

NerveVue

**Pulse Volume Recording for
Peripheral Arterial Disease Assessment**

Personal Medical Record

Personal Details

ID [REDACTED]	Last Name
First Name [REDACTED]	Middle Name
Title: Mr	Gender: Male
DOB: [REDACTED]	Age: 25
Exam Date Time: 09-01-2024 17:01	

Physical Measures

Weight 62	Primary
Height 173	Referrer
BMI 20.72	Examiner

Physician

Risk Factors

<input checked="" type="checkbox"/>	Overweight	<input checked="" type="checkbox"/>	Smoking
<input checked="" type="checkbox"/>	Type 2 Diabetes	<input type="checkbox"/>	Microvascular conditions
<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	High Cholesterol
<input type="checkbox"/>	Age	<input type="checkbox"/>	TIA
<input type="checkbox"/>	Family History	<input type="checkbox"/>	Physical Inactivity
<input type="checkbox"/>	Gender	<input type="checkbox"/>	Ethnicity
<input type="checkbox"/>	Other Cardiovascular Diseases	<input type="checkbox"/>	Inflammatory Conditions
<input type="checkbox"/>	Hyperhomocysteinemia	<input type="checkbox"/>	Chronic Kidney Disease
<input type="checkbox"/>	Sedentary Lifestyle	<input type="checkbox"/>	Poor Diet
<input type="checkbox"/>	Excessive Alcohol Consumption	<input type="checkbox"/>	Sleep Apnea
<input type="checkbox"/>	Prolonged Sitting	<input type="checkbox"/>	Chronic Stress
<input type="checkbox"/>	Hormonal Changes	<input type="checkbox"/>	Use of known risk medications
<input type="checkbox"/>	Peripheral Arterial Aneurysm	<input type="checkbox"/>	Chronic Respiratory Diseases
<input type="checkbox"/>	Previous Stroke/Heart Attack	<input type="checkbox"/>	HV

Patient Name: [REDACTED]
 Patient ID: [REDACTED]
 Gender: Male DOB: [REDACTED]

Exam Date Time: 09-01-2024 17:01
 Examiner:
 Ref Physician:

Current Symptoms

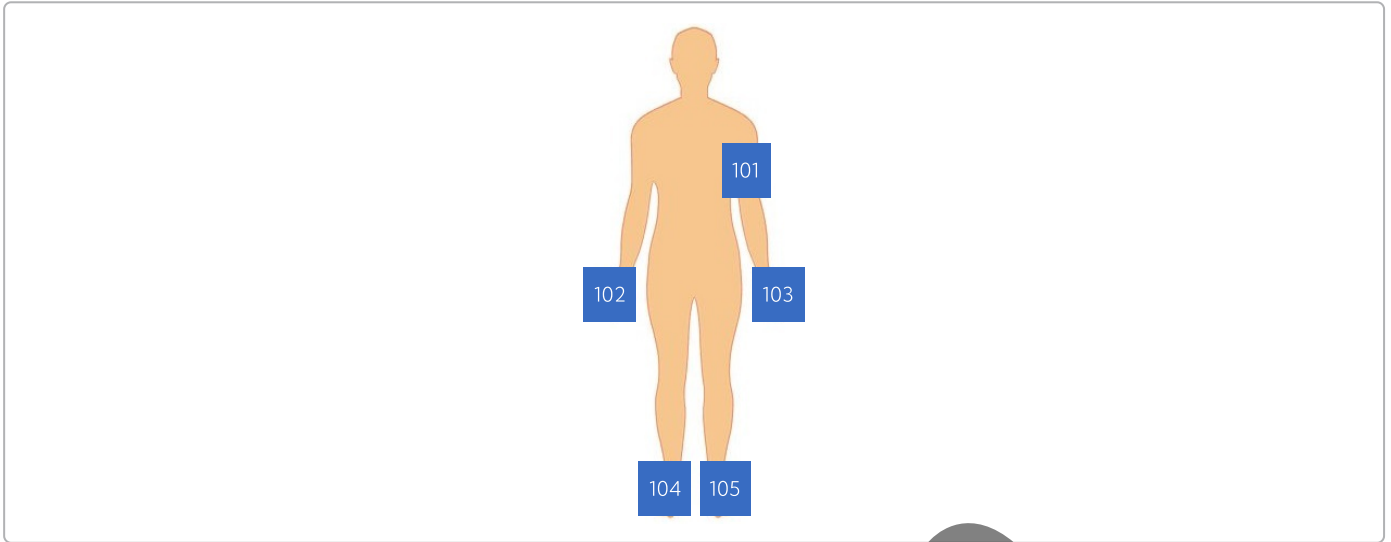
Symptoms	Right	Left	Location	Severity
Claudication	<input type="checkbox"/>	<input type="checkbox"/>		
Numbness or Weakness	<input type="checkbox"/>	<input type="checkbox"/>		
Coldness	<input type="checkbox"/>	<input type="checkbox"/>		
Changes in Skin Color	<input type="checkbox"/>	<input type="checkbox"/>		
Shiny Skin	<input type="checkbox"/>	<input type="checkbox"/>		
Slow-to-Heal Sores	<input type="checkbox"/>	<input type="checkbox"/>		
Poor Nail and Hair Growth	<input type="checkbox"/>	<input type="checkbox"/>		
Erectile Dysfunction	<input type="checkbox"/>	<input type="checkbox"/>		
Weak Pulse	<input type="checkbox"/>	<input type="checkbox"/>		
Foot or Leg Ulcers	<input type="checkbox"/>	<input type="checkbox"/>		
Fatigue in the legs	<input type="checkbox"/>	<input type="checkbox"/>		
Leg cramping	<input type="checkbox"/>	<input type="checkbox"/>		
Bluish skin color	<input type="checkbox"/>	<input type="checkbox"/>		
Absent pulse	<input type="checkbox"/>	<input type="checkbox"/>		
Leg pain during physical activity	<input type="checkbox"/>	<input type="checkbox"/>		

Additional information - Chief Complaint Physical Examination - Pulse

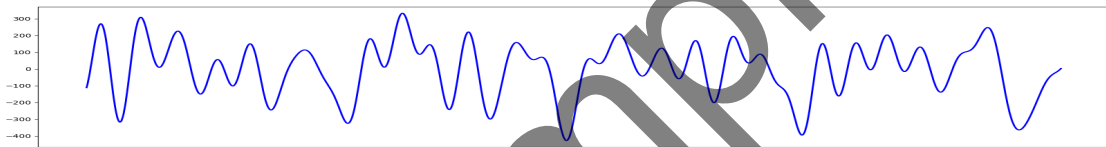
	Physical exam by doppler	Right	Left
	Temporal		
	Carotid		
	Branchial		
	Femoral		
	Radial		
	Popliteal		
	Dorsalis pedis		

Observations

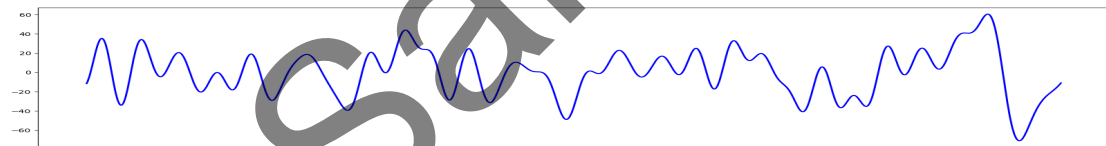
Peripheral pulse waveforms for PVR using PZT sensors



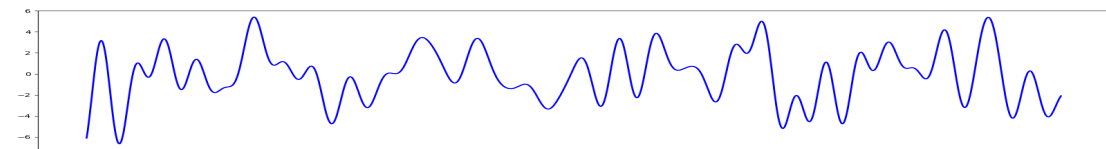
Channel 1: Upper Left Arm (Brachial Artery)



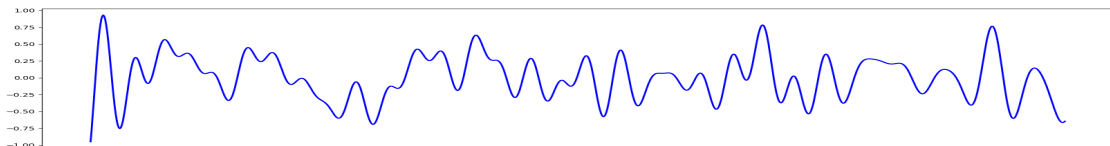
Channel 2: Right Hand (Radial Artery)



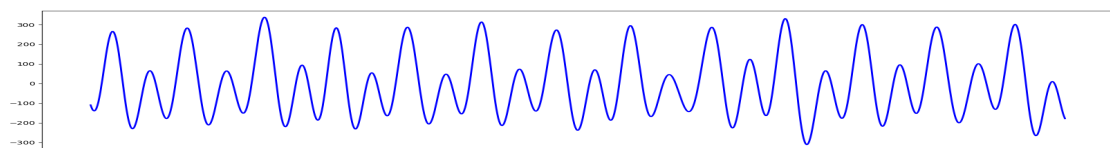
Channel 3: Left Hand (Radial Artery)



Channel 4: Right Leg (Dorsalis Pedis Artery)



Channel 5: Left Leg (Dorsalis Pedis Artery)

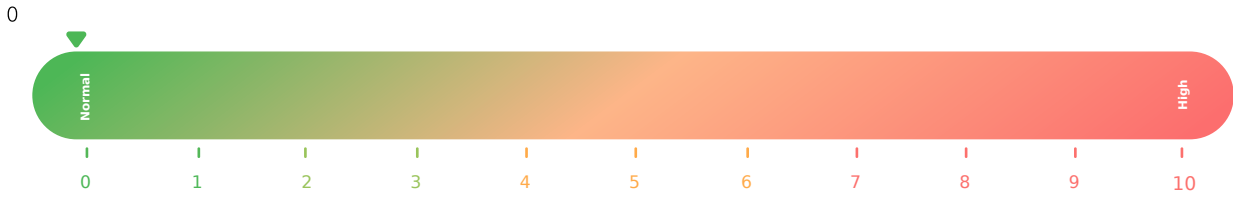


Channel 1: Upper Left Arm (Brachial Artery):

Reference information

Channel 2: Right Hand (Radial Artery):

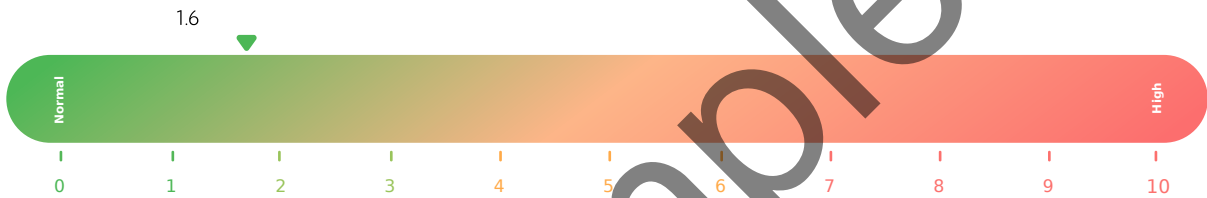
Result: Normal



Description: Always get your physician's approval before starting an exercise program. Always get your physician's approval before starting an exercise program. Always get your physician's approval before starting an exercise program.

Channel 3: Left Hand (Radial Artery):

Result: Normal



Description: Always get your physician's approval before starting an exercise program. Always get your physician's approval before starting an exercise program. Always get your physician's approval before starting an exercise program.

Channel 4: Right Leg (Dorsalis Pedis Artery):

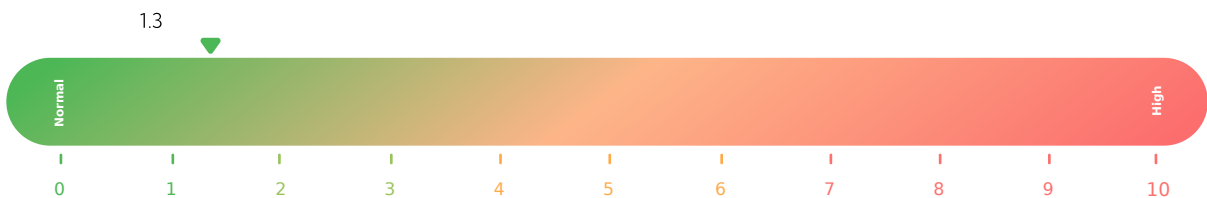
Result: Normal



Description: Always get your physician's approval before starting an exercise program. Always get your physician's approval before starting an exercise program. Always get your physician's approval before starting an exercise program.

Channel 5: Left Leg (Dorsalis Pedis Artery):

Result: Normal



Description: Always get your physician's approval before starting an exercise program. Always get your physician's approval before starting an exercise program. Always get your physician's approval before starting an exercise program.

Disclaimer:

- This medical device and software solution are provided as supplementary tools for medical practitioners and healthcare professionals in the assessment of Peripheral Arterial Disease (PAD). In creating this PAD assessment tool, every effort has been made to ensure that the information is current, accurate, and clearly presented. However, Arca Research India Pvt Ltd acknowledges the possibility of technical inaccuracies or typographical errors and disclaims liability for any such issues or any harm that may result from the use of this report.
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 - Alcohol: Refrain from alcohol consumption for at least 12 hours before testing, as it can influence blood flow and readings.
 - Smoking: Avoid smoking for at least 4 hours prior to testing, as it can impact test results.
 - Exercise: Refrain from physical activity for at least 6 hours before screening, as it can affect digestion and test results.

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