

FINALIST AMONG 200 COMPANIES
"PHILIPS INNOVATION CHALLENGE 2016"



CLINIC IN A BAG

DIAGNOSIS ON THE SPOT
REPORTS IN SECONDS



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 %SpO₂

	05/11/2016	04/25/2016	11/04/2015	10/25/2015
%SpO ₂	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



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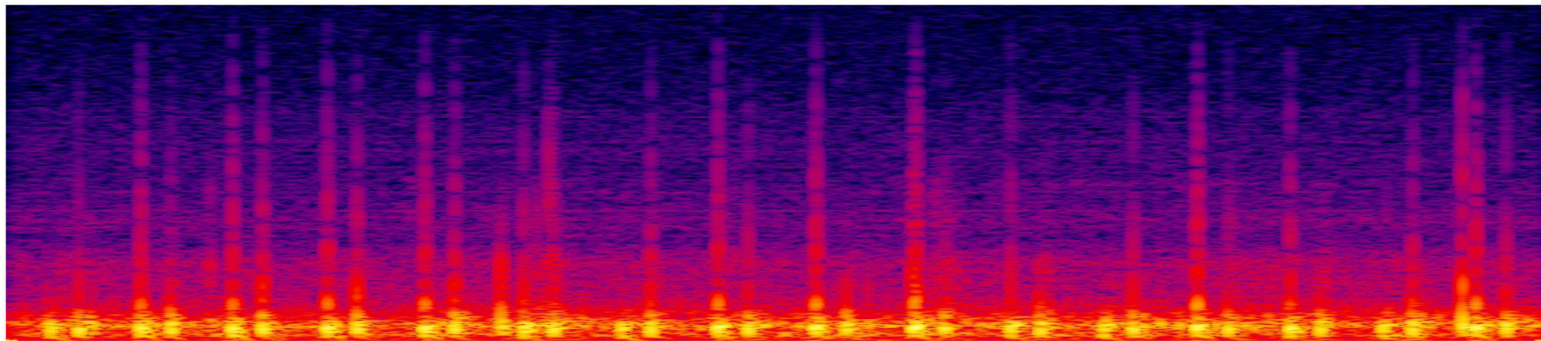
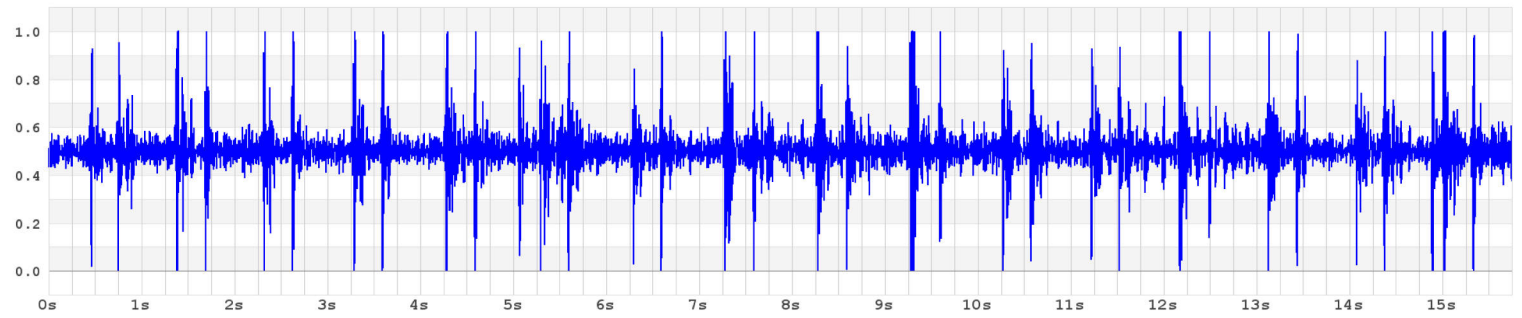
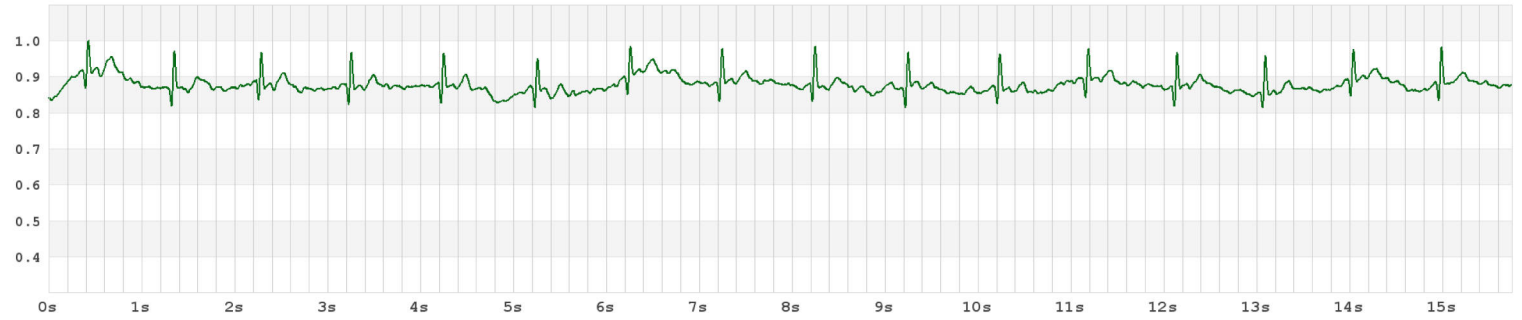
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Pulmonary

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



Aaron Abate

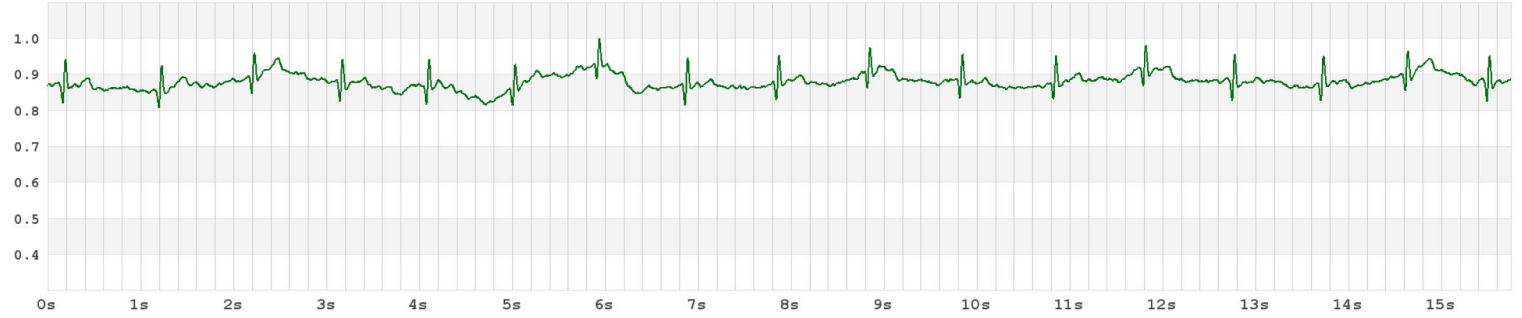
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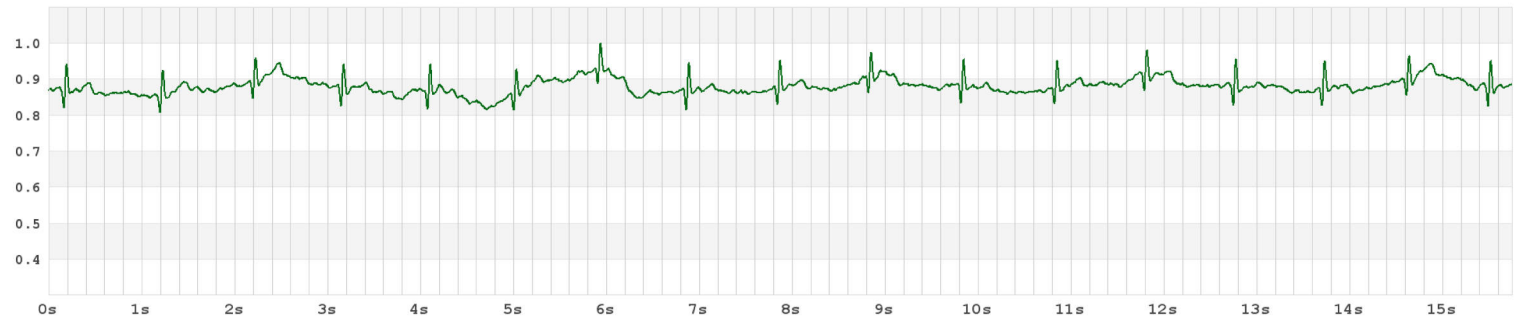
Clinician: Dr. A AA
Clinician ID:

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 @ 1.2s)					
Notes	No value				

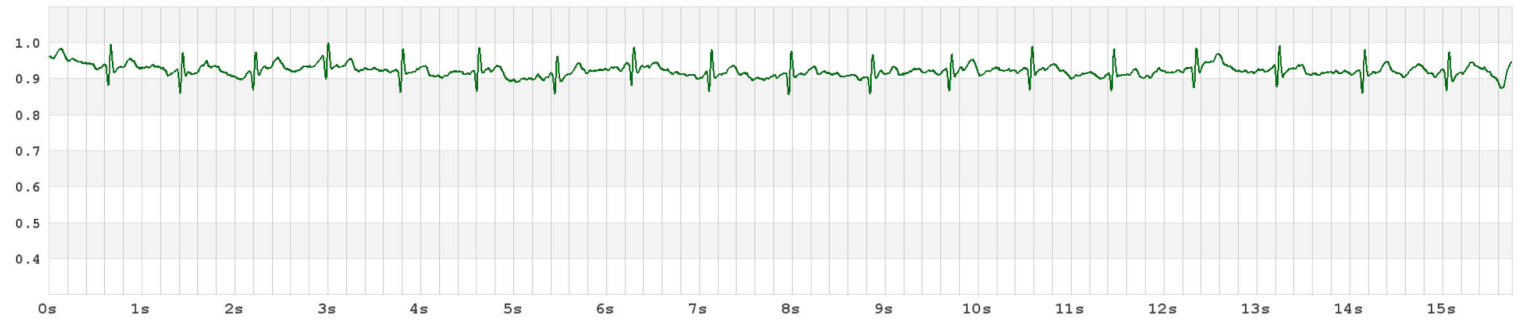
Lead 1



Lead 2



Lead 3



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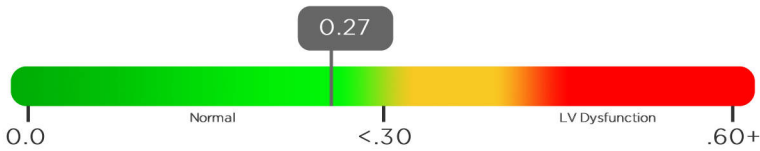
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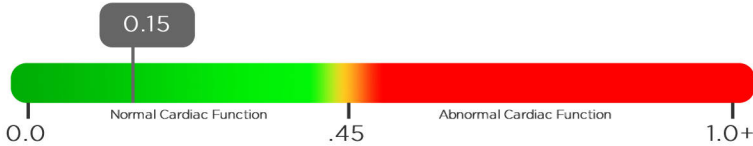
Clinician: Dr. A AA
Clinician ID:

Systolic Performance Index (QS1/S1S2)



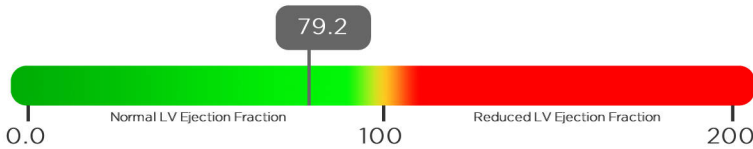
Systolic Performance Index (SPI) = (QS1/S1S2): SPI is a validated measurement of left ventricular (LV) systolic performance. This ratio increased significantly in the heart failure with depressed LV systolic function through increase in the QS1 and decrease in S1S2. This parameter is helpful in distinguishing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

Myocardial Performance Index (IVCT+IVRT)/S1S2



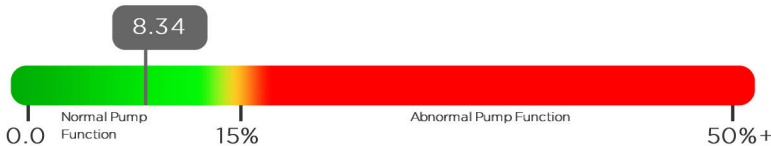
Myocardial Performance Index (MPI) or (Tei Index) is a measure of combined systolic and diastolic myocardial performance of both the left and right ventricles. MPI is a simple reproducible index which can reasonably separate normal controls (low and narrow MPI) from patients with HF (high and wide MPI). 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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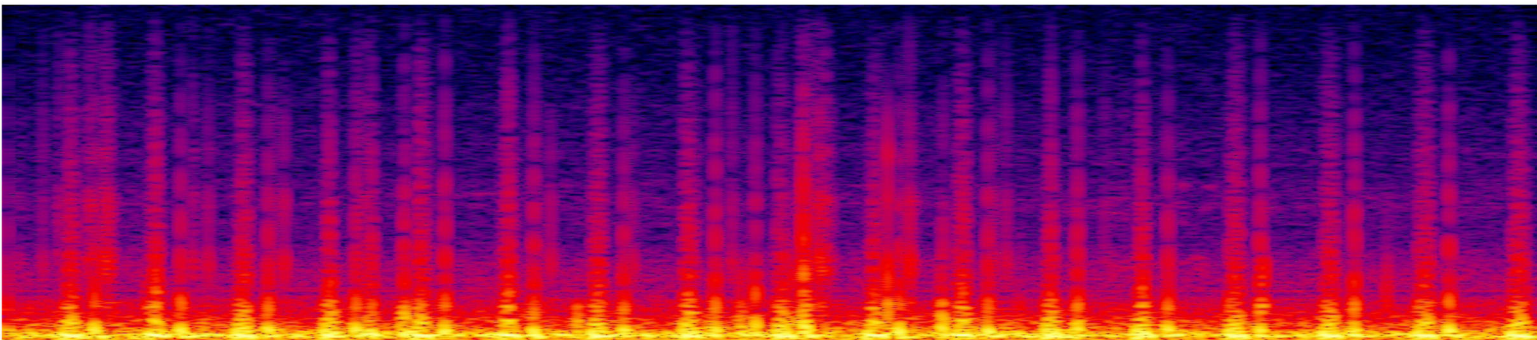
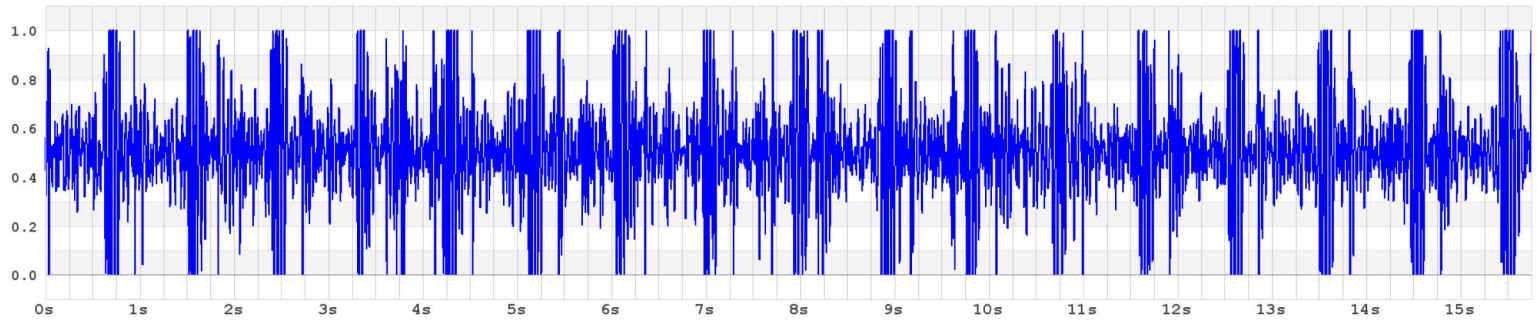
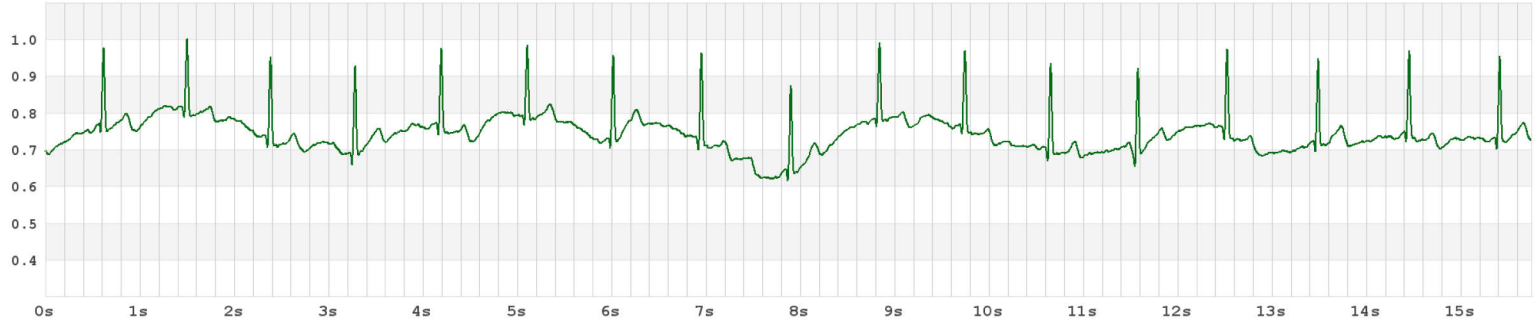
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Cardiac Function - Mitral Waveform





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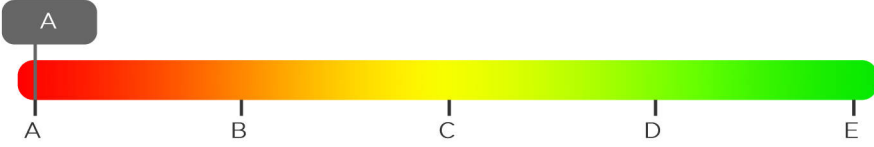
Clinician: Dr. A AA
Clinician ID:

Exam Details

Spirometry

Height 77.00

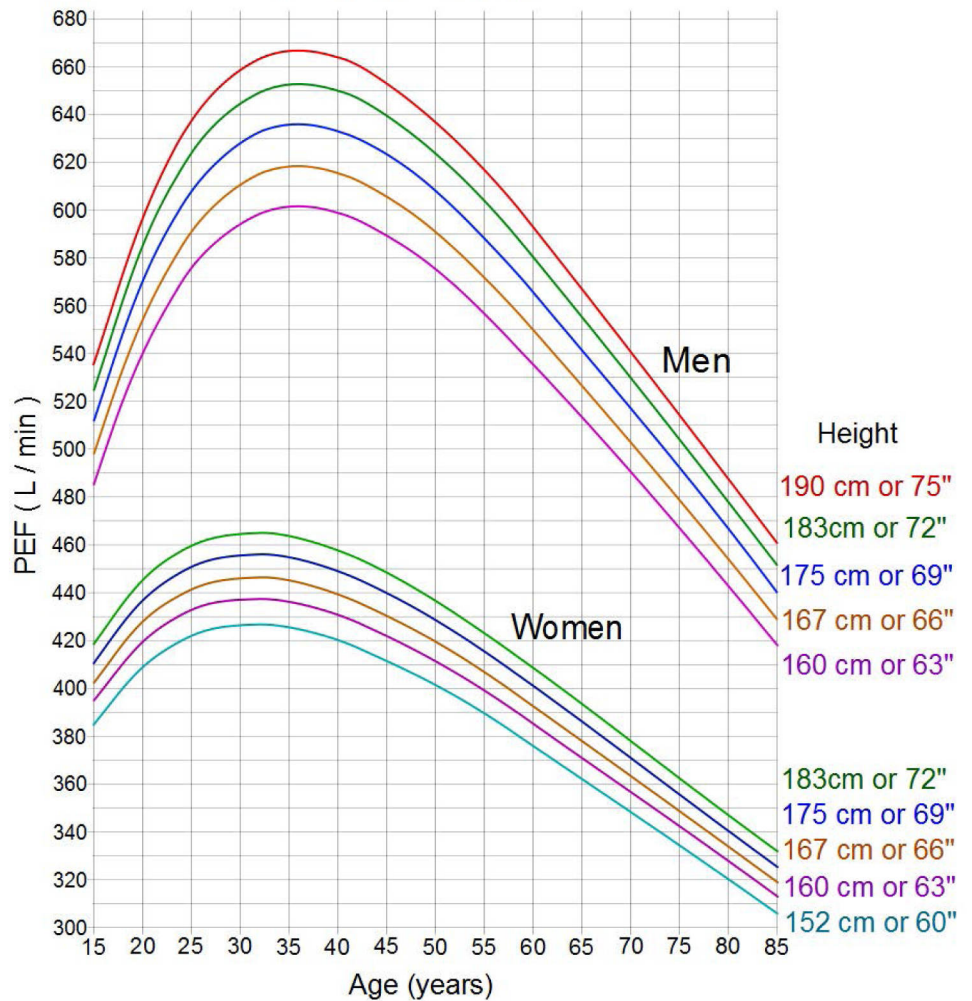
Quality Grade



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 100

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



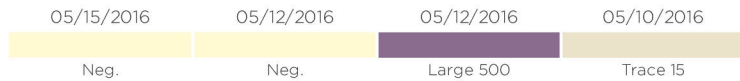
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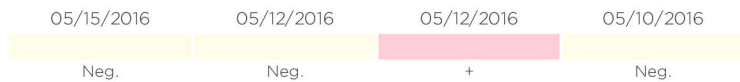
Patient ID: 235770
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Leukocytes Trace 15 cacells/ μ l

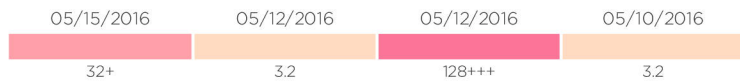


Nitrite +



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 μ mol/l



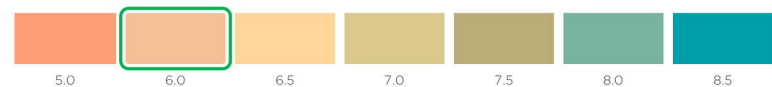
A small amount of urobilinogen is normally found in urine, but significant amounts suggest that further assessment for red blood cell breakdown or liver disease is indicated.

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.



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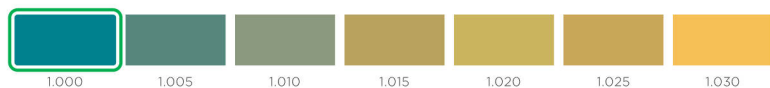
Clinician: Dr. A AA
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Blood Non-Hemolyzed 10 cacells/ μ l



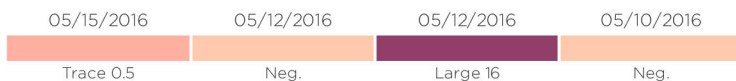
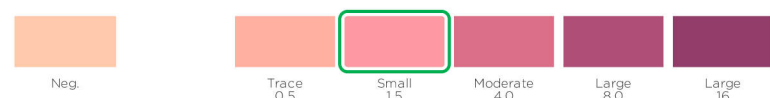
Blood in your urine requires additional testing — it may be a sign of kidney damage, infection, kidney or bladder stones, kidney or bladder cancer, or blood disorders.

Specific Gravity 1.000



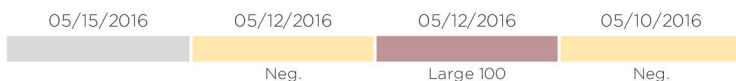
A measure of concentration, or specific gravity, shows how concentrated particles are in your urine. Higher than normal concentration often is a result of not drinking enough fluids.

Ketone Small 1.5



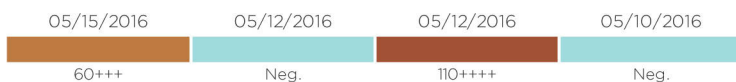
As with sugar, any amount of ketones detected in your urine could be a sign of diabetes and requires follow-up testing.

Bilirubin Neg. μ mol/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



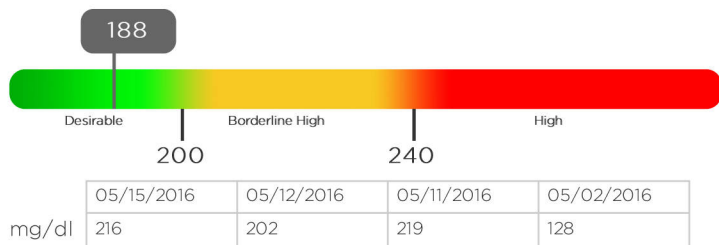
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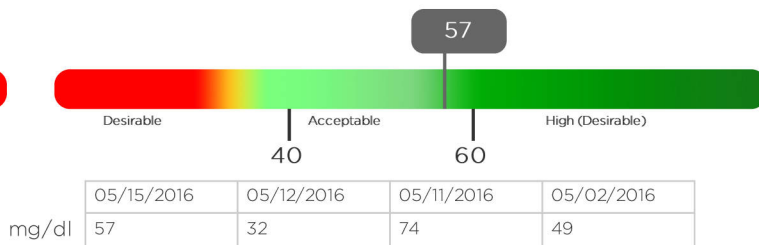
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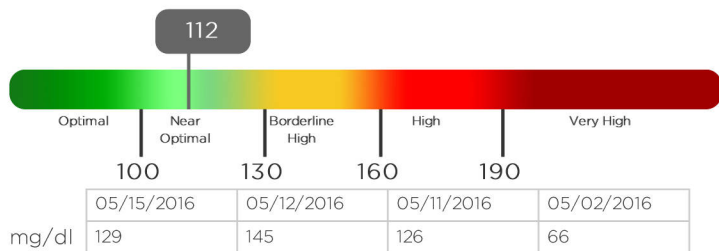
Total Cholesterol



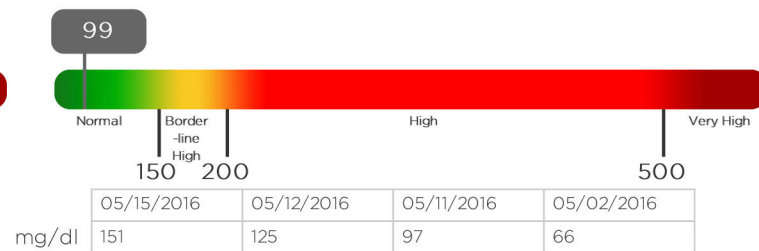
HDL



LDL



Triglycerides



Glucose

258 mg/dl (Pre Meal)

Non-HDL

131 mg/dl (Pre Meal)

Total Cholesterol / HDL Ratio

3 mg/dl (Pre Meal)

LDL/HDL Ratio

1.96 mg/dl (Pre Meal)

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

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

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

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



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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



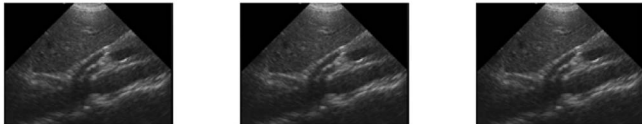
Summary

DATE 02/10/15

TIME 5:29pm

TYPE Aorta SMA Celiac

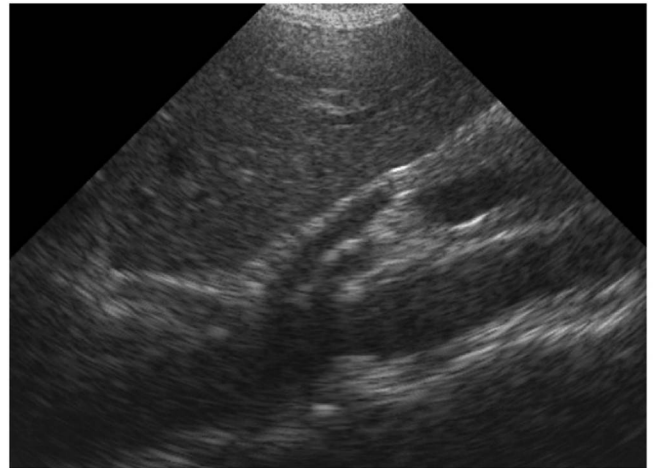
Image(s) CLICK TO ENLARGE



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

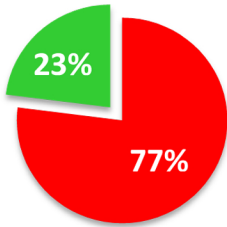


< IMAGE 2 of 3 >

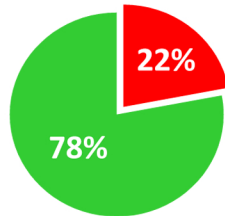
Gallstones

HEALTH SCREENING ANALYSIS

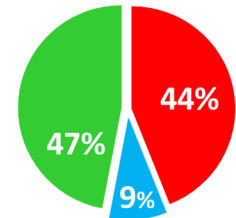
HDL CHOLESTEROL



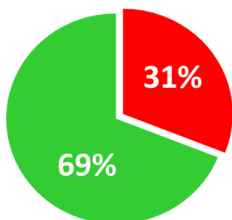
CARDIAC FUNCTION



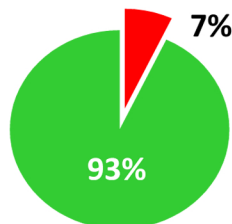
BLOOD PRESSURE



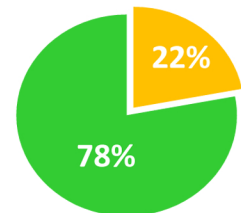
BLOOD GLUCOSE



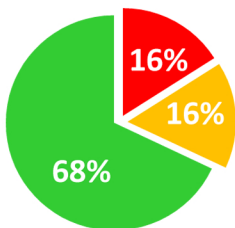
TOTAL CHOLESTEROL



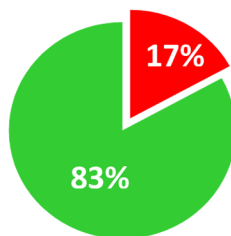
LDL CHOLESTEROL



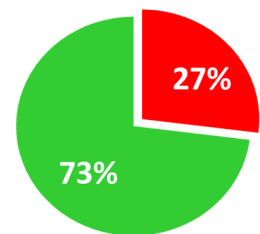
TRIGLYCERIDES



URINALYSIS



VITALS RISK INDEX



■ Normal ■ Abnormal ■ Border line ■ Low

HDL cholesterol is often referred to as the “Good” cholesterol and helps to eliminate “Bad” cholesterol.

Cardiac Function is an effective screener for potential heart failure issues.

Blood Pressure is closely related to the force and rate of the heartbeat and the diameter and elasticity of the arterial walls.

Blood Glucose test measures the amount of a type of sugar, called glucose, in blood.

Total Cholesterol is used to measure cholesterol levels and to aid in determining one’s risk of heart disease.

LDL cholesterol is the low-density lipoprotein (bad cholesterol) that can start to build up in the arteries and cause blockages, as well as increased risk of a heart attack.

Triglycerides are fat in the blood and are used to provide energy to the body. High triglyceride levels have been linked to a greater chance for heart disease.

Urinalysis is used to detect and assess a wide range of disorders, such as urinary tract infection, kidney disease and diabetes.

Vitals Risk Index is a score which represents a composite of all of the vitals.

“CLINIC IN A BAG”

A LAYMAN’S MEDICAL KIT AT FIELD LEVEL
ON THE SPOT REPORTS AND ANALYSIS
ON THE SPOT INTELLIGENT DECISION SUPPORT
ON THE SPOT ELECTRONIC MEDICAL RECORDS
ON THE SPOT ANALYSIS OF PUBLIC HEALTH DATA

Rijuven Corporation (USA)
10475 Perry Hwy, Suite 104
Wexford, PA 15090
412.404.6292
info@Rijuven.com
www.Rijuven.com

Rijuven Medicare India Pvt. Ltd.
New Delhi, Vijayawada, Hyderabad, Chennai
Ph: 892- RIJUVEN, 897- RIJUVEN
Ph: 892-7458836, 897-7458836
contact@RijuvenIndia.com
www.RijuvenIndia.com