

MCG Report

Summary Report

Generated by Premier Heart, LLC.

MCG Report

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ID: N/A

MCGID:

Name:

Gender: M Age: 66

MCG Results

Ischemia Results

ID	Testing Date	ECG Tracing Quality	Local	Global	Severity
55286208	2023-04-19 08:41	good	Absent	Present	8.0
55286207	2023-04-19 08:40	good	Absent	Present	7.0
55286206	2023-04-19 08:39	good	Absent	Present	7.0
55286205	2023-04-19 08:37	good	Absent	Present	5.0
55286204	2023-04-19 08:36	good	Absent	Present	7.0
55286203	2023-04-19 08:34	good	Absent	Present	6.0

Signature: _____

Suggestions

Pathological Conditions:

	Cardiomyopathy	Potential Fibrillation	Atrial Fibrillation	Incipient Ventricular Fibrillation	Atrial-Ventricular Fibrillation	Incipient Arrhythmia	Ventricular arrhythmia	Myocardial Damage	Myocarditis	Pulmonary Heart Disease	Rheumatic Heart Disease	Congenital Heart Disease	Ventricular Hypertrophy
55286208	-	-	+	-	-	+	-	+	+	-	+	-	-
55286207	+	-	-	+	-	-	+	+	-	-	+	-	-
55286206	-	-	-	+	-	-	+	+	+	-	-	+	-
55286205	-	-	+	-	-	+	-	+	+	-	+	-	-
55286204	-	-	-	+	-	-	+	+	+	-	+	-	-
55286203	-	-	-	+	-	-	+	+	+	-	+	-	-

Disclaimer:

This section contains comments and suggested diagnoses or conditions which require rigorous clinical validation. These suggestions and comments should be considered expert opinions and not a definitive diagnosis.

Physiopathological Conditions:

	Local asynchrony (V5 < II)	Local asynchrony (II < V5)	Localized Asynchrony	Global asynchrony (V5 < II)	Global asynchrony (II < V5)	Acute Power Failure	Tachycardia	Bradycardia	Decreased ejection fraction	Increased myocardial compliance	Decreased myocardial compliance	Myocardial Remodeling
55286208	-	-	-	+	-	+	-	+	-	-	+	+
55286207	-	-	-	+	-	+	-	+	+	-	+	+
55286206	-	-	-	+	-	-	-	-	+	-	+	+
55286205	-	-	-	+	-	-	-	+	+	+	+	+
55286204	-	-	-	+	-	+	-	+	+	-	+	+
55286203	-	-	-	+	-	-	-	+	+	+	+	+

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About MCG:

MCG is a web-based, non-invasive diagnostic tool for aiding physicians in diagnosing multiple types of heart disease, including coronary artery disease (CAD). It adopts the principles of Systems Analysis in mathematically analyzing the digitized resting electrocardiograph (ECG) data from leads V5 and II simultaneously.

The results of the mathematical calculations are graphically represented as an auto power spectrum and its variations: phase shift, impulse response, coherence function, cross correlation and amplitude histogram. Collectively, these mathematical transformations supply various aspects of the electromechanical properties of the heart muscle in relationship to the physiological properties of the blood and its impact on the myocardial functions as a whole. The abnormal Ischemia Indexes derived from each of these six functions are integrated into a mathematical pattern which represents the myocardium as a whole system which is used for complex pattern recognition. The computer statistically matches each individual's transformation set to the patterns of a large population considering of thousands of healthy people and tens of thousands of people with heart diseases collected from years of clinical research, software development, and database collections. The computer analysis is then reported to a physician who determines the final diagnosis and therapeutic recommendations, if required. For more details on MCG analysis, please visit <http://www.premierheart.com/webapp.tech.php>

Disclaimer

Clinical studies have shown that MCG has a sensitivity of 90+% with 7 +/- 2% false negative results and a specificity of 85+% with 15 +/- 3% false positive results in detecting ischemia due to coronary artery disease (CAD). A positive CAD ischemia result does not guarantee that the subject has the disease, and negative CAD ischemia result does not guarantee that the subject does not have the disease.

MCG Detection Rates and Accuracy

Among parties with more than 70% coronary artery atherosclerotic plaque luminal encroachments in single or multiple vessels, without any collateral circulation, MCG detection rate at approximately 90% or better.

MCG has an accuracy of approximately 90% in detecting patients with 50% or greater obstruction of the Left Main Coronary Artery and/or 70% or greater blockage in other large coronary arteries, i.e. LAD or L. Circ.

The MCG Detection Rates and Diagnostic Accuracy noted above are unaffected by gender, age or race. All statistics have been derived from multiple high-quality controlled and double-blind prospective studies published in peer-reviewed journals. Supporting articles are available from the Premier Heart website, or upon request from Premier Heart.

MCG assumes that the subject has normal or corrected serum electrolyte chemistry and completed blood count (CBC). It also assumes that the subject has no structural anomalies of the myocardium. If these laboratory test results are unknown, dated, or abnormal at the time of this test, the results may be skewed.

There are roughly 15(+/- 3%) false positive cases which include:

- * Coronary artery vasospasms
- * Coronary Arteriopathy (connective tissue disorders, vaculitides or aneurysms)
- * Microvascular disease (peripheral vascular disease)
- * Aortic stenosis / regurgitation
- * Hypertensive heart disease and metabolic disorders
- * Untreated or Under-Treated anemia
- * Renal disease, (i.e. end stage renal disease)
- * Angiographer under-estimation of the degree of obstruction
- * Poor quality ECG tracings

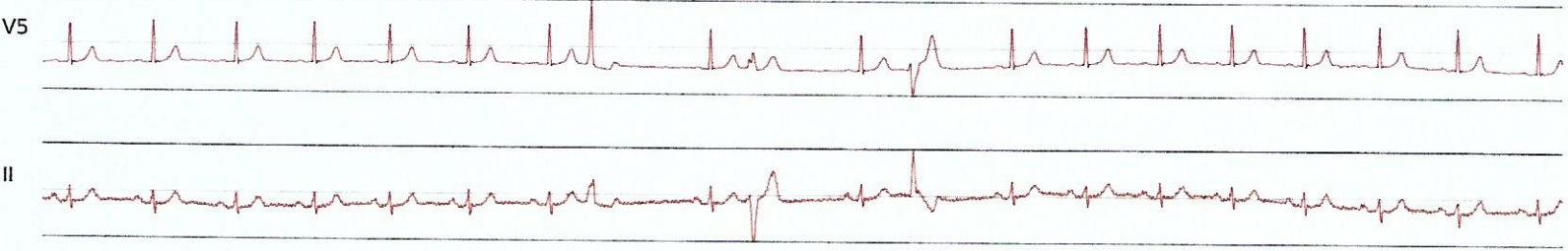
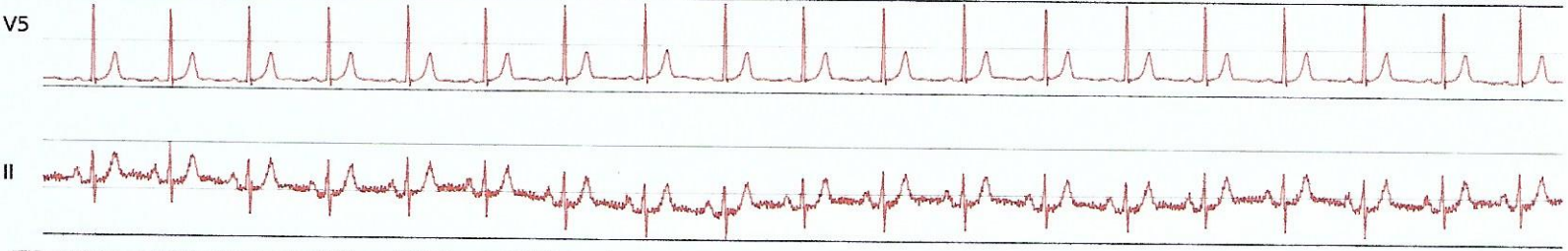
There are about 7(+/- 2)% false negative cases which include::

- * Well-established coronary collateral circulations with visibly poor coronary angiogram results
- * Coronary angiogram results showed moderate luminal encroachments, however, the MCG test was negative
- * Patients with pharmacologically reversible obstructive coronary artery disease under single vasodilator therapy
- * Poor Quality ECG tracings

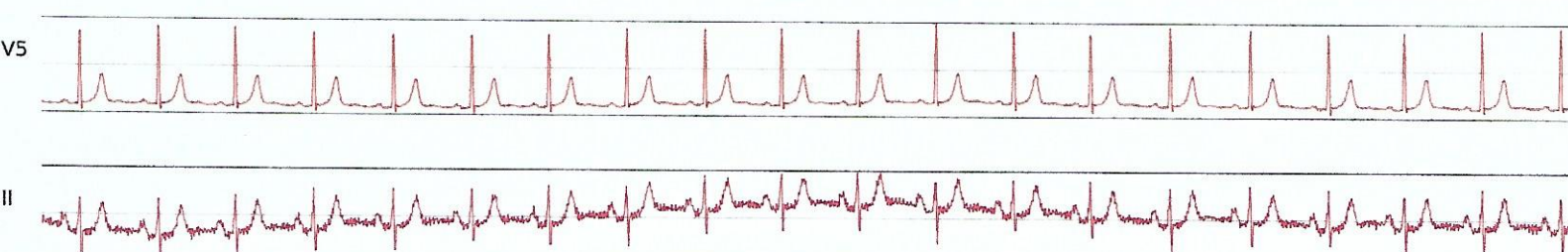
Finally, unlike the primary diagnosis of the presence or absence of local or global ischemia, the secondary findings of each test (such as MI, LVH, arrhythmias, etc.) should be considered as a reference or an expert's opinion rather than definitive diagnosis. This is due to these findings requiring additional controlled, prospective and double blind studies for validations. The ultimate treatment decisions are between you and your physician(s).

Privacy Notice:

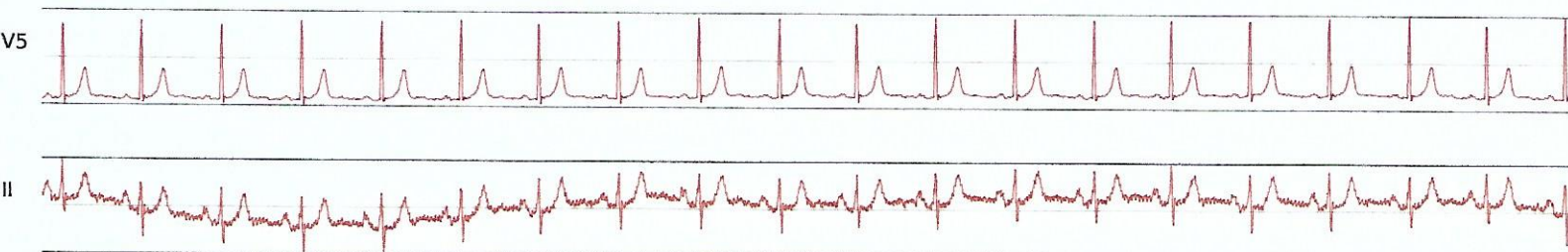
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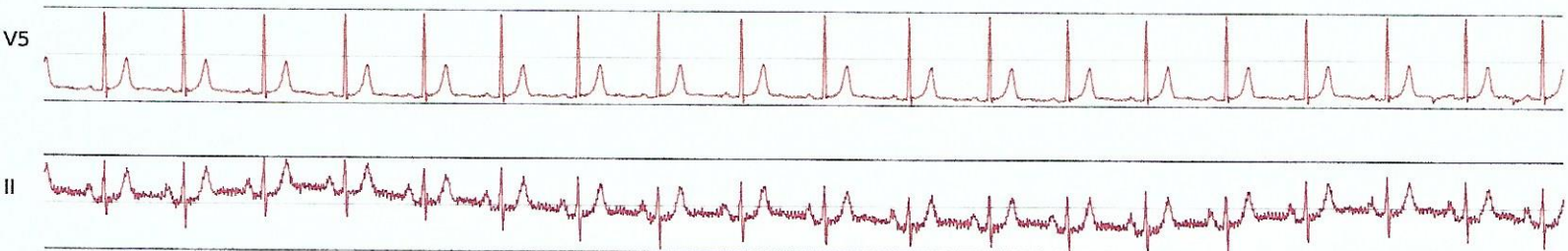
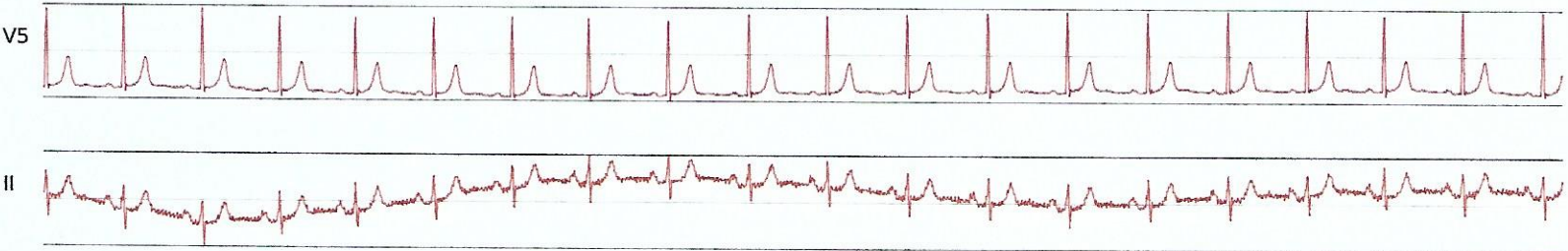
Test 55286208



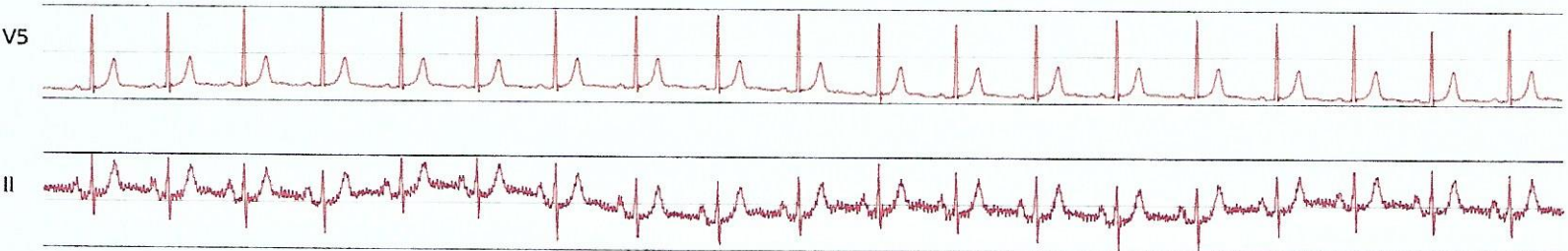
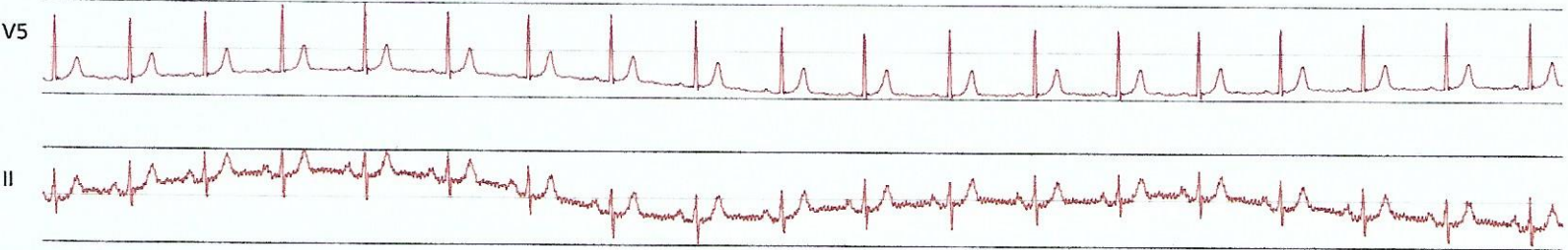
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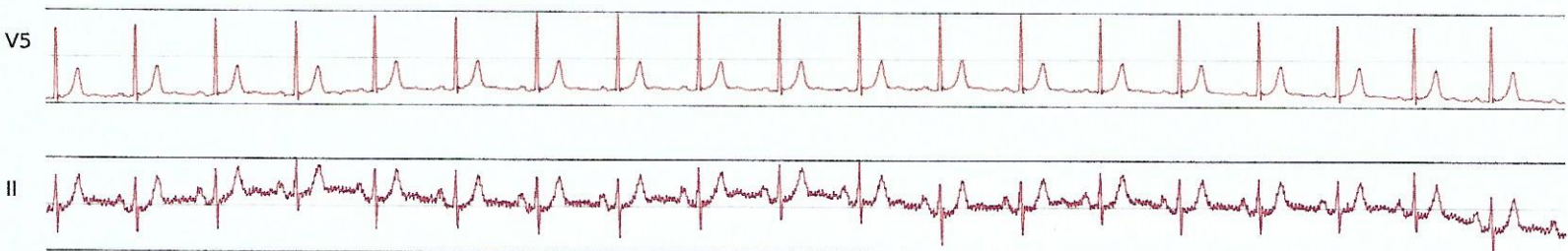
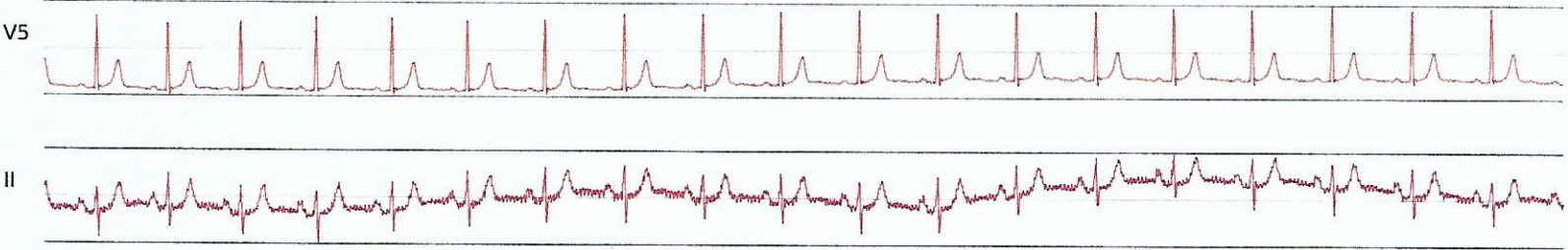
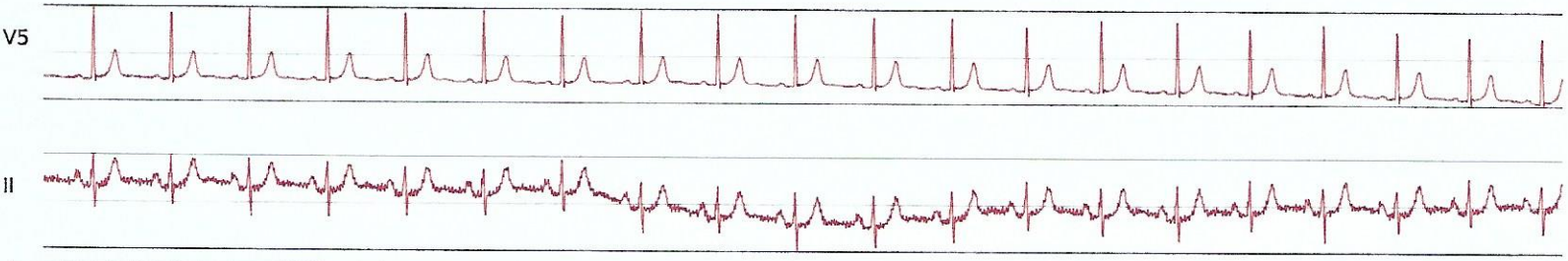
Test 55286206



Test 55286205



Test 55286204



Test 55286203