



# CLINIC IN A BAG

## Health Screening Encounter Report May 5, 2016

Aaron Abate

DOB: January 11, 1975

Administered By:  
Nancy Nurse, RN

# Patient Vitals Report



Aaron Abate

Gender: Male  
DOB: 05/04/1978

Patient ID: 235770  
Session Date: 05/17/2016

Clinician: Dr. A AA  
Clinician ID:

Vitals Risk Index: - Good

2

On Oxygen: No

Level of Consciousness: Responds to Pain

## Blood Pressure

 124/76 Sys/Dys

	05/11/2016	04/25/2016	11/04/2015	10/25/2015
Sys/Dys	110/83	123/88	153/91	160/91

## Heart Rate

 66 PRbpm

	05/11/2016	04/25/2016	11/04/2015	10/25/2015
BPM	118	68	63	67

## Pulse Oximetry

 99 %SpO<sub>2</sub>

	05/11/2016	04/25/2016	11/04/2015	10/25/2015
%SpO <sub>2</sub>	97	98	99	98

## Temperature

 97.81 °F

	05/11/2016	04/25/2016	11/04/2015	10/25/2015
°F	97.38	97.20	98.17	97.59

## Height

 77.00 in.

	05/11/2016	04/25/2016	11/04/2015	10/25/2015
in.	65.00	72.00	71.00	0.00

## Weight

 217.00 lbs.

	05/11/2016	04/25/2016	11/04/2015	10/25/2015
lbs.	186.00	180.00	261.00	0.00

## BMI

 25.7

	05/11/2016	04/25/2016	11/04/2015	10/25/2015
	30.9	24.4	36.4	0

# Patient Auscultation Report



Aaron Abate

Gender: Male

DOB: 05/04/1978

Patient ID: 235770

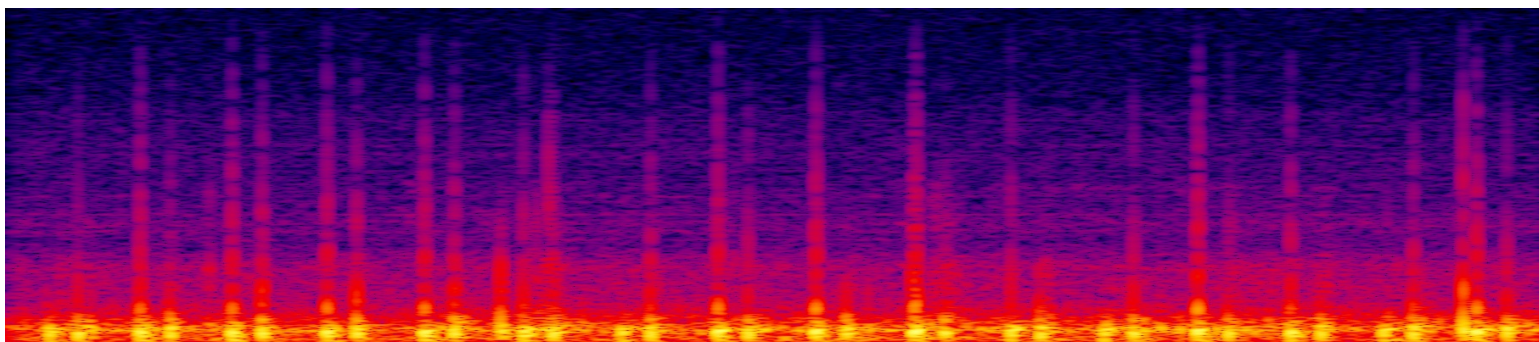
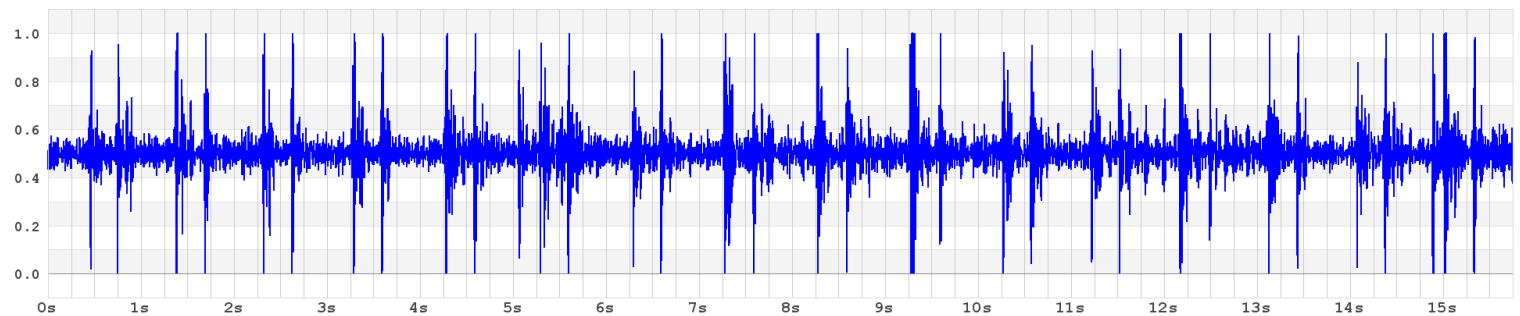
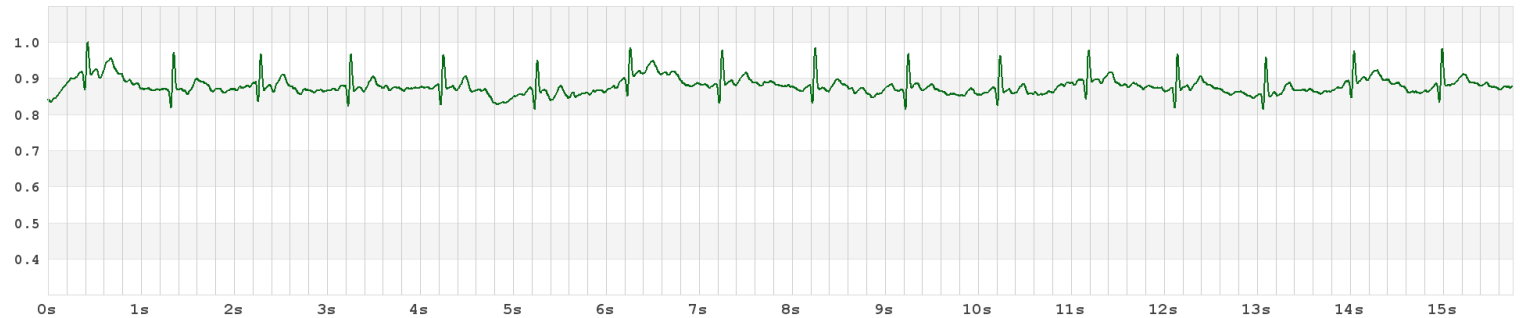
Session Date: 05/17/2016

Clinician: Dr. A AA

Clinician ID:

## Pulmonary

Murmur Analysis	Normal	Posture	supine
Heart Rate (bpm)	61	QTc interval	355
Systole (ms)	233	Diastole (ms)	609
RR interval	979.25 ± 25.77	PR interval	118
QRS interval	146	QT interval	352
Rhythm Analysis	NSR + IVCD		
Notes	No value		



ECG data analyzed for the following arrhythmias:

Normal Sinus Rhythm	Sinus Bradycardia + IVCD	SVTA	Ventricular Trigeminy
Normal Sinus Rhythm + IVCD	Ventricular Bigeminy	Ventricular Tachycardia	1st Degree AV Block
Atrial Fibrillation / Flutter	Unclassified Rhythm	Sinus Tachycardia	2nd Deg. AV Block (Mobitz 1)
Idioventricular Rhythm	Nodal Rhythm	Supraventricular Tachycardia	2nd Deg. AV Block (Mobitz 2)
Sinus Bradycardia	Artifact	Ventricular Couplet	PAC

# Patient ECG Report



Aaron Abate

Gender: Male

DOB: 05/04/1978

Patient ID: 235770

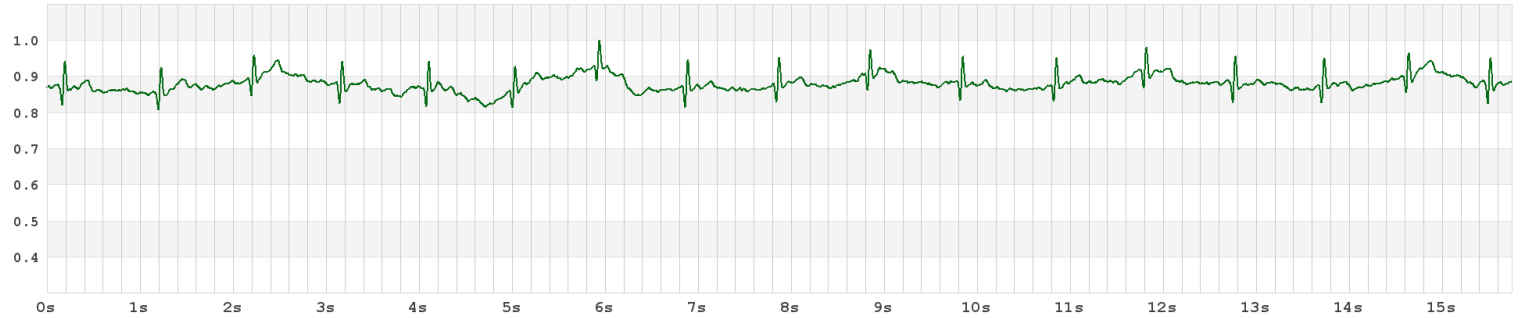
Session Date: 05/17/2016

Clinician: Dr. A AA

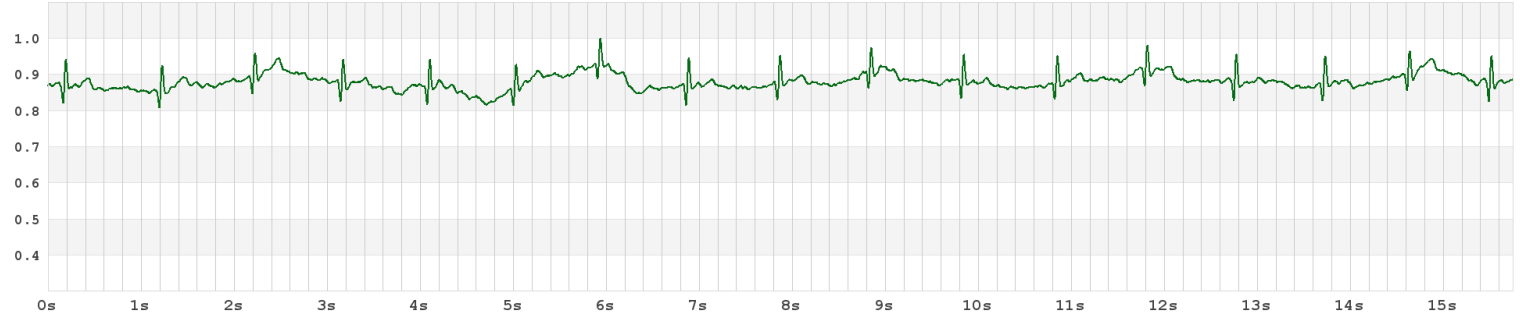
Clinician ID:

HR (bpm)	RR Int. (ms)	PR Int. (ms)	QRS Int. (ms)	QT Int. (ms)	QTc (ms)
62	963.47	138	152	374	379
Rhythm Analysis: NSR + IVCD ( NSR + IVCD @ 12s )					
Notes	No value				

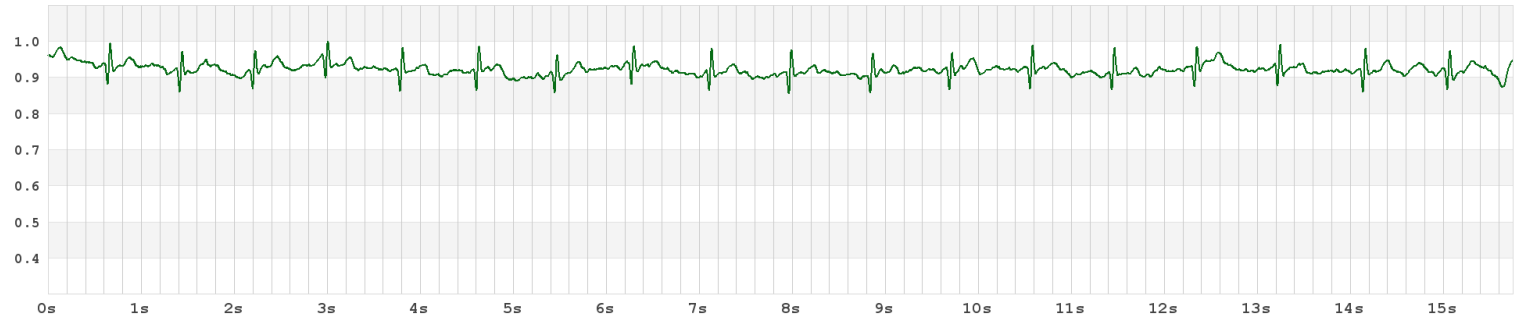
## Lead 1



## Lead 2



## Lead 3



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# Cardiac Function Report



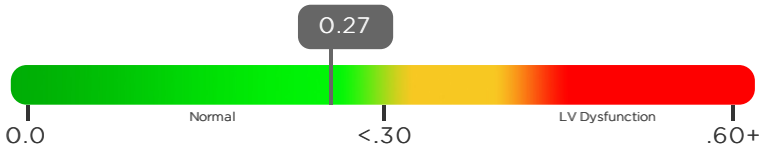
Aaron Abate

Gender: Male  
DOB: 05/04/1978

Patient ID: 235770  
Session Date: 05/17/2016

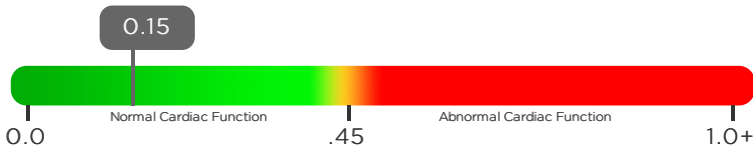
Clinician: Dr. A AA  
Clinician ID:

## Systolic Performance Index (QS1/S1S2)



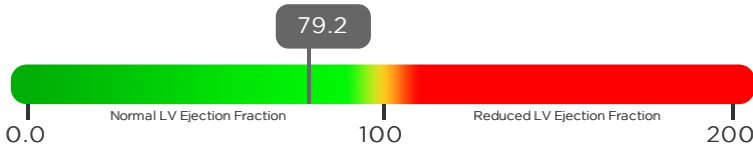
**Systolic Performance Index (SPI) = (QS1/S1S2):** SPI is a validated measurement of left ventricular (LV) systolic performance. This ratio increased significantly in the heart failure with depressed LV systolic function through increase in the QS1 and decrease in S1S2. This parameter is helpful in distinguishing systolic from diastolic dysfunction.

## Myocardial Performance Index (IVCT+IVRT)/S1S2



**Myocardial Performance Index (MPI) or (Tei Index)** is a measure of combined systolic and diastolic myocardial performance of both the left and right ventricles. MPI is a simple reproducible index which can reasonably separate normal controls (low and narrow MPI) from patients with HF (high and wide MPI). It shows significant difference with HF severity and an inverse relationship with Ejection Fraction (EF).

## Pre-Ejection Period (QS1)



**Pre Ejection Period (PEP) = in msec (QS1):** The PEP interval is the time from the onset of the Q wave on the ECG to the closure of the mitral valve within the S1 heart sound. The value of PEP in ms reflects the time required for the left ventricle to generate sufficient force to close the mitral valve, and is therefore related to the acceleration of the pressure in the left ventricle. Prolonged PEP has been associated with reduced LV EF and abnormally low LV dP/dt (often used as a measure of LV contractility). Shortened PEP correlates with increased contractility and short electromechanical delays.

## Pre-Ejection Period % (QS1/RR)



**Pre Ejection Period Percent (PEP%) = (QS1/RR):** PEP% is computed as QS1 divided by the RR interval, and it relates to the efficiency of the pump function. PEP% >15% predicts re-hospitalization for heart failure at and post discharge.

Location	Mitral	Ejection Period	296.6
Heart Rate	63	RR	950
Isovolumic Contraction (ms)	42.8	QT	374.8
Isovolumic Relaxation (ms)	1.2	QRS	90
Rhythm Analysis	NSR + IVCD		
Notes	No value		

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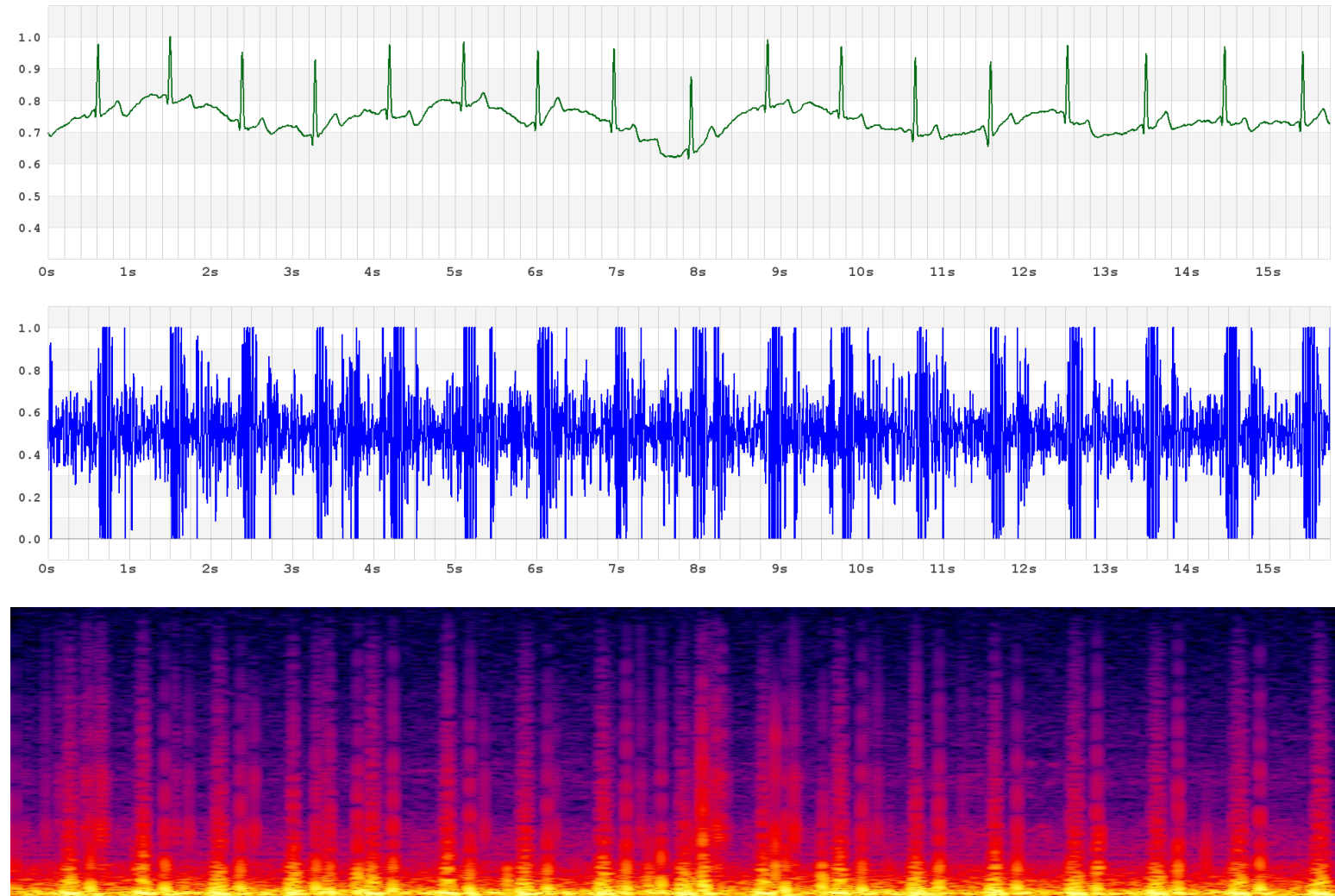
Patient ID: 235770

Session Date: 05/17/2016

Clinician: Dr. A AA

Clinician ID:

## Cardiac Function - Mitral Waveform



# Patient Spirometry Report



Aaron Abate

Gender: Male  
DOB: 05/04/1978

Patient ID: 235770  
Session Date: 05/17/2016

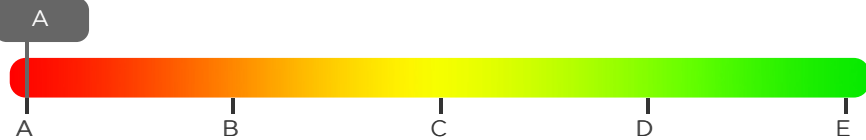
Clinician: Dr. A AA  
Clinician ID:

## Exam Details

Spirometry

Height 77.00

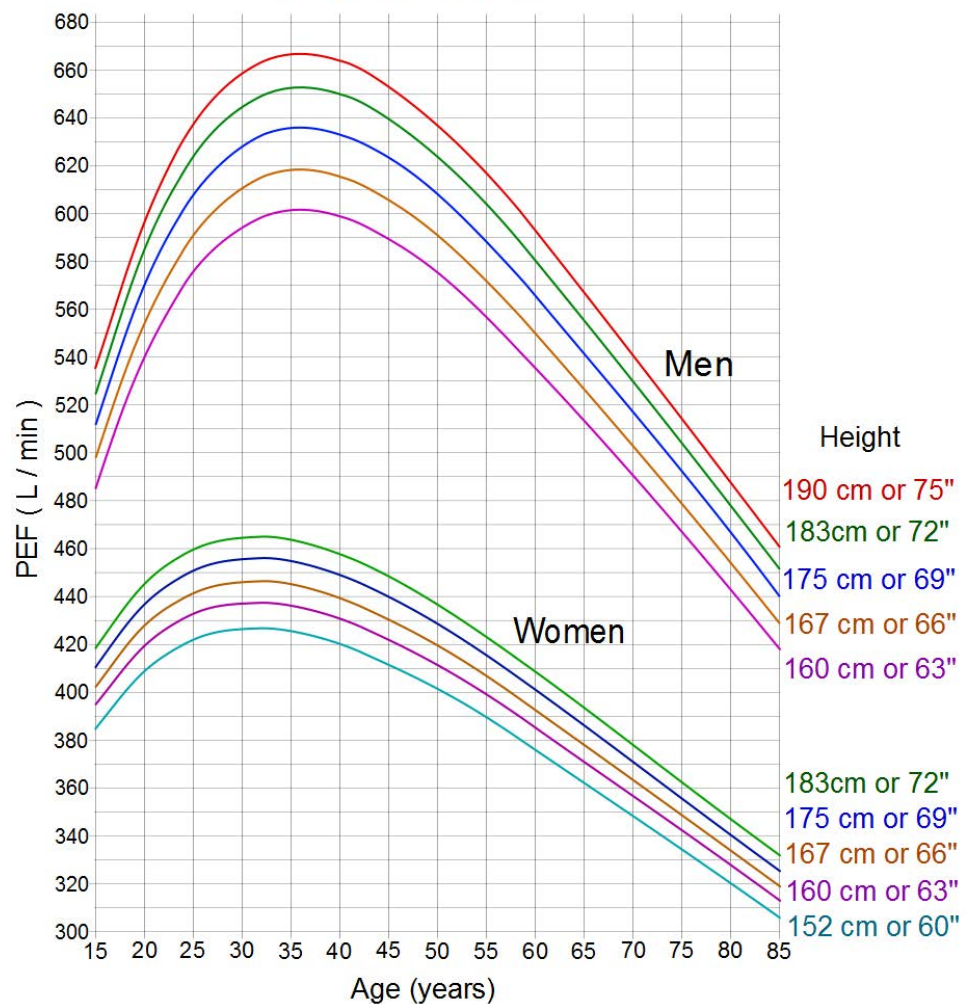
Quality Grade



Parameters	Predicted	Actual	% Predicted
FVC (L)	0.00	0.00	0
FEV1 (L)	5.25	4.84	92
FVC1% (L)	0.0	0.0	0
PEF (L/s)	6.95	8.07	116

Test Notes

## Normal values for peak expiratory flow (PEF) EN 13826 or EU scale







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## Blood Glucose

**101** mg/dl -Normal

Test Type:  
Fasting



### Blood Glucose Reference Chart

Mg/DL	Fasting	Postprandial	2-3 Hours Post Prandial
Normal	70-100	170-200	120-140
Borderline	101-125	190-230	140-160
High	126+	220-300	200+

Notes:

### Summary

DATE	02/10/15
TIME	3:35pm
TYPE	Fasting
TEST RESULT	mg/dl <b>100</b>

### Previous Test Results

Date	Time	Type	Activities?	mm/gL
2/10/14	7:30a	Fasting	Y	92
2/9/14	4:45p	Normal	Y	110
2/9/14	7:32a	Fasting	N	87
2/8/14	5:29p	Not Specified	Y	114



# Patient Urinalysis Report



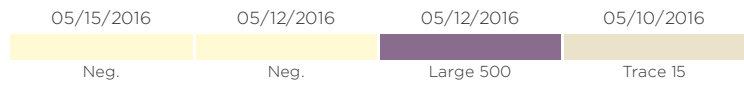
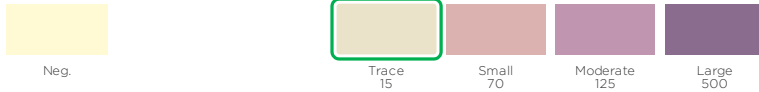
Aaron Abate

Gender: Male  
DOB: 05/04/1978

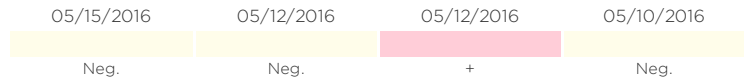
Patient ID: 235770  
Session Date: 05/17/2016

Clinician: Dr. A AA  
Clinician ID:

**Leukocytes** Trace 15 cells/μl

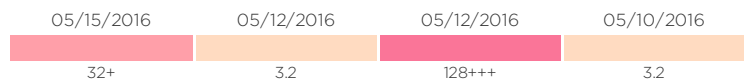


**Nitrite** +



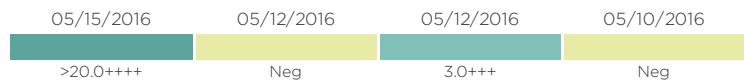
If either nitrites or leukocyte esterase - a product of white blood cells - is detected in your urine, it may be a sign of a urinary tract infection.

**Urobilino** 16 μmol/l



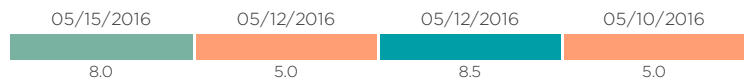
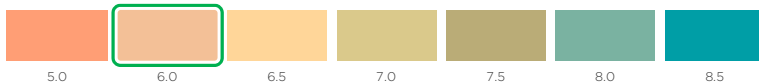
A small amount of urobilinogen is normally found in urine, but significant amounts suggest that further assessment for red blood cell breakdown or liver disease is indicated

**Protein** 0.3+ g/l



Low levels of protein in urine are normal. Small increases in protein in urine usually aren't a cause for concern, but larger amounts may indicate a kidney problem.

**pH** 6.0



The pH level indicates the amount of acid in urine. Abnormal pH levels may indicate a kidney or urinary tract disorder.

# Patient Urinalysis Report



Aaron Abate

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DOB: 05/04/1978

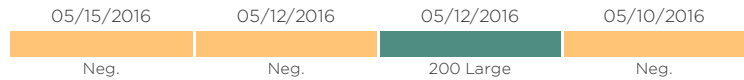
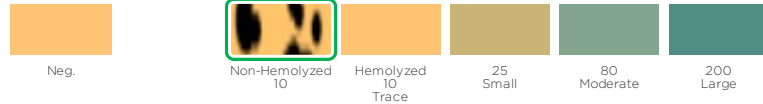
Patient ID: 235770

Session Date: 05/17/2016

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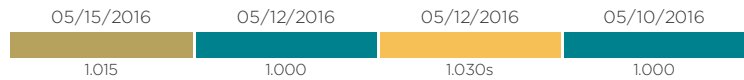
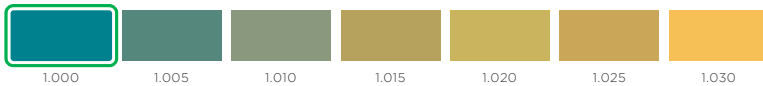
Clinician ID:

## Blood Non-Hemolyzed 10 caccells/μl



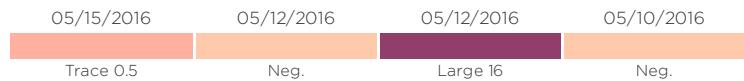
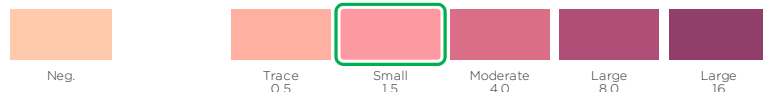
Blood in your urine requires additional testing — it may be a sign of kidney damage, infection, kidney or bladder stones, kidney or bladder cancer, or blood disorders.

## Specific Gravity 1.000



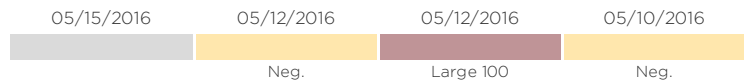
A measure of concentration, or specific gravity, shows how concentrated particles are in your urine. Higher than normal concentration often is a result of not drinking enough fluids.

## Ketone Small 1.5



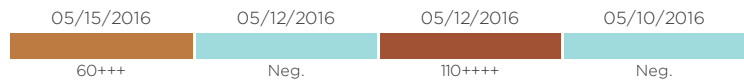
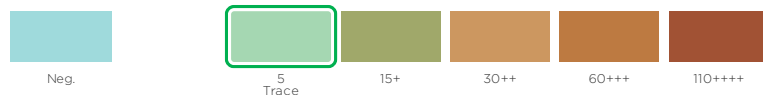
As with sugar, any amount of ketones detected in your urine could be a sign of diabetes and requires follow-up testing.

## Bilirubin Neg. μmol/l



Bilirubin is a product of red blood cell breakdown. Normally, bilirubin is carried in the blood and passes into your liver, where it's removed and becomes part of bile. Bilirubin in your urine may indicate liver damage or disease.

## Glucose 5 Trace mmol/l



Normally the amount of sugar (glucose) in urine is too low to be detected. Any detection of sugar on this test usually calls for follow-up testing for diabetes.

## Notes

# Patient Lipid Panel Report



Aaron Abate

Gender: Male

DOB: 05/04/1978

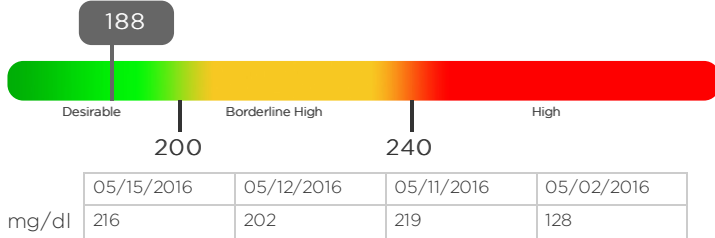
Patient ID: 235770

Session Date: 05/17/2016

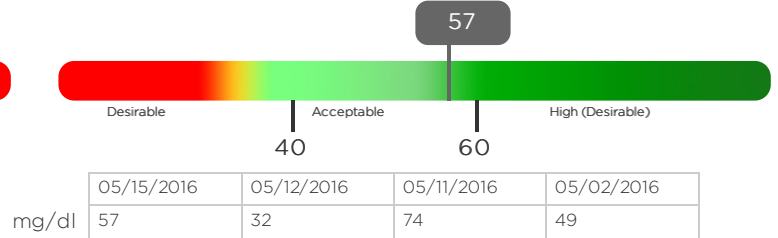
Clinician: Dr. A AA

Clinician ID:

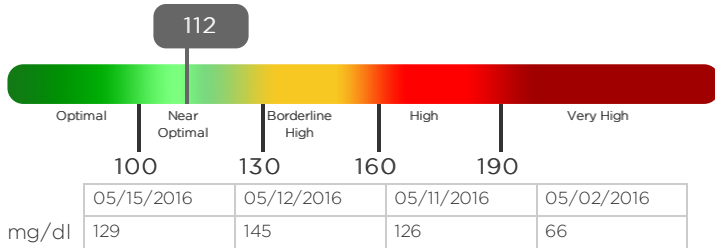
## Total Cholesterol



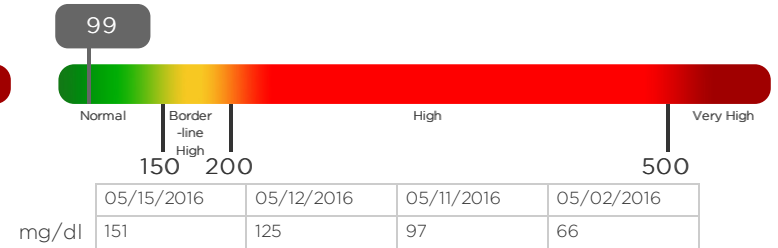
## HDL



## LDL



## Triglycerides



## Glucose

258 mg/dl (Pre Meal)

mg/dl	05/15/2016	05/12/2016	05/11/2016	05/02/2016
mg/dl	138	106	102	88

## Non-HDL

131 mg/dl (Pre Meal)

mg/dl	05/15/2016	05/12/2016	05/11/2016	05/02/2016
mg/dl	159	170	145	79

## Total Cholesterol / HDL Ratio

3 mg/dl (Pre Meal)

mg/dl	05/15/2016	05/12/2016	05/11/2016	05/02/2016
mg/dl	3	6	2	2

## LDL/HDL Ratio

1.96 mg/dl (Pre Meal)

mg/dl	05/15/2016	05/12/2016	05/11/2016	05/02/2016
mg/dl	2.26	4.53	1.7	1.35



Aaron Abate

Gender: Male

DOB: 05/04/1978

Patient ID: 235770

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Clinician: Dr. A AA

Clinician ID:

Date: May 17, 2016

Notes: Patient has a large rash on their back. No indication of pain. Has been present for three days. No known allergies. Recommend to see general practitioner



# i2Dtx Patient Report- Ultrasound

Patient: Augustin, Simon

Test ID: 79-97-83-010-656

Clinician: Kapoor, Raj MD


Patient ID: Dghj466 DOB: 10/28/1956

Test Date: 02/05/2015

Clinician ID: 84848484848

Sex: M Height: 5'10" Weight: 200

Device ID: 00:07:5D:F2:2B

Vitals	Blood Pressure	Heart Rate	Pulse Ox	Temp.	Weight	BMI	Breathing Rate	On Oxygen
	120/82 Sys/dys	78 PRbpm	97 %SpO2	99.8 °F	200 lb	26	19 bpm	No

## Ultrasound



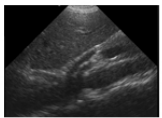
### Summary

DATE 02/10/15

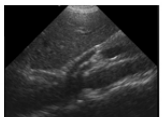
TIME 5:29pm

TYPE Aorta SMA Celiac

Image(s) CLICK TO ENLARGE

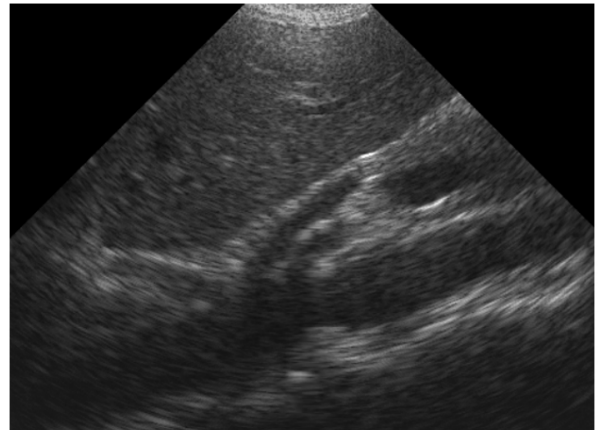


Previous Image(s) CLICK TO ENLARGE



DATE 11/14/14  
TIME 9:18am  
TYPE Aorta SMA Celiac  
NOTES None

Notes: **Gallstone, Review Aorta SMA Celiac**



< IMAGE 1 of 3 >

GPCP - 3.5 Mhz | Depth - 15cm

Aorta SMA Celiac



< IMAGE 2 of 3 >

Gallstones