THE COMPLETE-RECORD EXPERIENCE

One health story. Every next step accounted for.

This example shows what patients and healthcare professionals could see after missing records are obtained, discrepancies are reconciled, and follow-up responsibilities are documented.

23 years
LONGITUDINAL HISTORY
Available history: 2003-2026

4,837
SOURCE ITEMS
Clinical + patient-generated evidence

7
CONNECTED SOURCE GROUPS
4 facilities + 3 device categories

0
UNRESOLVED RECORD GAPS
Illustrative resolved-state result

LONGITUDINAL HEADLINE

Established multivessel coronary disease with four coronary stents across three treated segments, preserved historical systolic function, favorable recent LDL control, and improved glycemic control.

The complete-state record keeps residual OM1 disease, intermittent lymphopenia, hepatic steatosis, pulmonary/sleep-oxygen context, and renal follow-up visible as ongoing clinical context.

WHAT IS DIFFERENT FROM THE ORIGINAL FPI

- OK 2025 PCI source documentation linked
- OK Current medicines and allergies reconciled
- OK Recommended follow-ups closed or scheduled
- OK Responsible clinician and next-review date recorded

READ THIS CORRECTLY

Complete information does not mean zero clinical risk.

It means the evidence, current status, care plan, responsible team, and next action are visible. Active coronary disease and other chronic findings still require professional management.

DATA COMPLETE | HIGH CONFIDENCE
CARE COORDINATED | RISK REMAINS

Green status fields are illustrative demonstrations, not proof that the original FPI gaps were actually closed.

WHAT THE PATIENT CAN SEE

Your complete health story - without losing the source.

The patient view translates the longitudinal record into understandable priorities, while keeping every statement connected to dates, facilities, reports, and original documents.

Heart and circulation

Four coronary stents are recorded across the RCA and mid-LAD. Residual heavily calcified OM1 disease remains active context for cardiology follow-up.

Blood-count pattern

Low absolute lymphocyte counts have occurred intermittently, with three consecutive mild lows in April-July 2026. Continued CBC trending remains appropriate.

Liver and metabolism

Longstanding hepatic steatosis and mild liver-enzyme elevation remain visible. A1c improved to 5.5% and LDL reached 42 mg/dL in June 2026.

Lungs, sleep, and oxygen

Emphysema, sleep-apnea therapy, PAP adherence, and prescribed oxygen are displayed together so symptoms and cardiovascular risk are reviewed in context.

Kidney and adrenal context

The prior renal cyst recommendation and adrenal adenoma history remain traceable, with completed results or next actions linked in the care tracker.

Your readings

Fit Profile, Kardia ECG, and glucose observations appear beside clinical evidence, with clear limits on what home devices can establish.

YOUR NEXT-STEPS PANEL

Cardiology

PLAN VISIBLE

Next visit and medication stop/review dates

Laboratory

TREND ACTIVE

CBC, liver enzymes, A1c, and lipids

Pulmonary

PLAN VISIBLE

PAP/oxygen use and testing status

Renal

CLOSED LOOP

Result linked or next imaging scheduled

CLINICIAN-READY SUMMARY

The relevant history before the visit begins.

This view separates verified findings, active clinical context, patient-generated observations, and illustrative closure status so the clinician can review efficiently without losing provenance.

DOMAIN	VERIFIED LONGITUDINAL EVIDENCE	RECORD STATUS	CURRENT PLAN
Coronary disease	2018 inferior STEMI; RCA x2 and mid-LAD x1 DES; 2025 mid-RCA in-stent restenosis treated with a fourth stent.	Source set complete	Cardiology plan and next review linked
Residual OM1	Heavily calcified untreated OM1 retained as active coronary context.	Active context	Monitor under documented cardiology plan
LV function	Historical EF approximately 55-60%; mild concentric LVH.	Evidence linked	Repeat only as clinically indicated
Liver	Longstanding hepatic steatosis; persistent mild hepatocellular-pattern enzyme elevation.	Plan documented	Trend and fibrosis-risk review
Glycemic status	Type 2 diabetes history and metformin context; A1c improved to 5.5% in June 2026.	Current	Continue treatment-context review
Pulmonary/sleep	Bibasilar emphysema; PAP/CPAP and oxygen history with adherence context.	Reconciled	Equipment, indication, and adherence visible
Renal/adrenal	Probable hemorrhagic left renal cyst, simple cysts, and small adrenal adenoma history.	Closed loop	Result linked or follow-up date present
Lymphocytes	Intermittent absolute lymphopenia; mild consecutive lows April-July 2026.	Trend active	CBC monitoring plan visible

SECURE DETAIL TABLES

The current medication list, allergy reactions, prescribing source, reconciliation timestamp, and responsible clinician are available inside the secured record but intentionally omitted from this public demonstration.

NO SILENT GAPS

A care item stays visible until it is resolved or deliberately monitored.

PBRx distinguishes an unresolved gap from an ongoing condition. Closing a documentation or follow-up gap does not close the underlying diagnosis.

CARE ITEM	CLOSURE EVIDENCE	STATUS	OWNER	NEXT CHECKPOINT
2025 PCI documentation	Procedure report attached to device log	Resolved	Cardiology	Source date + next review stored
Current medications	Patient and clinician reconciliation recorded	Current	Prescribing team	Stop/review dates stored
Allergy discrepancy	Conflicting entries reconciled with reaction detail	Resolved	Primary care	Reconfirm at transitions
Residual OM1 disease	Active monitoring decision documented	Monitoring	Cardiology	Next clinical review stored
Renal imaging recommendation	Completed result linked or future study scheduled	Closed loop	Primary care/urology	Result/due date stored
PAP and oxygen	Prescription, equipment, indication, and adherence reconciled	Current	Pulmonary/sleep	Next equipment/test review
Liver enzymes/steatosis	Trend and evaluation plan documented	Monitoring	Primary care/GI	Next laboratory review stored
Lymphocyte pattern	CBC trending plan documented	Monitoring	Primary care	Threshold for escalation stored
Preventive screening	July 2026 negative FIT retained with limitations	Current	Primary care/GI	Future screening plan stored

0
UNRESOLVED GAPS
Illustrative complete-state count

5
MONITORING STREAMS
Clinical context remains active

SAFETY RULE

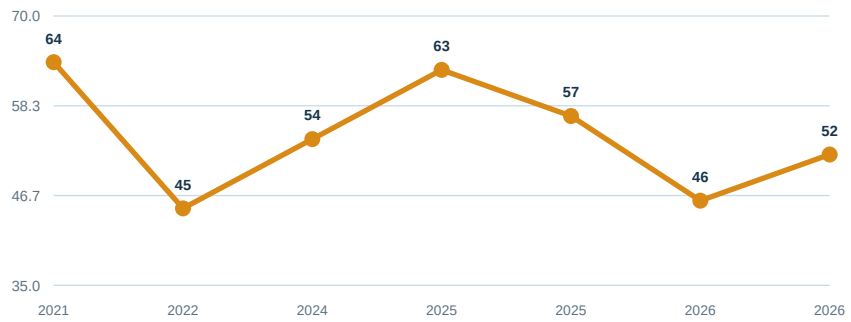
A task can be 'closed loop' because the result and next action are documented, while the condition remains active and visible.

PATTERNS, NOT ISOLATED NUMBERS

Longitudinal direction with clinical context.

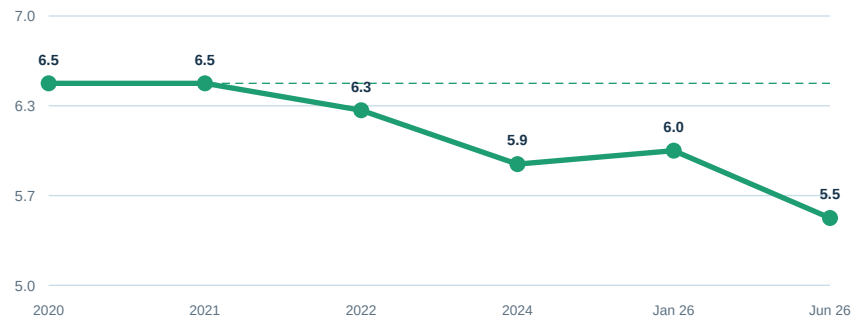
The report presents selected anchors for rapid review and retains access to the underlying laboratory rows and original source documents.

ALT SELECTED ANCHORS (U/L)



Persistent mild elevation is supported; bilirubin, alkaline phosphatase, and albumin were generally normal.

A1C LONGITUDINAL DIRECTION (%)



Improvement to 5.5% is favorable but does not erase the diabetes history or treatment context.

LYMPHOCYTE PATTERN

27 dated results

Intermittent, not continuous, absolute lymphopenia. Three consecutive mild lows were present from April-July 2026 after a normal April 4 result.

CONTINUE CBC TRENDING

CARDIOMETABOLIC ANCHORS

LDL 42 mg/dL

June 2026 - favorable for established coronary disease.

Historical EF approximately 55-60%

Preserved pump function does not remove recurrent coronary risk.

INTERPRETATION BOUNDARY

PBRx shows:

- Direction over time
- Evidence strength
- Missing or conflicting context
- Questions for professional review

It does not independently diagnose or prescribe treatment.

DAILY LIFE IN CONTEXT

Device observations become useful when their limits are visible.

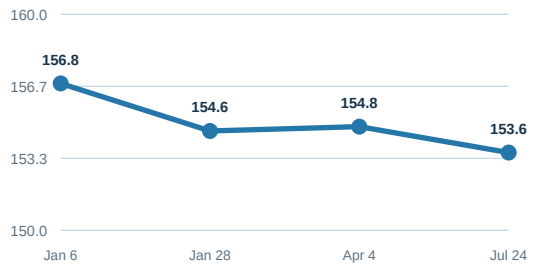
PBRx keeps provenance, timestamp, device classification, and measurement context so clinicians can decide when an original waveform or clinical test deserves review.

119
FIT PROFILE REPORTS
Jan 6-Jul 24, 2026

289
KARDIA ECG REPORTS
Nov 2025-Jul 2026

443
GLUCOSE READINGS
Dec 2016-Jul 27, 2026

BODY COMPOSITION ANCHORS



Weight (lb)

Skeletal muscle: 81.4 -> 86.4 lb
Body fat: 19.5% -> 12.9%
Fitness score: 92.6 -> 91.7

The largest shift occurred during January; recent results were comparatively stable.

KARDIA ECG CONTEXT

Dense home rhythm surveillance

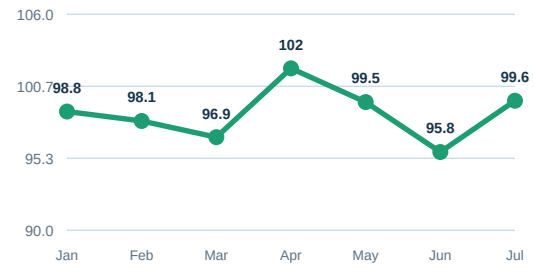
Verified spot-check anchors

Nov 18, 2025 | 79 BPM | NSR
Jul 12, 2026 | 76 BPM | NSR
Jul 24, 2026 | 81 BPM | NSR

Important limitation

A device-classified normal rhythm does not rule out acute coronary syndrome, ischemia, or intermittent arrhythmia.

GLUCOSE CONTEXT



2026 pre-breakfast monthly mean (mg/dL)

165 pre-breakfast readings averaged 98.4 mg/dL (range 76-131).

Meter logs complement but do not replace laboratory glucose and A1c.

ONE RECORD, TWO PURPOSE-BUILT VIEWS

Understandable for the patient. Reviewable for the professional.

The underlying evidence remains the same. PBRx changes presentation and permissions without detaching conclusions from their sources.

VIEWER	WHAT CAN BE AVAILABLE	CONTROL BOUNDARY
Patient	Full personal Health Vault; plain-language summaries; trends; open questions; next steps; sharing controls	Can authorize, limit, or revoke sharing subject to applicable policy
Healthcare professional	Shared clinical summary; problem timeline; medication/allergy reconciliation; source documents; trend evidence; care tracker	Sees only the patient-authorized scope and documented provenance
Authorized caregiver	Delegated information needed for support, appointment preparation, or record organization	No access beyond the patient's explicit permission

SOURCE COVERAGE REPRESENTED IN THE FPI

Tampa VA / James A. Haley	**3,775 pages**
BayCare / St. Joseph's	**110 pages**
AdventHealth / Carrollwood	**54 pages**
Baptist Health / South Miami	**47 pages**
Fit Profile	**119 reports**
Kardia ECG	**289 reports**
Blood glucose meter	**443 readings**

EVIDENCE INTEGRITY VISIBLE TO BOTH VIEWS

- **Source** — Facility, device, or patient entry
- **Date and time** — When the event or measurement occurred
- **Extraction path** — How the evidence entered the Health Vault
- **Confidence** — What is verified, inferred, conflicting, or incomplete
- **Change history** — When reconciliation or status was updated
- **Clinical boundary** — Why professional review remains necessary

The result: continuity that travels with the patient.

This demonstration is based on the source FPI but does not assert that its original record gaps or follow-ups were actually resolved. Any real PBRx report must use verified records, current reconciliation, and clinician-led review.

PBRx.com PBRx.Vet