefficient of variation (CV) is the ratio of the standard deviation to the mean. The higher the coefficient of variation, the greater the level of dispersion around the mean, Units = mmHg.
- 2. **ARV** – Average real variability (ARV) is a method for measuring short-term, reading-to-reading, 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

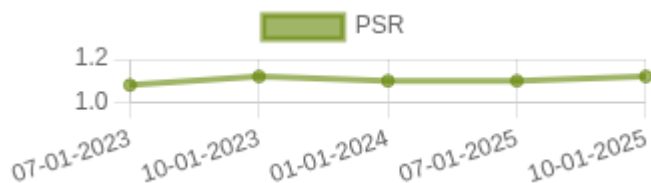


Kalman Trends



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.

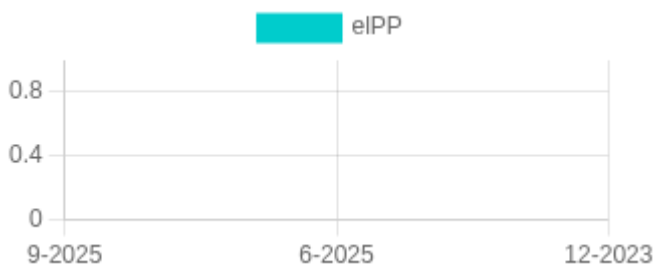
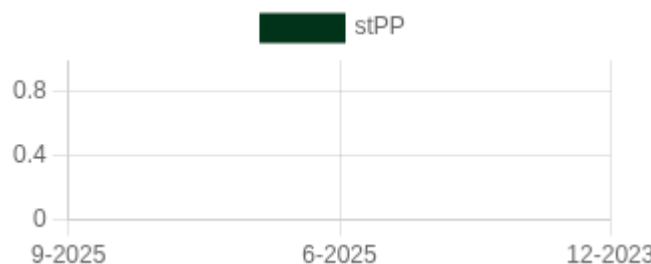
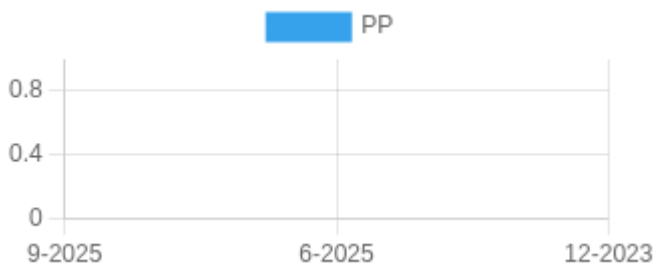
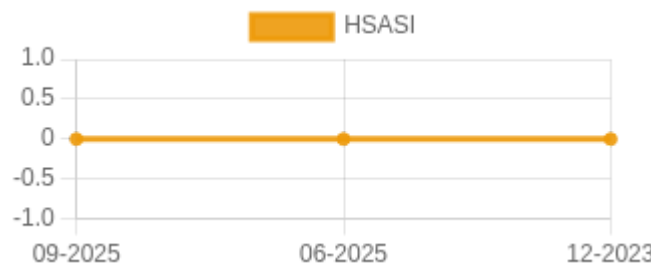
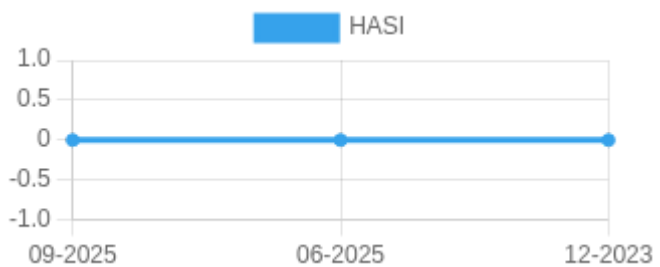
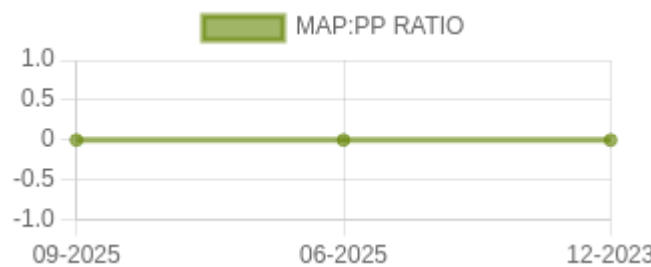
PSR

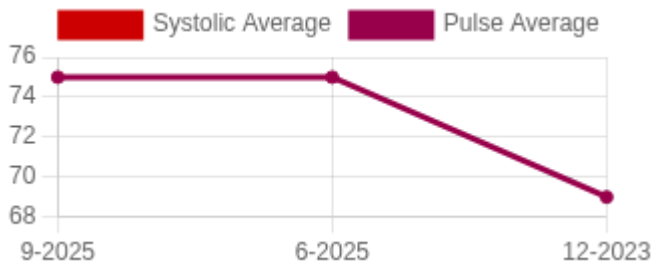


PSR: Pulse stiffening ratio (PSR) is the ratio between systolic and diastolic stiffness. It can be expressed as $PSR = \frac{[systolic\ stiffness]}{[diastolic\ stiffness]}$.

HbA1c Trends

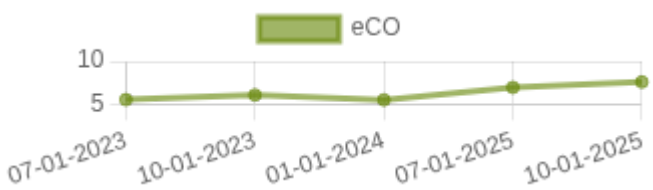
Others Trends





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

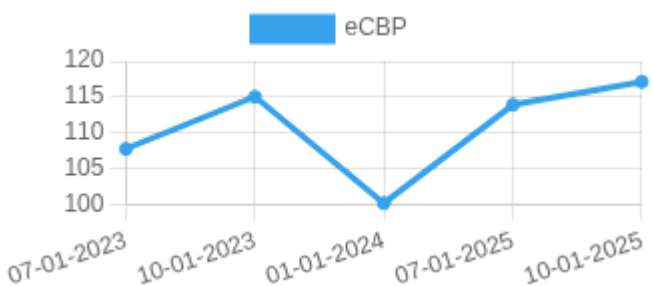
eCO graph



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

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

eCBP graph

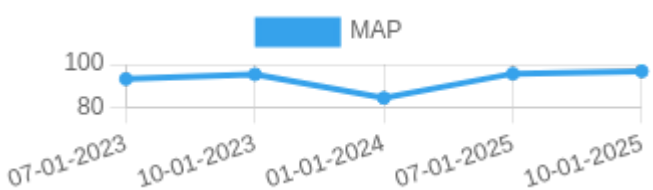


eCBP (Estimated Central Blood Pressure) normal range – 0 – 100 mmHg

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

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 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:

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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