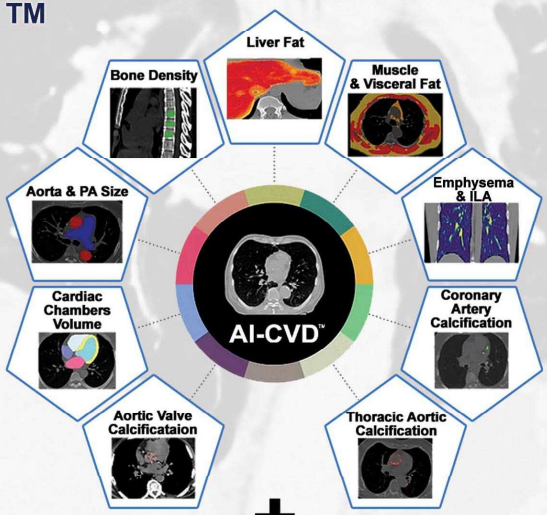
HeartLung Technologies

Opportunistic CVD Screening with

AI-CVD™



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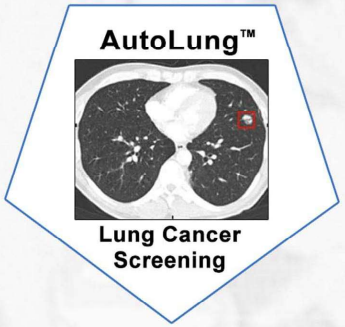

*Two AI-CVD™ components, AutoBMD™ and AutoChamber™ are FDA-cleared. The remaining components are pending approval.

AI-CVD™ Improves Patient Care and Bottom Line

Coronary Artery Calcification

AI-CVD™ Coronary Artery Calcium Report (ECG Gated)

Patient Name: John Smith
ID: 000Z128002863B
Date of Exam: 08/12/2021
Date of Birth: 03/01/1947
Gender: Male

Your Clinic's Logo Here

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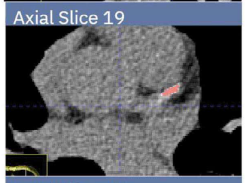
Summary

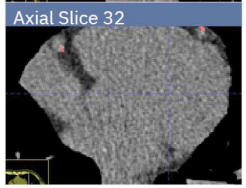
Based on your results with an Agatston score of 476.6 and AI-CAC score of 510.75, your coronary arteries are moderately calcified. You are in the 85th percentile for your age and gender. We recommend that you consult with your care provider for necessary follow-up.

Axial Slice 18

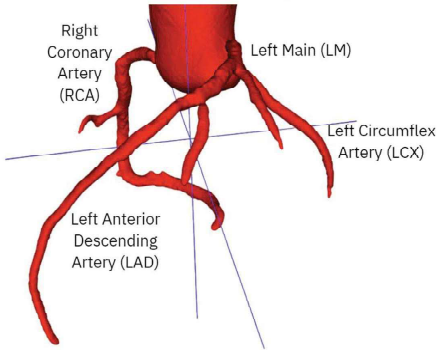
Axial Slice 19



Axial Slice 32



Your Coronary Arteries



	Agatston	AI-CAC
Total Score	476.6	510.75
Number of Plaques	3	3
Left Main (LM)	0	0
Left Anterior Descending (LAD)	470.7	492
Left Circumflex Artery (LCX)	0	0
Right Coronary Artery (RCA)	6	18.75
Number of 0.5k Plaques	0	0
Total Plaque Volume (mm3)	425.3	483.5

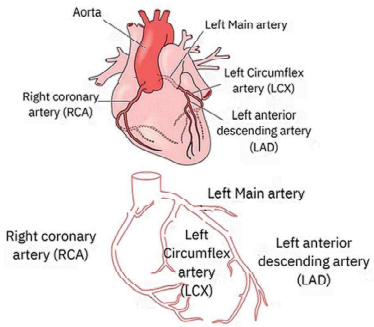
Electronically signed by: Thomas Atlas, MD 1

Introducing AutoCAC™

A Calcium Score -also called a Coronary Artery Calcium (CAC) Score or Agatson Score- detects and measures any calcified plaque in the coronary arteries.

It is a highly specific marker for coronary atherosclerosis, and therefore is useful as a risk-stratification tool when assessing patients with chest pain. The greater the coronary calcium score, the larger the amount of plaque there is in the artery wall, and the greater the risk of a heart attack.

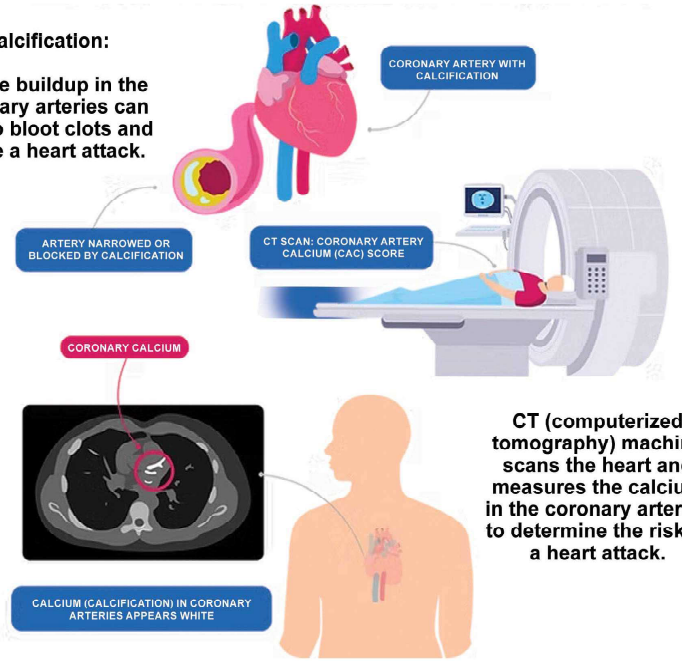
Coronary Arteries



Coronary Artery Calcium (CAC) Score

Calcification:

Plaque buildup in the coronary arteries can lead to bloot clots and cause a heart attack.



CT (computerized tomography) machine scans the heart and measures the calcium in the coronary arteries to determine the risk of a heart attack.

Thoracic Aortic Calcification

AI-CVD™ Thoracic Aortic Wall, Aortic Valve, and Mitral Valve Calcification Report

This is an opportunistic report generated by AI-CVD™ software based on CT scans ordered for other reasons.

Patient Name: John Smith
ID: 0002128002863B
Date of Exam: 08/12/2021
Date of Birth: 03/01/1947
Gender: Male

Your Clinic's Logo Here

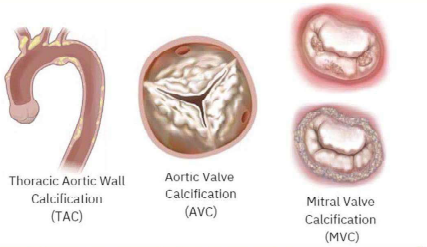
Powered by HeartLung Technologies

Valve Calcium Scores

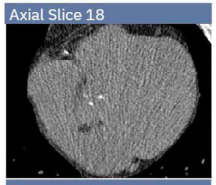
MVC Score	55
AVC Score	32

Thoracic Aortic Calcium Score

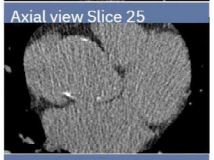
TAC Score	355.1



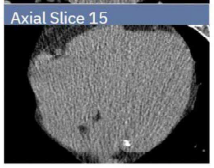
Axial Slice 18



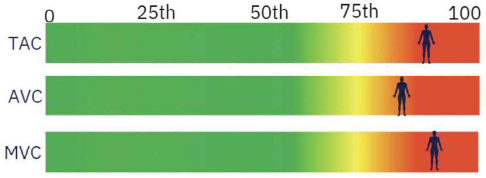
Axial view Slice 25



Axial Slice 15



Aortic and Mitral Valve Calcification Percentiles



Recommendations

The above percentiles are calculated based on your gender and BSA and referenced against NIH-sponsored Multi-Ethnic Study of Atherosclerosis (MESA) and Framingham Heart Study (FHS). It is important to note the colors are merely a reference to give a quantitative imaging impression of gender-based percentiles in the population. Colors and cut-offs are based on institutional settings and are not an indication for treatment. The actual risk must be evaluated based on your care provider's comprehensive assessment.

Follow-up

Calcification was identified in the thoracic aorta and in the aortic and mitral valves. Additional testing may be necessary based on clinical judgment.

Electronically signed by: Thomas Atlas, MD 1

Stroke and CVD Prediction

Thoracic Aortic Calcification (TAC) predicts stroke and CVD mortality with greater precision when combined with traditional risk factors. TAC, an often-overlooked finding in CAC scans, predicts stroke and CVD mortality with greater precision when combined with traditional risk factors. As a marker of systemic atherosclerosis, TAC enhances risk stratification for cerebrovascular events, broadening the utility of CAC scans.

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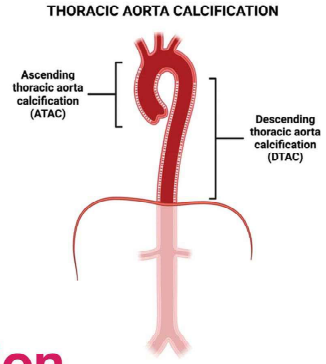
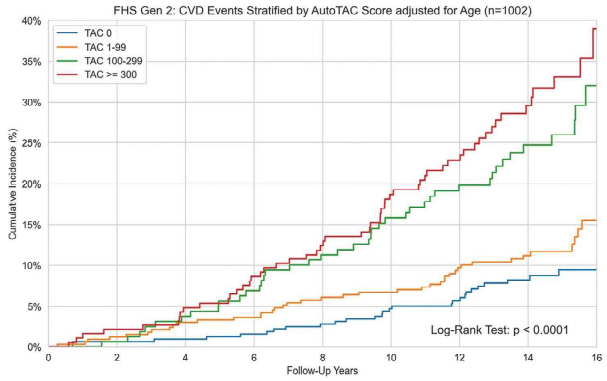
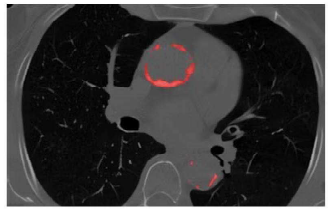


Enhanced Risk Stratification with AI-CVD™

The integration of TAC with traditional risk factors, such as hypertension, diabetes, and cholesterol levels, enhances the predictive accuracy for stroke and CVD mortality. HeartLung's AI-CVD™ leverages advanced AI algorithms to combine TAC data with these risk factors, providing a comprehensive evaluation of a patient's cardiovascular risk profile. This approach facilitates early intervention and targeted treatment strategies, helping to identify high-risk individuals who may benefit from more aggressive management.





Cardiac Chambers Volume

AI-CVD™ Cardiac Chambers Volumetry Report

AutoChamber volumetry measurements and percentiles are FDA-cleared. Percentile-based 10-year risk estimates are derived from published research literature, not generated by AI-CVD™ and not subject to FDA review.

Patient Name: John Smith
ID: 0002128002863B
Date of Exam: 08/12/2021
Date of Birth: 03/01/1947
Gender: Male

Your Clinic's Logo Here

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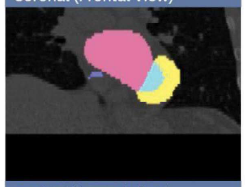
AutoChamber Volumetry

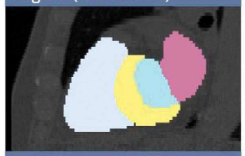
Chamber	Value	Percentile
LA	89.1 cc	96th
LV	121.6 cc	80th
RA	88.7 cc	58th
RV	131.8 cc	65th
LVM	118.5 g	90th
LA/RA	0.90	80th
LV/RV	0.75	74th

Cardio-Thoracic Ratio (CTR): 0.51

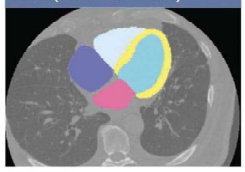
Coronal (Frontal View)



Sagittal (Lateral View)

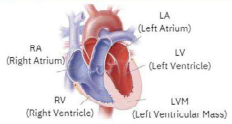


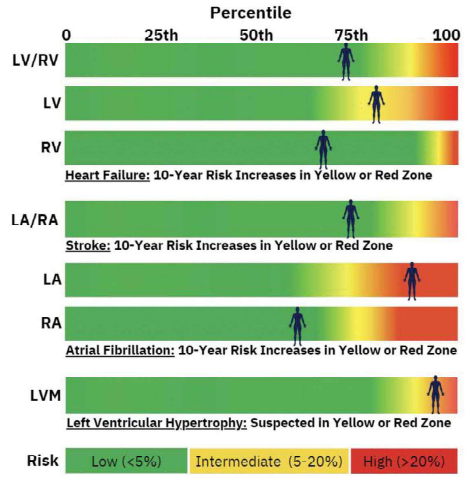
Axial (Transverse View)



SERIES 202

Chambers of the Heart





Percentile-based risk is calculated based on published research literature from NIH-sponsored Multi-Ethnic Study of Atherosclerosis and Framingham Heart Study. The actual level of risk for each individual must be evaluated based on care provider's comprehensive assessment. Colors and cut-offs are based on institutional settings and are not an indication for treatment.

Recommendations

Enlarged cardiac chambers and increased LV mass are identified. Additional testing may be necessary based on clinical judgment. See the following pages for more information.

Electronically signed by: Thomas Atlas, MD 1

Benefits of AutoChamber™

Opportunistic Value Generator

AutoChamber™ enables your imaging center to find life-threatening conditions in asymptomatic patients and generate revenue.

No Capital Investment Needed

Any diagnostic imaging center from anywhere in the world can sign up and start adding AutoChamber™ reports to any chest CT scans.

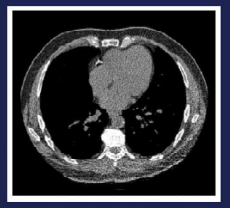
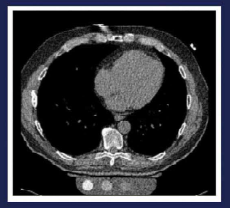
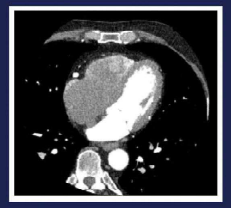
Simple and Easy Workflow Integration

Your practice can install the HeartLung gateway and receive AutoChamber™ reports directly in your PACS. Your patients can access the report from HeartLung's web portal and mobile app.

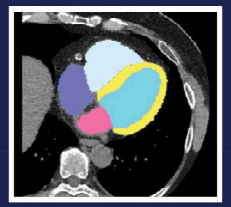
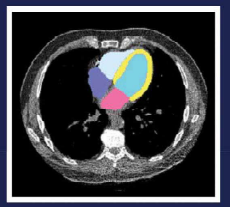
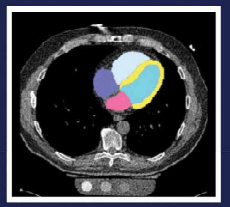
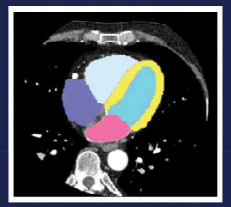
Rapid AI Turnaround Within Minutes

Receive rapid results within minutes of sending your scan to AutoChamber™ AI cloud. No training or learning curve is needed and no calibration phantom.

Before AutoChamber™

Coronary Artery Calcium Scan	LDCT Lung Cancer Screening Scan	Lung Diagnostic Scan	Coronary CT Angiography Scan
			

After AutoChamber™

Coronary Artery Calcium Scan	LDCT Lung Cancer Screening Scan	Lung Diagnostic Scan	Coronary CT Angiography Scan
			

Aorta & PA Size

AI-CVD™ Aorta and Pulmonary Artery Report

This is an opportunistic report generated by AI-CVD™ software based on CT scans ordered for other reasons

Patient Name: John Smith
ID: 0002128002863B
Date of Exam: 08/12/2021
Date of Birth: 03/01/1947
Gender: Male

Your Clinic's Logo Here

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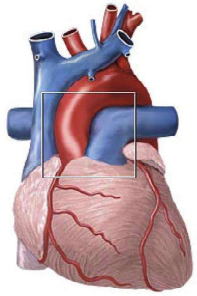
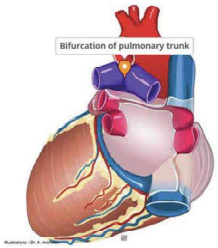
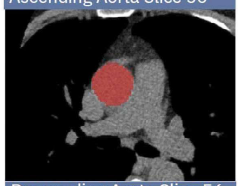
Measurements

Ascending Aorta Diameter	35.7 mm
Descending Aorta Diameter	33.2 mm
Pulmonary Artery Diameter	22.3 mm
Total Aorta Volume	179.4 cc
Pulmonary Artery Volume	58.8 cc



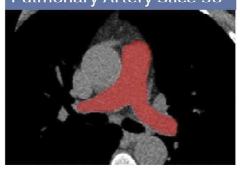


Ascending Aorta Slice 56



Descending Aorta Slice 56

Pulmonary Artery Slice 56



More Information

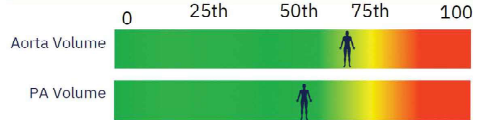
Aorta Diameter

- ≥ 40 mm is considered dilated and warrants further evaluation

Main Pulmonary Artery Diameter

- PA diameter ≥ 30 mm is considered dilated and warrants further evaluation.

Aorta and Pulmonary Artery Volume Percentiles



Recommendations

Based on your results and according to American Heart Association's guidelines, your measurements are considered **normal**.

Electronically signed by: Thomas Atlas, MD 1

The size of the aorta and pulmonary artery (PA) are key indicators of cardiovascular health. Changes in PA size can signal pulmonary hypertension or other vascular diseases.

Accurate measurement through imaging helps in early detection and management. An enlarged aorta can indicate conditions like aneurysm or dissection.

AI-CVD™ uses advanced algorithms to measure these sizes, enhancing risk assessment and timely intervention for cardiovascular and pulmonary conditions.

Clinical Implications of Aorta and PA Size

The aorta gradually enlarges with age, but excessive dilation can signal underlying vascular disease.

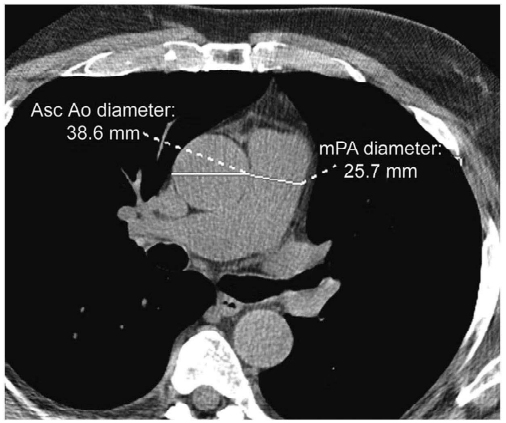
Enlargement of the ascending or descending aorta is associated with conditions such as hypertension, connective-tissue disorders, and aortic aneurysm.

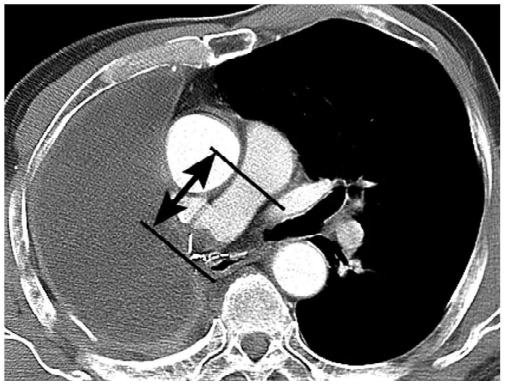
When the aorta reaches certain thresholds, the risk of complications — including dissection or rupture — increases significantly.

Routine measurement of aortic diameter on chest CT provides an important opportunity to identify patients with silent aortic enlargement.

Early recognition allows clinicians to implement risk-reducing strategies, such as optimized blood pressure control, lifestyle interventions, and timely referral to a specialist for further evaluation when warranted.

AI-CVD™ quantifies these dimensions automatically, helping ensure that clinically important aortic enlargement is not overlooked.





Epicardial Fat

AI-CVD™ Epicardial Fat Report

This is an opportunistic report generated by AI-CVD™ software based on CT scans ordered for other reasons.

Patient Name: John Smith
ID: 000Z128002863B
Date of Exam: 08/12/2021
Date of Birth: 03/01/1947
Gender: Male

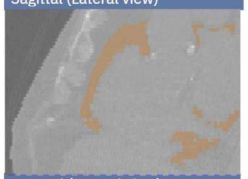
Your Clinic's Logo Here

Powered by HeartLung Technologies

Your Measurements

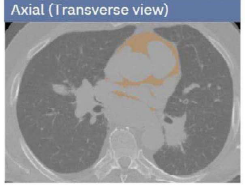
Weight (lbs)	175
BSA (kg/m2)	1.9
Epicardial Fat Volume (cc)	110
Epicardial Fat Index	68.5

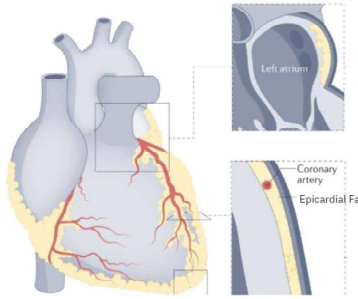
Sagittal (Lateral view)



Coronal (Frontal view)

Axial (Transverse view)





Epicardial Fat Percentile

0 — 25th — 50th — 75th — 100

Men:
- Normal: <125 cm³
- Elevated: ≥125–150 cm³
- High-risk: >150–200+ cm³

Women:
- Normal: <100 cm³
- Elevated: ≥100–125 cm³
- High-risk: >125–175+ cm³

Recommendations

The above percentiles are calculated based on your gender and BSA and referenced against NIH-sponsored Multi-Ethnic Study of Atherosclerosis (MESA) and Framingham Heart Study (FHS). It is important to note the colors are merely a reference to give a quantitative imaging impression of gender-based percentiles in the population. Colors and cut-offs are based on institutional settings and are not an indication for treatment. The actual risk must be evaluated based on your care provider's comprehensive assessment.

Follow up

Based on your results and according to American Heart Association's guidelines, your measurements are considered normal.

Electronically signed by: Thomas Atlas, MD 1

Aortic Quantification

AI-CVD™ Aortic Quantification Report

This is an opportunistic report generated by AI-CVD™ software based on CT scans ordered for other reasons.

Patient Name: John Smith
ID: 000Z128002863B
Date of Exam: 08/12/2021
Date of Birth: 03/01/1947
Gender: Male

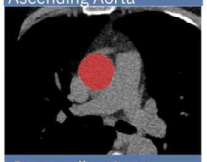
Your Clinic's Logo Here

Powered by HeartLung Technologies

Aortic Diameters

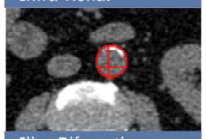
Ascending	45 mm
Descending	43 mm
Infra-Renal	38 mm
Iliac Bifurcation	23 mm

Ascending Aorta

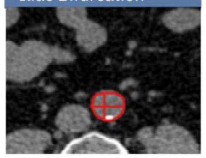


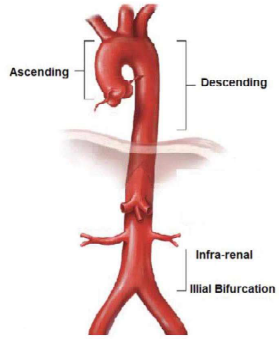
Descending Aorta

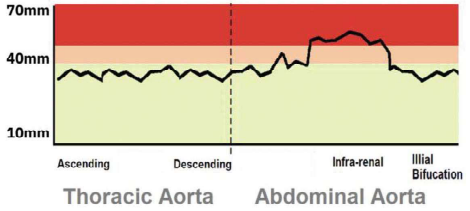
Infra-Renal



Iliac Bifurcation







Recommendations

Based on your results, your aortic measurements are considered **dilated** according to American Heart Association's guidelines and may be associated with aortic aneurysm. Consultation with your care provider is recommended.

Electronically signed by: Thomas Atlas, MD 1

Emphysema & ILA

AI-CVD™ Lung Density Report: Low Attenuation Index

This is an opportunistic report generated by AI-CVD™ software based on CT scans ordered for other reasons.

Patient Name: John Smith
ID: 000Z128002863B
Date of Exam: 08/12/2021
Date of Birth: 03/01/1947
Gender: Male

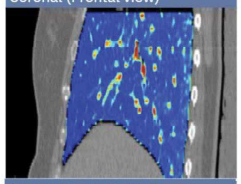
Your Clinic's Logo Here

Powered by HeartLung Technologies

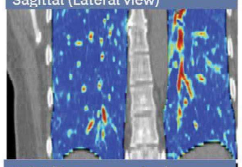
Lung High Attenuation Index (LAI)*	
RUL	2.5%
RML	1.8%
RLL	1.5%
LUL	3.8%
LLL	2.5%
R-Lung	1.93%
L-Lung	3.15%
Total Lung	2.55%

*Percentage of voxels above -250HU

Coronal (Frontal view)

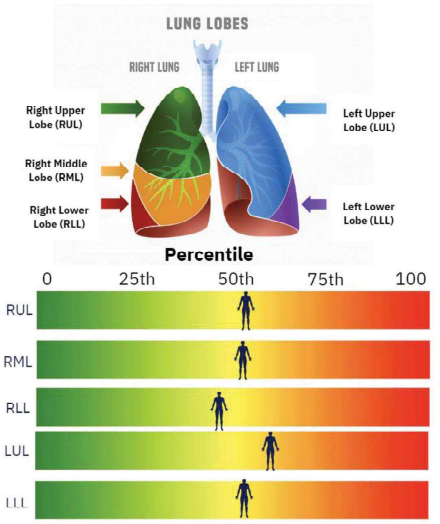


Sagittal (Lateral view)



Axial (Transverse view)

Percentiles by Lung Lobe



Recommendations

The above percentiles are calculated based on your gender and BSA and referenced against NIH-sponsored Multi-Ethnic Study of Atherosclerosis (MESA) and Framingham Heart Study (FHS). It is important to note the colors are merely a reference to give a quantitative imaging impression of gender-based percentiles in the population. Colors and cut-offs are based on institutional settings and are not an indication for treatment. The actual risk must be evaluated based on your care provider's comprehensive assessment.

Follow up

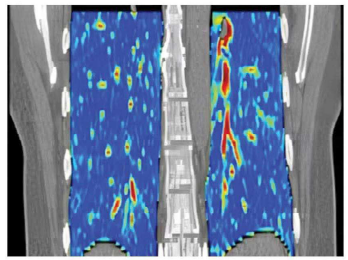
Based on your results, your Lung LAI is elevated. Additional testing may be necessary based on clinical judgment.

Electronically signed by: Thomas Atlas, MD 1

Integrating Pulmonary and Cardiovascular Health

The AI-CVD™ initiative includes advanced emphysema scoring, highlighting the critical interplay between pulmonary and cardiovascular health.

By quantifying emphysema in lung scans, AI-CVD™ provides valuable insights into the risks of chronic obstructive pulmonary disease (COPD) and atrial fibrillation (AF), fostering integrated care approaches.

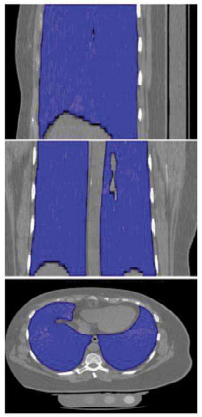


Emphysema Scoring in AI-CVD™

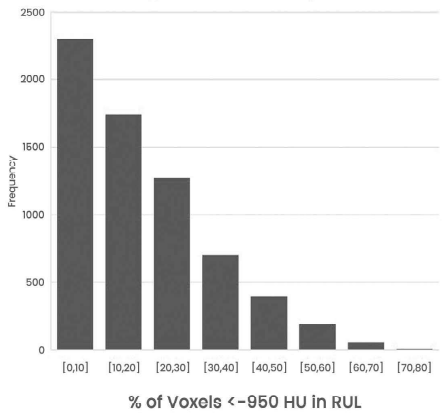
Emphysema is a chronic lung condition characterized by damage to the alveoli, leading to breathing difficulties and reduced oxygen exchange.

AI-CVD™ utilizes advanced imaging algorithms to quantify emphysema in lung scans, providing a detailed assessment of lung health. This quantification is achieved by measuring the percentage of low attenuation areas (%LAA) in the lungs, which are indicative of emphysema severity.

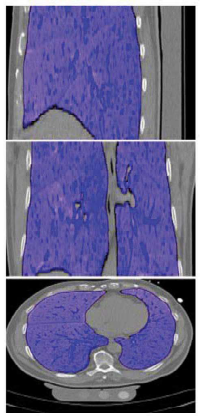
Low Lung LAI
(Less Likely Emphysema)



AI-CVD Lung Low Attenuation Index (% of Voxels <-950HU Traditionally Uses as an Emphysema-like Biomarker) in the Right Upper Lobe of MESA Participants



High Lung LAI
(More Likely Emphysema)



Muscle & Visceral Fat

AI-CVD™ Muscle and Fat Analysis Report

This is an opportunistic report generated by AI-CVD™ software based on CT scans ordered for other reasons.

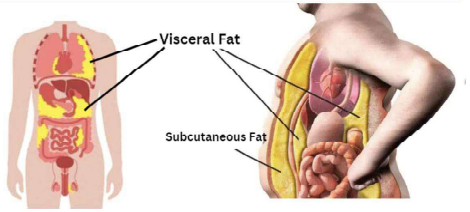
Patient Name: John Smith
ID: 000Z1280028638
Date of Exam: 08/12/2021
Date of Birth: 03/01/1947
Gender: Male

Your Clinic's Logo Here

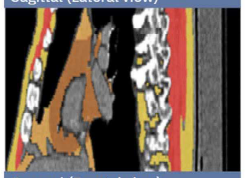
Powered by HeartLung Technologies

Current Measurements

Weight (lbs)	175
BMI (kg/m2)	26.5
Muscle Mass (g)	1400
Muscle Density (HU)	28
Visceral Fat Mass (g)	260
Subcutaneous Fat Mass (g)	1543
Visceral-to-Subcutaneous Fat Ratio	1.3



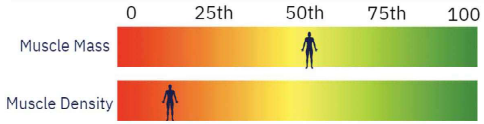
Sagittal (Lateral view)



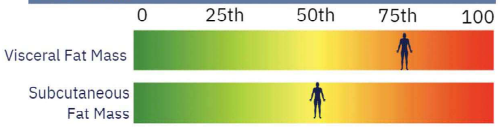
Coronal (Frontal view)

Axial (Transverse view)

Muscle Percentile



Fat Percentile



Recommendations

The above percentiles are calculated based on your gender and BSA and referenced against NIH-sponsored Multi-Ethnic Study of Atherosclerosis (MESA) and Framingham Heart Study (FHS). It is important to note the colors are merely a reference to give a quantitative imaging impression of gender-based percentiles in the population. Colors and cut-offs are based on institutional settings and are not an indication for treatment. The actual risk must be evaluated based on your care provider's comprehensive assessment.

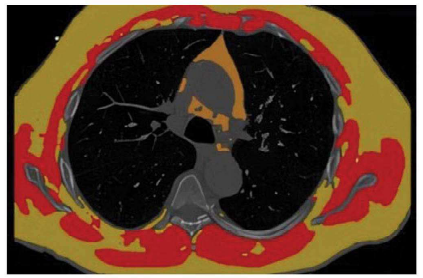
Follow up

Based on your results, your visceral fat mass is higher and your muscle density is lower than people in your age and sex category. Additional testing may be necessary based on clinical judgment.

Electronically signed by: Thomas Atlas, MD 1

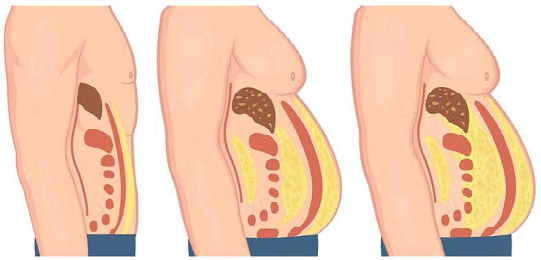
Metabolic and Inflammatory Burden

Visceral fat—a major driver of systemic inflammation and insulin resistance—is measurable in CAC scans. Increased visceral fat volume is a powerful predictor of metabolic syndrome, type 2 diabetes, and CVD. AI-CVD's ability to quantify visceral fat improves risk stratification for these conditions. Myosteatosis, characterized by fat infiltration into skeletal muscle, is an emerging biomarker of systemic metabolic dysfunction. AI-driven measurement of thoracic skeletal muscle density from CAC scans has shown strong predictive value for HF, AF, CHD), and all-cause mortality. Recent studies demonstrate that combining myosteatosis with CAC scores amplifies risk prediction, particularly for males, making it a critical addition to AI-CVD.



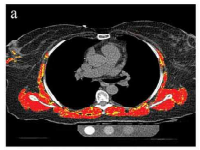
Enhanced Risk Stratification with AI-CVD™

HeartLung's AI-CVD™ leverages advanced AI algorithms to accurately quantify visceral fat and measure thoracic skeletal muscle density from CAC scans. This data, combined with CAC scores and traditional risk factors such as BMI, cholesterol levels, and blood pressure, enhances the predictive accuracy for metabolic and various cardiovascular conditions, particularly in males. The comprehensive evaluation provided by AI-CVD™ enables early intervention and personalized treatment plans, helping to manage and mitigate the risks associated with high visceral fat volume, myosteatosis, and systemic metabolic dysfunction.



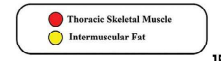
Case Example 1:
Age: 68
Sex: female
Smoking Status: Never smoker
AI-quantified Emphysema-like Lung Percentage: 0.28 %
AI-quantified Thoracic Skeletal Muscle Mean (HU): 26

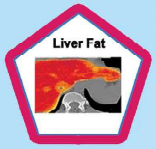
This case diagnosed with COPD 12 years later



Case Example 2:
Age: 69
Sex: Male
Smoking Status: Never smoker
AI-quantified Emphysema-like Lung Percentage: 1.58 %
AI-quantified Thoracic Skeletal Muscle Mean (HU): 27.1

This case diagnosed with COPD 5 years later





Liver Fat

AI-CVD™ Liver Attenuation Report

This is an opportunistic report generated by AI-CVD™ software based on CT scans ordered for other reasons.

Patient Name: John Smith
ID: 000Z128002863B
Date of Exam: 08/12/2021
Date of Birth: 03/01/1947
Gender: Male

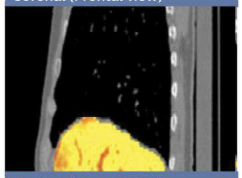
Your Clinic's Logo Here

Powered by HeartLung Technologies

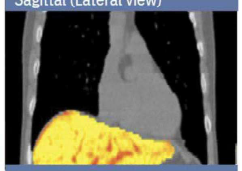
Liver Attenuation Index (LAI)

Liver Attenuation Index **80%**

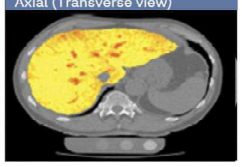
Coronal (Frontal view)



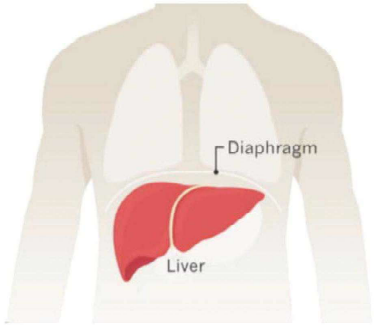
Sagittal (Lateral view)



Axial (Transverse view)



Liver Attenuation Index Percentile



Percentile

0 — 25th — 50th — 75th — 100

You Are Here

Recommendations

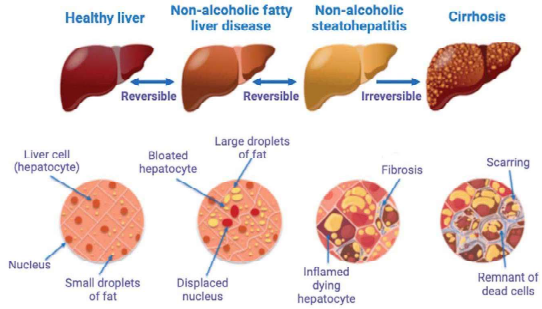
The above percentiles are calculated based on your gender and BSA and referenced against NIH-sponsored Multi-Ethnic Study of Atherosclerosis (MESA) and Framingham Heart Study (FHS). It is important to note the colors are merely a reference to give a quantitative imaging impression of gender-based percentiles in the population. Colors and cut-offs are based on institutional settings and are not an indication for treatment. The actual risk must be evaluated based on your care provider's comprehensive assessment.

Follow up

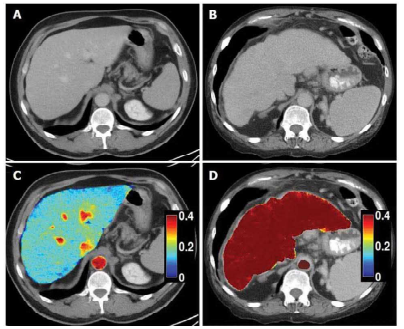
Elevated LAI is identified. Because elevated LAI is associated with fatty liver disease, additional testing may be necessary based on clinical judgment.

Electronically signed by: Thomas Atlas, MD 1

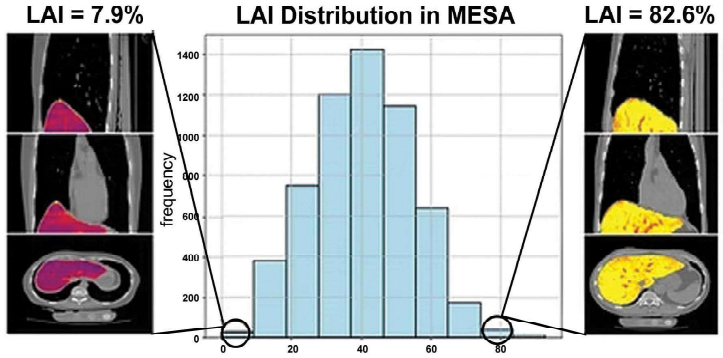
Fatty liver, also known as hepatic steatosis, is a condition characterized by the accumulation of fat in the liver cells. Detected opportunistically in coronary artery calcium (CAC) scans, fatty liver is a significant marker for metabolic syndrome, diabetes, and an increased risk of cardiovascular disease (CVD).



AI-CVD™ leverages advanced imaging algorithms to quantify liver fat, providing a comprehensive assessment of an individual's cardiometabolic health.



AI-enabled opportunistic measurement of liver steatosis in coronary artery calcium scans predicts cardiovascular events and all-cause mortality: an AI-CVD study within the Multi-Ethnic Study of Atherosclerosis (MESA)



Bone Density

AI-CVD™ Bone Mineral Density (BMD) Report

Bone density measurements, percentiles, Z & T-scores are FDA-cleared. The osteoporosis risk estimate are added separately based on World Health Organization's (WHO) reference standards.

Patient Name: John Smith
ID: 000Z128002863B
Date of Exam: 08/12/2021
Date of Birth: 03/01/1947
Gender: Male

Your Clinic's Logo Here

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Hounsfield Unit (HU)

A quantitative scale for describing radiodensity.

Vertebra 1	149.0
Vertebra 2	146.5
Vertebra 3	158.8
Mean HU	151.4

BMD (mg/cc)

Mean BMD	140.8
Z-Score	-0.3
T-Score	-2.3

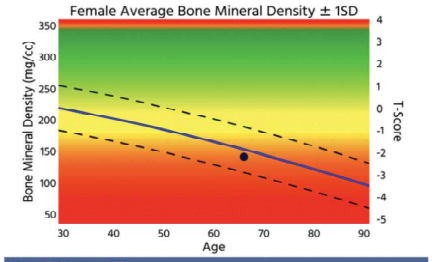
Sagittal (Lateral View)

Coronal (Frontal View)

Axial (Transverse View)

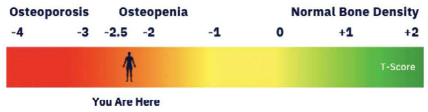
Your Z-Score -0.3

Z-Score compares your bone mineral density to what is expected for a person of the same age and gender.



Your T-Score -2.3

T-Score is your bone mineral density (BMD) compared with what is normally expected in a healthy adult of your gender. *Your T-Score of -2.3 indicates that you have low bone density (osteopenia).*



Recommendations

All patients should ensure an adequate intake of dietary calcium and vitamin D. The National Osteoporosis Foundation recommends adults under age 50 need 1,000 mg of calcium and 400-800 IU of vitamin D daily. Adults 50 and over need 1,200 mg of calcium and 800-1,000 IU of vitamin D daily. **Based on your BMD results, you have osteopenia and should seek follow up care with your physicians.**

Follow up

People diagnosed with osteoporosis or at high risk for fracture should have regular BMD tests. For patients eligible for Medicare, routine testing is allowed once every two years. For more information visit www.heartlung.ai/autobmd.

Electronically signed by: Thomas Atlas, MD 1

AutoBMD™ AI takes advantage of existing CT scans

AutoBMD reports Z-score and T-score similar to DEXA scans, and detects osteopenia and osteoporosis for prevention of future bone fractures.

Low Bone Density

It is a condition that causes bone mineral density to decline, increasing the risk of fractures.

How it's Detected

Bone density is usually measured using a DEXA scan or quantitative CT scan (QCT)

AutoBMD uses QCT but does not require a new scan. It is superior to DEXA and regular scans and works on all CT scans (both existing and new scans). AutoBMD can be run on Coronary Artery Calcium Scans, Lung Cancer Screening Scans, and Thoracic & Abdominal Scans.

AI-CVD™ Summary Report

Quantitative imaging measurements and percentiles are FDA-cleared. Percentile-based 10-year risk estimates are derived from published research literature, not generated by AI-CVD™ and not subject to FDA review.

Patient Name: John Smith
ID: 0002128002863B
Date of Exam: 08/12/2021
Date of Birth: 03/01/1947
Gender: Male

Your Clinic's Logo Here

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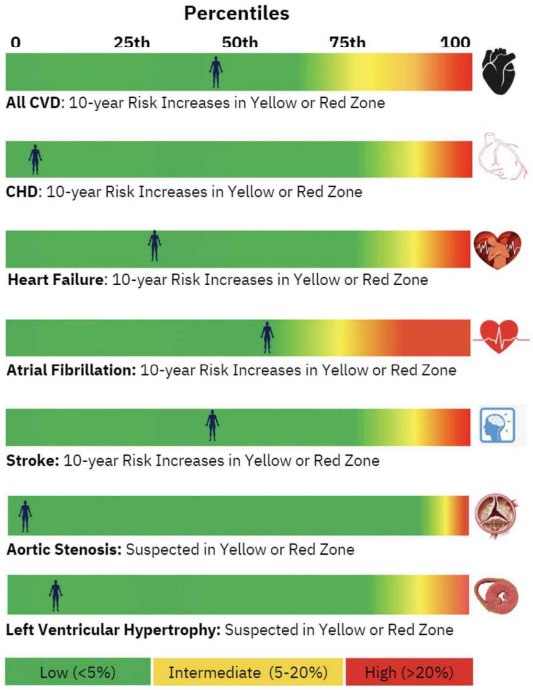
AI-CVD Measurements

Agatston CAC Score	150
AI-CAC Score	165
TAC Score	355.1
AVC Score	32
MVC Score	25
LA Volume (cc)	66
LV Volume (cc)	105
RA Volume (cc)	76
RV Volume (cc)	115
LVW Mass	110
LV/RV Ratio	0.71
LA/RA Ratio	0.72
AAO Diameter (cm)	3.0
PA Diameter (cm)	2.9
AAO Volume (cc)	105
PA Volume (cc)	48
Lung LAI%	2%
Lung HAI%	1%
Liver LAI%	22%
EAT Volume (cc)	90
VAT Volume (cc)	123
Muscle Mass (g)	1200
Muscle Density (HU)	42

Your AI-CVD Population-Based Risk Percentiles



Percentile-based risk is calculated based on published research literature from NIH-sponsored Multi-Ethnic Study of Atherosclerosis and Framingham Heart Study. The actual level of risk for each individual must be evaluated based on care provider's comprehensive assessment. Colors and cut-offs are based on institutional settings and are not an indication for treatment.

Recommendations

Your AI-CVD measurements are normal. See following pages for more information.

Electronically signed by: Thomas Atlas, MD 1

HeartLung Technologies

HeartLung Technologies Co.
2450 Holcombe Blvd., TMC Innovations
Houston, TX 77021
(310) 510-6004
www.HeartLung.ai
contact@heartlung.ai

HeartLung's AI-CVD is the first and only FDA-approved AI-enabled CVD report generation system.*

***Two AI-CVD™ components, AutoBMD™ and AutoChamber™ are FDA-cleared. The remaining components are pending approval.**