An Intelligence Layer Changing How We Use Clinical Data

Dr. Mauricio Medrano, MD, PhD
Vice-President, Medical Affairs, Polymorphic Biosciences

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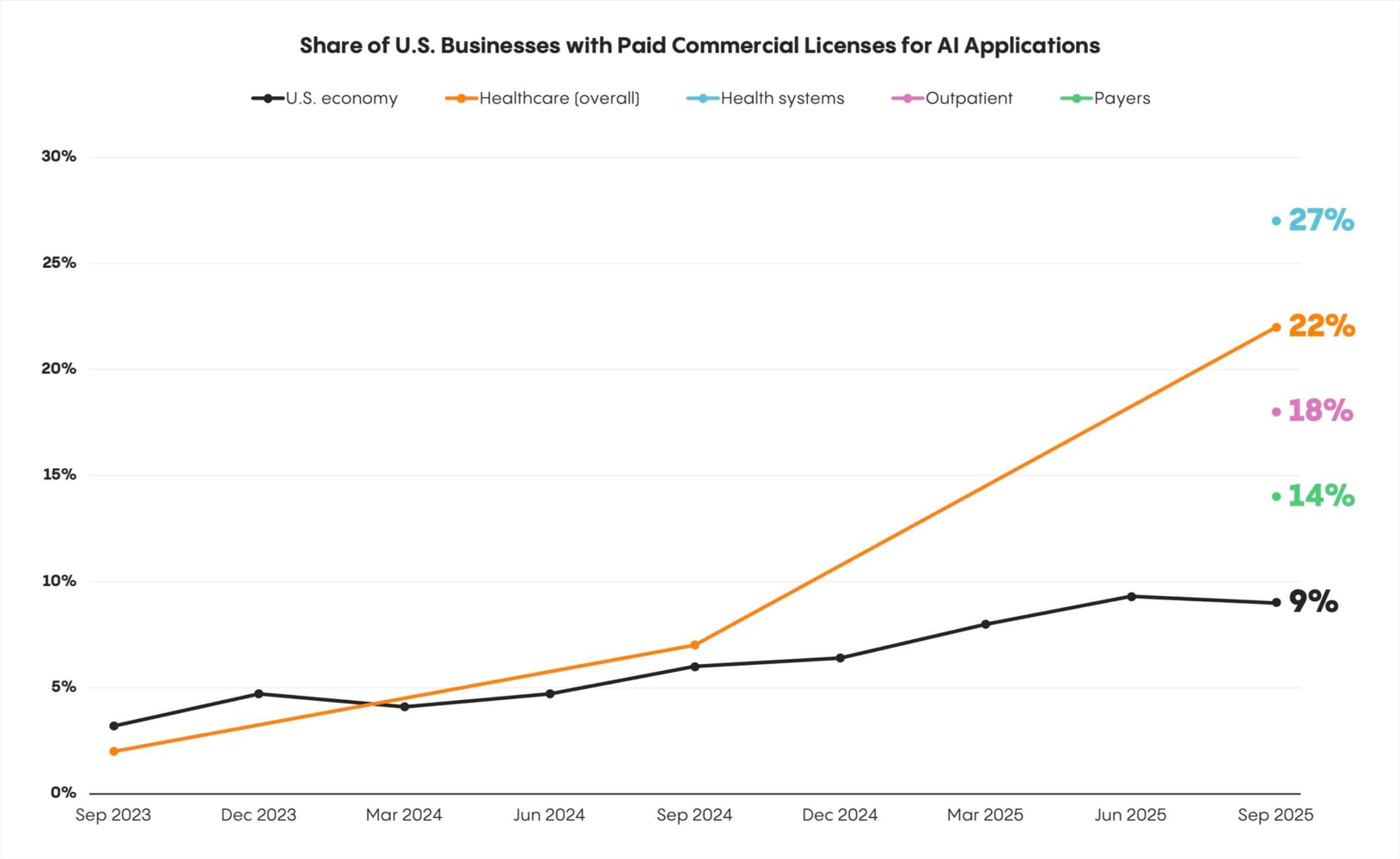
Healthcare Is Winning the AI Race

22% of healthcare organizations have deployed commercial AI—more than double the **9%** adoption rate across the U.S. economy



Excludes consumer subscriptions like ChatGPT

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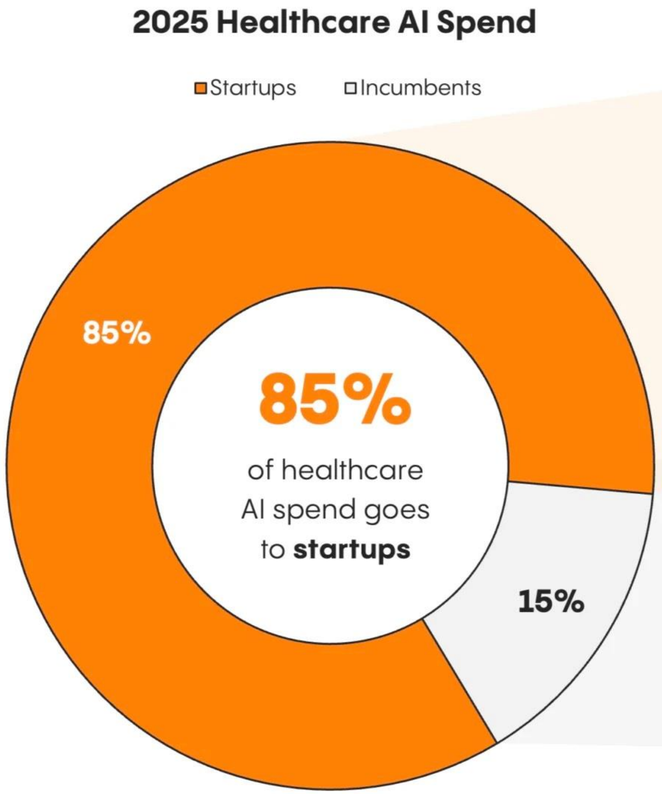
Healthcare AI Spend: Startups vs. Incumbents

Startups capture the vast majority of production AI spend, benefitting from agile deployment, transparent pricing, and proven ROI—giving them a decisive edge over slower-moving incumbents



Startups

Why they're winning:

- Faster buying cycles
- Lower integration costs
- Clearer ROI

Incumbents

Current status:

- Beginning to re-enter the market
- Embedding AI into existing platforms
- Moving slower on innovation

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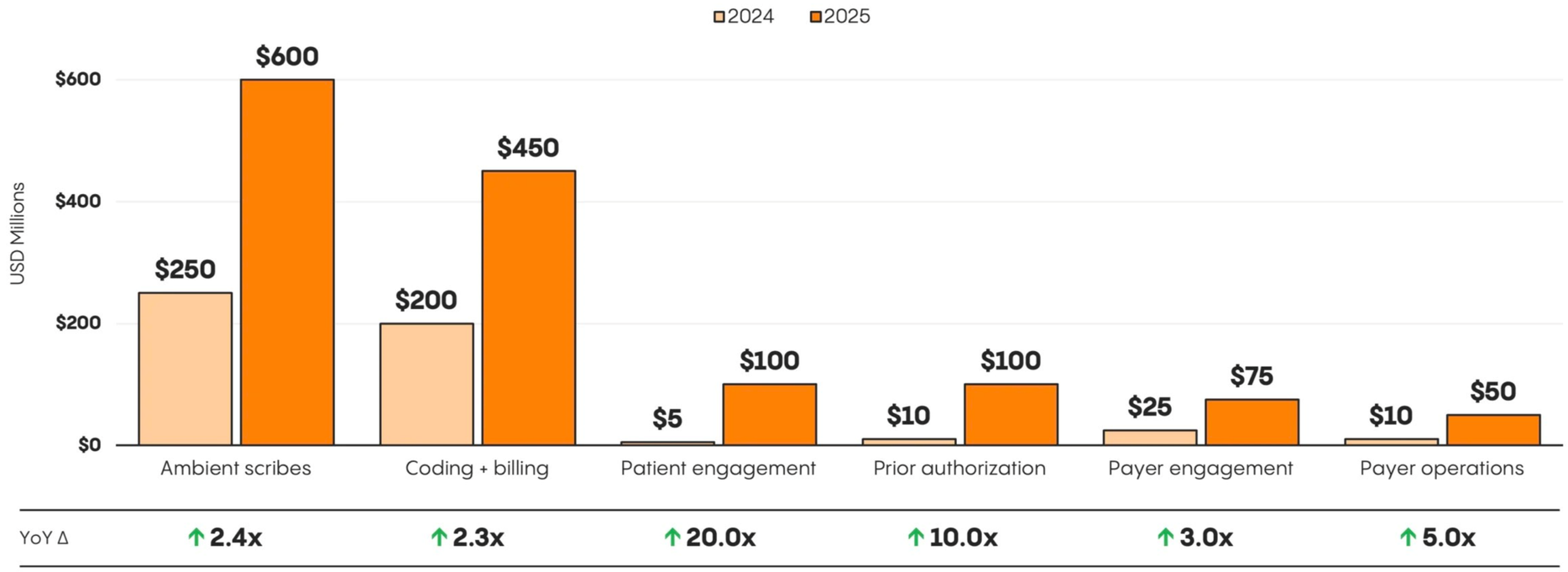
Healthcare AI Spend by Category: 2024 vs. 2025



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Healthcare AI Market Map

Providers

FRONT OFFICE

PATIENT SCHEDULING + TRIAGE
notable, Assort Health, Elise AI, Clarion, hyro, hellopatient, Prosper, Parakeet Health

CARE NAVIGATION
Hippocratic AI — Do No Harm —, kouper, Sage Care, FerryHealth, ELLIPSIS HEALTH, zeteo, citizen health

PRIOR AUTH (SPECIALTY PHARMA + INFUSIONS)
latent, tandem, SamaCare, Mandolin, plenful, Squad Health

PATIENT FRONT DOOR
doctronic, torch, Counsel, ROOM

PROACTIVE HEALTH
Function, SuppCo BETA, Hale, slingshot AI

PRIOR AUTH (MULTI-SPECIALTY)
SILNA, HUMATA HEALTH human+data

INTAKE
Tennr, Valerie Health

CARE DELIVERY + MEDICAL DOCUMENTATION

AMBIENT SCRIBES
NUANCE, Ambience, ABRIDGE, Nabla, Heidi, eleos, Freed, Suki

CLINICAL EVIDENCE
OpenEvidence, ATROPOS HEALTH, Almanac Health

CHART REVIEW
Brellium, Pharos, Charta, LAYER HEALTH

CLINICAL DOCUMENTATION INTEGRITY
SmarterDx, regard, EVIDENTLY

HOME HEALTH
EnzoHealth, Roger., Alden, zingage, Conduit Health, FiraHealth, EXACARE AI

RADIOLOGY
Rad AI, New Lantern

BACK OFFICE + REVENUE CYCLE MANAGEMENT

CODING + BILLING
commure, AKASA, nym, CodaMetrix, FATHOM, Camber, adonis, Joyful Health, Candid Health

PAYER CALLS
Infinitus, SUPERDIAL, Outbound AI, Earnest RCM, amperos health, Standard Practice, Health Harbor

REVENUE OPERATIONS
translucent, rivet, Turquoise Health

Payers

CLAIMS REVIEW
Anterior, Alaffia, Distyl, Autonomize

MEMBER ENGAGEMENT + CARE MGMT
ELLIPSIS HEALTH, Laguna

Life Sciences

BIO FOUNDATION MODELS
Isomorphic Labs, Boltz, Generate:Biomedicines, xaira, Chai Discovery, Cradle, Recursion, Genesis THERAPEUTICS, EvolutionaryScale

SCIENTIFIC DISCOVERY + RESEARCH
Benchling, FutureHouse, vivodyne, LILA, Biomni, Axiom, Medra

COMMERCIALIZATION
collate, H1, komodo, convoke, CourierHealth, datavant, MEDIDATA

CLINICAL TRIALS
Alleviate Health, H1, TEMPUS, Enzyme, Qualio, UNLEARN, Bluenote, faro, ConcertAI, Veeva

Backed by Menlo Ventures

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There's a deeper layer with less attention. The data itself.

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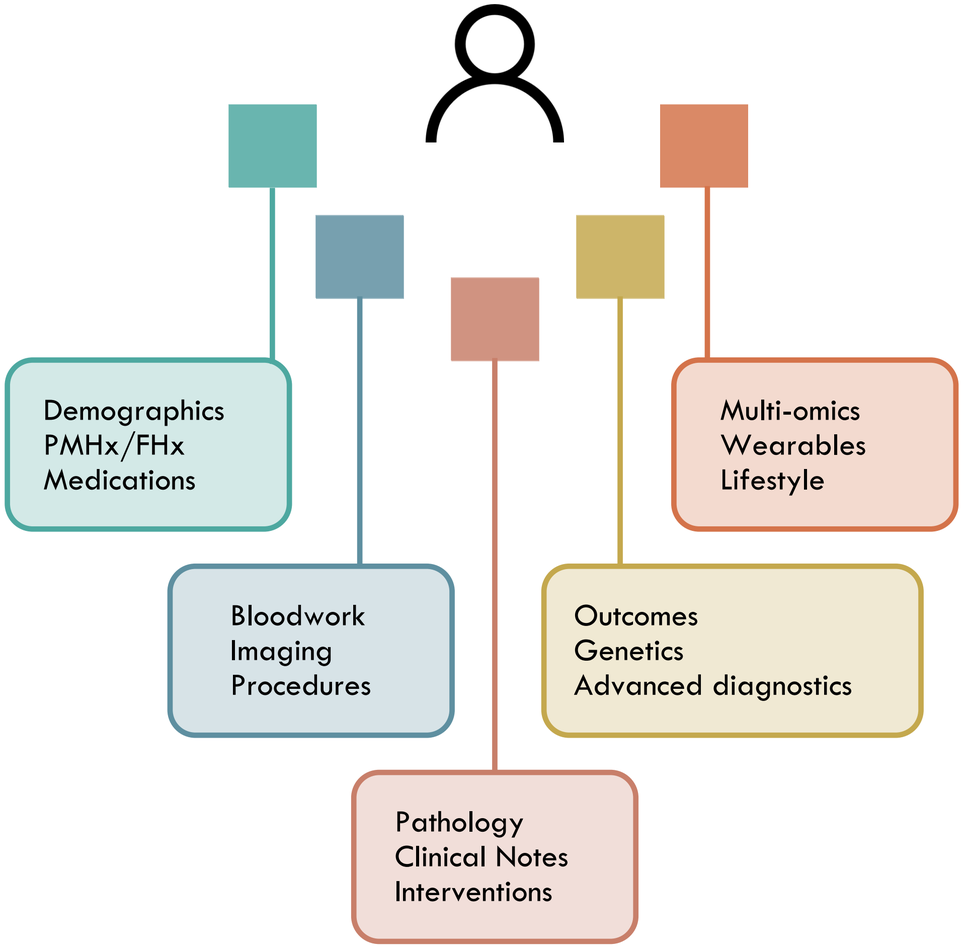
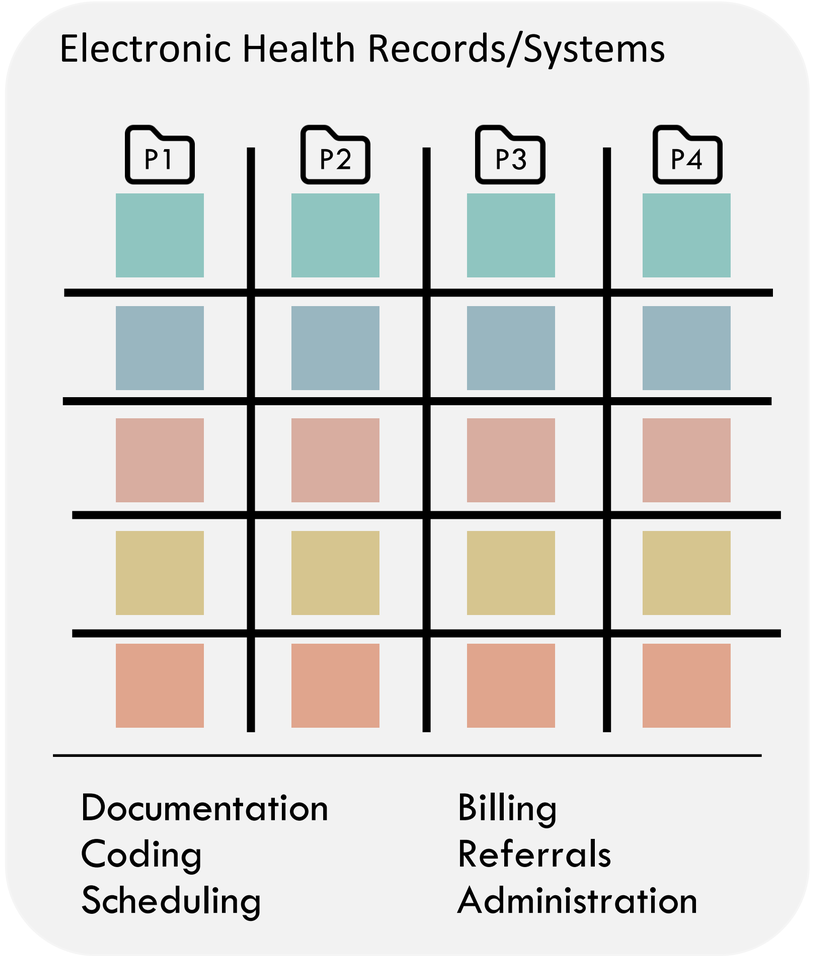
EMRs are built for data storage, not reasoning





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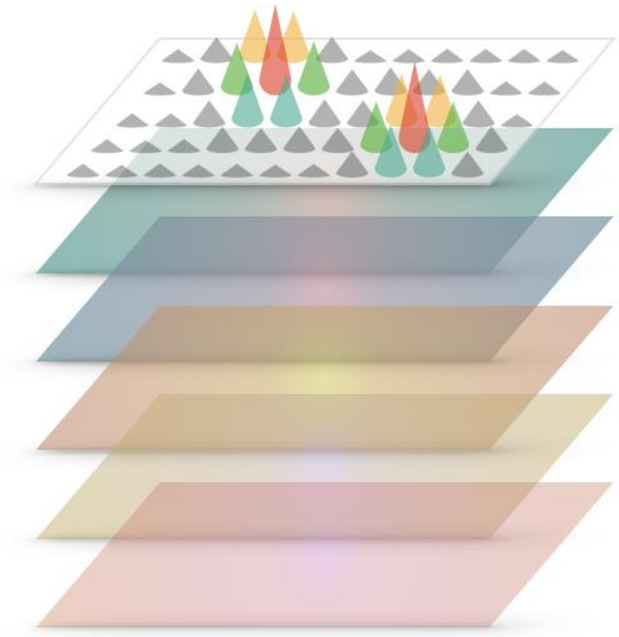
Modality 1

Modality 2



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AI is helping us build more advanced tools to address this problem.
Important to know where and how to use it.

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How to think about AI

- Remarkable at language, pattern recognition, and synthesis.
- Useful where ambiguity needs to be resolved or interpretation matters.
- Not the right tool for computations, where precision and transparency matter.
- Different tools for different jobs.

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Where do you start?

- Big problem, can't be solved all at once. Start in one clinic.
- Partnering with Connect Health, a precision and preventive medicine clinic.
- Single clinic, deep longitudinal data per individual, relatively small cohort.
- Deploy quicker, immediate feedback, iterate/improve.

CONNECT HEALTH

prenuvo

GENOVA DIAGNOSTICS

InBody CANADA

ClevelandHeartLab®

dutch®

TruDiagnostic™ The Epigenetic Company

LifeLabs®

GenXys™ PRESCRIBING SYSTEMS

molecular you

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First problem: the clinic needed a system.

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- Dashboard
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- Users & access

Admin User
admin@connecthealth.ca

Patients

From IntakeQ | + Add Patient

Search patients by name, email, or PHN...

PHN	Patient	Contact	Demographics	Last Visit	Actions
9010011002	Barbara Jackson ID: uktxehpt	barbara.jackson@example.com +1-416-555-2011	FEMALE 71y • 05/11/55	Mar-26 Cardiac Monitoring	View | Patient Hub
9010016015	Charles Garcia ID: hbg7w5xz	charles.garcia@example.com +1-416-555-2016	MALE 53y • 05/11/73	Feb-26 Executive Health Baseline + Diabetes Monitoring	View | Patient Hub
9010004001	David Davis ID: l2fv6gua	david.davis@example.com +1-416-555-2004	MALE 58y • 05/11/68	Feb-26 Diabetes Monitoring + Cardiac Monitoring	View | Patient Hub
9010019001	Dorothy Perez ID: q5c6t2wd	dorothy.perez@example.com +1-416-555-2019	FEMALE 72y • 05/11/54	Mar-26 Executive Health Imaging + Diabetes Monitoring + Cardiac Monitoring + Kidney Function Monitoring	View | Patient Hub
9010009014	Elizabeth Anderson (Lizzy) ID: hjvg41oe	elizabeth.anderson@example.com +1-416-555-2009	FEMALE 56y • 05/11/70	Feb-26 Optimize 360° Advanced Testing + Diabetes Monitoring + Kidney Function Monitoring	View | Patient Hub
9010010009	James Thomas ID: 83g3atip	james.thomas@example.com +1-416-555-2010	MALE 50y • 05/11/76	Apr-26 Optimize 360° Year 1 Add-Ons + Cardiac Monitoring	View | Patient Hub
9010005005	Jennifer Miller ID: 6yytbtn2	jennifer.miller@example.com +1-416-555-2005	FEMALE 29y • 05/11/97	Jan-26 Insight Core Diagnostics + Thyroid Monitoring	View | Patient Hub
9010015007	Jessica Thompson (Jessy) ID: pzroh1on	jessica.thompson@example.com +1-416-555-2015	FEMALE 26y • 05/11/00	Mar-26 Optimize 360° Onboarding Baseline	View | Patient Hub
9010000007	John Smith ID: s5nbbuvq	john.smith@example.com +1-416-555-2000	MALE 52y • 05/11/74	Feb-26 Signature Baseline Assessment + Diabetes Monitoring + Cardiac Monitoring	View | Patient Hub
9010014003	Joseph Martin ID: 5yhmaens	joseph.martin@example.com +1-416-555-2014	MALE 64y • 05/11/62	Mar-26 Diabetes Monitoring + Cardiac Monitoring	View | Patient Hub
9010007002	Linda Moore ID: 52gudfyx	linda.moore@example.com +1-416-555-2007	FEMALE 62y • 05/11/64	Mar-26 Cardiac Monitoring	View | Patient Hub
9010001015	Mary Johnson ID: zf9jkwus	mary.johnson@example.com +1-416-555-2001	FEMALE 34y • 05/11/92	Mar-26 Signature 6-Month Monitoring + Thyroid Monitoring	View | Patient Hub
9010006009	Michael Wilson (Mike) ID: 27xd7avq	michael.wilson@example.com +1-416-555-2006	MALE 47y • 05/11/79	Apr-26 Diabetes Monitoring + Cardiac Monitoring	View | Patient Hub
9010003008	Patricia Brown (Trish) ID: tcxnsegs	patricia.brown@example.com +1-416-555-2003	FEMALE 45y • 05/11/81	Dec-25 Signature 6-Month Monitoring	View | Patient Hub
9010012006	Richard White (Richy) ID: e1m6oatz	richard.white@example.com +1-416-555-2012	MALE 55y • 05/11/71	Mar-26 Optimize 360° Advanced Testing + Cardiac Monitoring + Kidney Function Monitoring	View | Patient Hub
9010002004	Robert Williams ID: pj8m5jyl	robert.williams@example.com +1-416-555-2002	MALE 68y • 05/11/58	Feb-26 Cardiac Monitoring + Kidney Function Monitoring	View | Patient Hub

1-20 of 20 | 25 per page | 1 / 1

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← Back to Patients

Barbara Jackson • PHN: 9010011002 • ID: UKTXEHPT • 71 yrs, F • Optimize 360°

Edit | Import

Overview | Personal Information | Patient Hubs In Progress | Visits | Test Tracking | Results | Medications 8 | Health History

Visits

+ New Visit

All Types

Mar 24, 2026 Routine — Cardiac Monitoring
2/2 tests completed
Cardiac Monitoring
View →

Dec 24, 2025 Routine — Optimize 360° Year 1 Add-Ons + Cardiac Monitoring + Thyroid Monitoring
4/4 tests completed
3 bundle(s): Optimize 360° Year 1 Add-Ons, Cardiac Monitoring, Thyroid Monitoring
View →

Sep 24, 2025 Routine — Optimize 360° Advanced Testing + Cardiac Monitoring
10/10 tests completed
2 bundle(s): Optimize 360° Advanced Testing, Cardiac Monitoring
View →

Jun 24, 2025 Annual — Optimize 360° Onboarding Baseline + Cardiac Monitoring + Thyroid Monitoring
16/16 tests completed
3 bundle(s): Optimize 360° Onboarding Baseline, Cardiac Monitoring, Thyroid Monitoring
View →

Mar 24, 2025 Routine — Cardiac Monitoring
2/2 tests completed
Cardiac Monitoring
View →

Dec 24, 2024 Routine — Cardiac Monitoring + Thyroid Monitoring
3/3 tests completed
2 bundle(s): Cardiac Monitoring, Thyroid Monitoring
View →

Sep 24, 2024 Routine — Cardiac Monitoring
2/2 tests completed
Cardiac Monitoring
View →

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Test Results & Biomarkers

70 Biomarkers | 83 Completed Tests

Search biomarkers...

ADMA (Asymmetric dimethylarginine) Optimal
75.63 ng/mL
Sep 25, 2025
5

Alanine Aminotransferase Normal
44.39 U/L
Sep 25, 2025
10

ApoE Genotype Out of Range
3/4
Sep 25, 2025
5

Apolipoprotein B Optimal
77.04 mg/dL
Sep 25, 2025
5

Appen. Lean/Height² (kg/m²)
60.26
Jun 25, 2024
1

Aspartate Aminotransferase Normal
31.2 U/L
Sep 25, 2025
5

Basophils Normal
0.12 10*9/L
Sep 25, 2025
5

C Reactive Protein Normal
3.87 mg/L
Mar 25, 2026
14

Cholesterol Normal
2.95 mmol/L
Mar 25, 2026
29

Coenzyme Q10 Optimal

ADMA (Asymmetric dimethylarginine)

5 test results

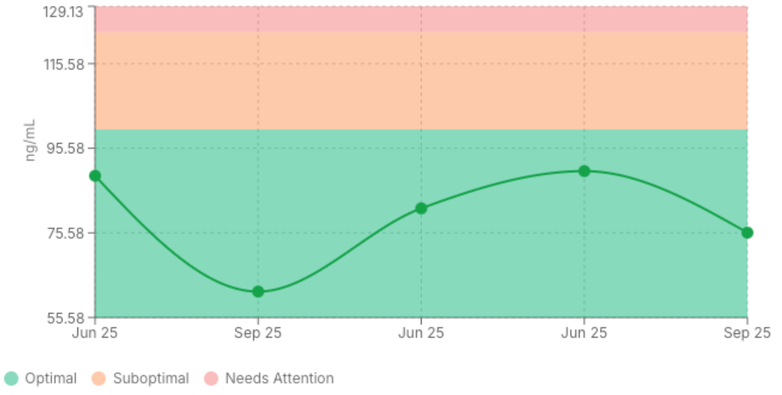
3M | 6M | 1Y | All

Latest Value
75.63 ng/mL
Sep 25, 2025

Reference Ranges
- Optimal < 100 ng/mL
- Suboptimal 100 ng/mL - 123 ng/mL
- Needs Attention > 123 ng/mL

Trend Analysis

Range bands reflect the current reference ranges



Historical Values

75.63 ng/mL Sep 25, 2025 7:36 AM UTC	Optimal (< 100 ng/mL)	Optimal
90.17 ng/mL Jun 25, 2025 7:32 AM UTC		Optimal
81.37 ng/mL Jun 25, 2024 7:33 AM UTC	Optimal (< 100 ng/mL)	Optimal

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Medications Management

All (8) | Active (8) | Past (0)

Active Medications

Vitamin D3 ACTIVE

Dosage: 2000 IU
Frequency: Once daily
Route: ORAL
Start Date: Feb 22, 2026

Notes: Supplement for vitamin D deficiency

Prescribed by: Dr. Dr. Michael Thompson • Linked to review session

Clopidogrel ACTIVE

Dosage: 75mg
Frequency: Once daily
Route: ORAL
Start Date: Nov 25, 2025

Notes: Antiplatelet therapy

Prescribed by: Dr. Dr. Michael Thompson • Linked to review session

Aspirin ACTIVE

Dosage: 81mg
Frequency: Once daily
Route: ORAL
Start Date: Nov 07, 2025

Notes: Low-dose for cardiovascular protection

Prescribed by: Dr. Dr. Michael Thompson • Linked to review session

Ondansetron ACTIVE

Dosage: 4mg
Frequency: Every 8 hours as needed
Route: ORAL
Start Date: Oct 26, 2025

Notes: For nausea/vomiting

Side Effects:
May cause headache, constipation

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30 Personal | 14 Family

Search conditions... | + Add

Cardiovascular 5

Personal 3 + Add

- Hypertension: Diagnosed 5 years ago, BP averaging 128/82, stable with medication
  May 2026
- Atrial Fibrillation: Rate controlled, monitored with regular ECGs
  May 2026
- Heart Failure: NYHA Class II, EF 45%, managed by cardiology team
  May 2026

Family 2 + Add

- Heart Disease: Father diagnosed at age 55, had bypass surgery
  May 2026
- Stroke: Maternal grandmother at age 72
  May 2026

Metabolic Health 5

Personal 3 + Add

- Obesity: BMI 32, enrolled in weight management program
  May 2026
- Prediabetes: Lifestyle modifications initiated, quarterly monitoring
  May 2026
- Metabolic Syndrome: Diet and exercise counseling provided, improving
  May 2026

Family 2 + Add

- Obesity: Multiple family members affected
  May 2026
- Metabolic Syndrome: Mother diagnosed in her 50s
  May 2026

Cancer Screening 4

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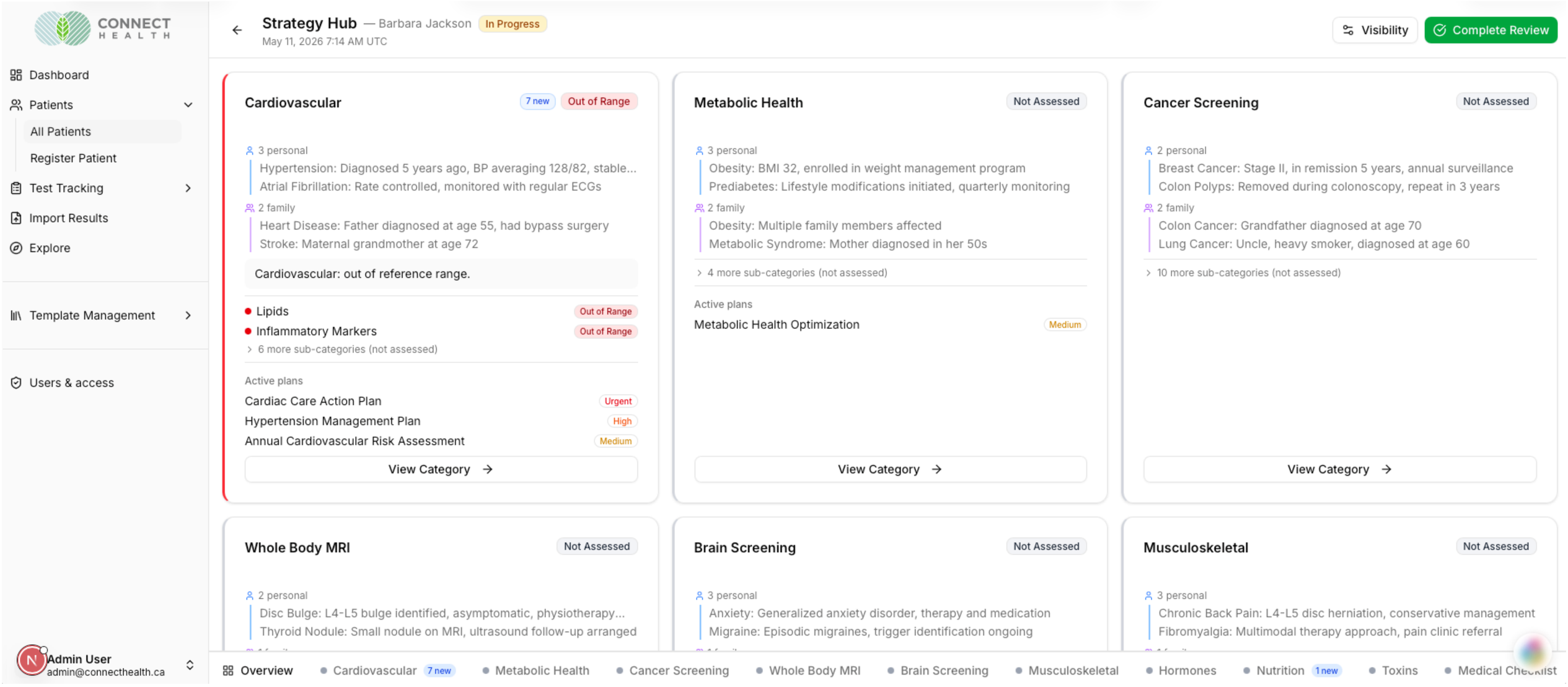

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Strategy Hub — Barbara Jackson In Progress

May 11, 2026 7:14 AM UTC

Visibility | Summary & Plans | Complete Review

Result	Provider	Unit	Range	Latest	Mar-26 Cardiac Monitoring	Dec-25 Optimize 360° Year 1...	Sep-25 Optimize 360° Adva...	Jun-25 Optimize 360° Onbo...	Mar-25 Cardiac Monit
GENETICS				Not Assessed	–	–	Out of Range	Suboptimal	–
ApoE Genotype	Cleveland HeartLab	-	● 3/3	Sep-25 3/4	-	-	3/4	3/3	-
Lp(a)	Cleveland HeartLab	nmol/L	● ≤ 75	Sep-25 80.27	-	-	80.27	78.62	-
LIPIDS				Out of Range	Out of Range	Out of Range	Out of Range	Out of Range	Out of Ran
Cholesterol	LifeLabs	mmol/L	○ 2 - 5.19	Mar-26 2.95	2.95	3.17	3.52	3.95	3.57
LDL Cholesterol	LifeLabs	mmol/L	○ 1.5 - 3.4	Mar-26 3.97	3.97	3.89	3.78	3.94	3.87
LDL-P	Cleveland HeartLab	nmol/L	● ≤ 935	Sep-25 1020.58	-	-	1020.58	1021.25	-
Apolipoprotein B	Cleveland HeartLab	mg/dL	● ≤ 90	Sep-25 77.04	-	-	77.04	67.07	-
HDL Cholesterol	LifeLabs	mmol/L	○ ≥ 0.99	Mar-26 0.87	0.87	0.84	0.92	0.86	0.88
HDLfx pCAD Score	Cleveland HeartLab	-	● ≤ 0.9	Sep-25 0.32	-	-	0.32	0.32	-
Triglycerides	LifeLabs	mmol/L	○ ≤ 2.21	Mar-26 2.43	2.43	2.43	2.35	2.34	2.41
Non HDL Cholesterol	LifeLabs	mmol/L	-	Mar-26 89.82	89.82	83.15	91.25	82.11	61.8
TG/HDL-C	Cleveland HeartLab	calc	● ≤ 2	Sep-25 1.06	-	-	1.06	1.05	-
INFLAMMATORY MARKERS				Out of Range	Out of Range	Out of Range	Out of Range	Out of Range	Out of Ran
Lp-PLA2 Activity	Cleveland HeartLab	nmol/min/mL	● ≤ 123	Sep-25 95.43	-	-	95.43	92.79	-
Myeloperoxidase	Cleveland HeartLab	pmol/L	● ≤ 470	Sep-25 399.28	-	-	399.28	370.51	-
ADMA (Asymmetric dimethylarginine)	Cleveland HeartLab	ng/mL	● ≤ 100	Sep-25 75.63	-	-	75.63	90.17	-
OxLDL	Cleveland HeartLab	U/L	● ≤ 60	Sep-25 65.87	-	-	65.87	66.56	-

Overview | Cardiovascular 7 new | Metabolic Health | Cancer Screening | Whole Body MRI | Brain Screening | Musculoskeletal | Hormones | Nutrition 1 new | Toxins | Medical Checklist

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May 11, 2026 7:14 AM UTC

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Result	Provider	Unit	Range	Latest	Dec-25 Optimize 360° Year 1...
HEAD AND NECK				Not Assessed	Not Assessed
Sinuses and Mastoids	Prenuvo	-	-	Dec-25 Significant abnormality detected. Clinical correlation advised.	Significant abnormality detected. Clinical correlation advised.
Nasal Pharynx	Prenuvo	-	-	Dec-25 No significant abnormality detected.	No significant abnormality detected.
Oral Pharynx	Prenuvo	-	-	Dec-25 Minor abnormality detected. Clinical correlation advised.	Minor abnormality detected. Clinical correlation advised.
Hypopharynx	Prenuvo	-	-	Dec-25 Unremarkable findings. No intervention needed.	Unremarkable findings. No intervention needed.
Thyroid	Prenuvo	-	-	Dec-25 Unremarkable findings. No intervention needed.	Unremarkable findings. No intervention needed.
Cervical Lymph Node Chain	Prenuvo	-	-	Dec-25 Unremarkable findings. No intervention needed.	Unremarkable findings. No intervention needed.
BRAIN				Not Assessed	Not Assessed
Brain	Prenuvo	-	-	Dec-25 No significant abnormality detected.	No significant abnormality detected.
CHEST				Not Assessed	Not Assessed
Lungs and Mediastinum	Prenuvo	-	-	Dec-25 Minor abnormality detected. Clinical correlation advised.	Minor abnormality detected. Clinical correlation advised.
Heart and Great Vessels	Prenuvo	-	-	Dec-25 Significant abnormality detected. Clinical correlation advised.	Significant abnormality detected. Clinical correlation advised.

Overview | Cardiovascular 7 new | Metabolic Health | Cancer Screening | Whole Body MRI | Brain Screening | Musculoskeletal | Hormones | Nutrition 1 new | Toxins | Medical Checklist

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Result	Provider	Unit	Range	Latest		Jun-24 Optimize 360° Rene...
L-SPINE DENSITY				Not Assessed		Optimal
Lumbar Spine L1 Bone Mineral Density	DEXA Scan	g/cm²	-	Jun-24	87.85	87.85
Lumbar Spine L2 Bone Mineral Density	DEXA Scan	g/cm²	-	Jun-24	59.67	59.67
Lumbar Spine L3 Bone Mineral Density	DEXA Scan	g/cm²	-	Jun-24	59.16	59.16
Lumbar Spine L4 Bone Mineral Density	DEXA Scan	g/cm²	-	Jun-24	93.88	93.88
Lumbar Spine BMD T-Score	DEXA Scan	-	● ≥ -1	Jun-24	0	0
Lumbar Spine Bone Mineral Density	DEXA Scan	g/cm²	-	Jun-24	51.39	51.39
L HIP DENSITY				Not Assessed		Optimal
Left Hip Neck BMD T-Score	DEXA Scan	-	● ≥ -1	Jun-24	0	0
Left Hip BMD T-Score	DEXA Scan	-	● ≥ -1	Jun-24	0	0
Left Hip Bone Mineral Density	DEXA Scan	g/cm²	-	Jun-24	80.11	80.11
R HIP DENSITY				Not Assessed		Optimal
Right Hip Neck BMD T-Score	DEXA Scan	-	● ≥ -1	Jun-24	0	0
Right Hip BMD T-Score	DEXA Scan	-	● ≥ -1	Jun-24	0	0
Right Hip Bone Mineral Density	DEXA Scan	g/cm²	-	Jun-24	90.45	90.45
NUTRIENTS				–		–
25-Hydroxyvitamin D	LifeLabs	nmol/L	○ 75 - 250	-		-
RBC Magnesium	LifeLabs	mg/dL	○ ≥ 5.6	-		-
RBC Magnesium (NutrEval)	Genova	mcg/g	○ ≥ 56.5	-		-

Overview | Cardiovascular 7 new | Metabolic Health | Cancer Screening | Whole Body MRI | Brain Screening | Musculoskeletal | Hormones | Nutrition 1 new | Toxins | Medical Checklist

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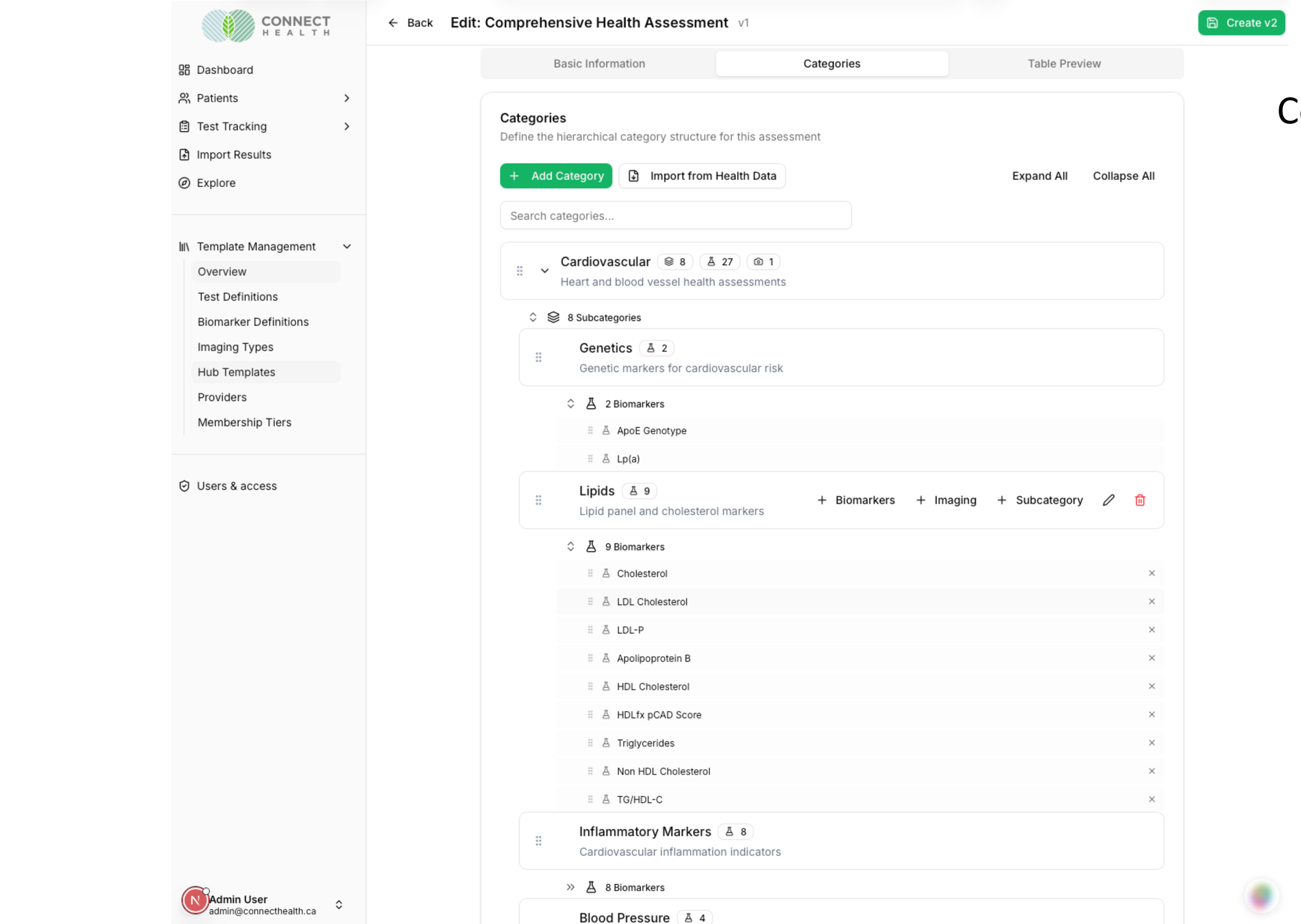

Configurable

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Import Lab Results

Import a PDF lab report

Patient

Barbara Jacks... PHN: 9010011002

Import Lab Report

Search by patient name...

All Statuses

No import jobs yet. Upload a PDF to get started.

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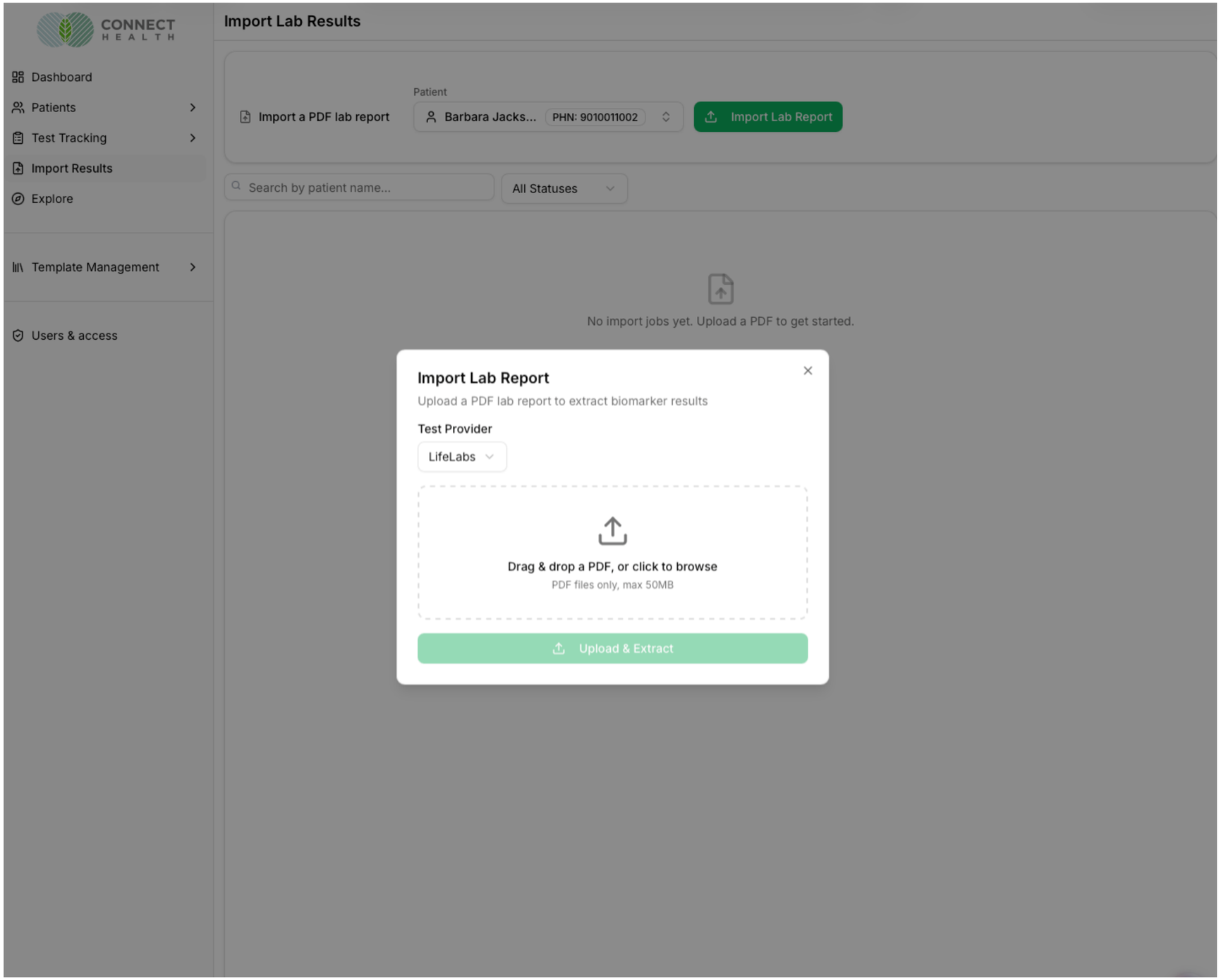

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Back

Import:

lifelab · Mar 26, 2026 10:38 PM UTC

Pending Review

5b4fd70b-8aa0-4263-9d... 2 / 13 100%

NAME	RESULT	REF RANGE (UNITS)	ALERT	STATUS
WBC	6.9	4.0 - 10.0 10*9/L		F
RBC	⚠ 3.91	4.20 - 5.40 10*12/L	A	F
Hemoglobin	138	135 - 170 g/L		F
Hematocrit	⚠ 0.39	0.40 - 0.50 L/L	A	F
MCV	⚠ 101	82 - 98 fl	A	F
MCH	⚠ 35.3	27.5 - 33.5 pg	A	F
MCHC	351	300 - 370 g/L		F

Page 1 of 13

NAME	RESULT	REF RANGE (UNITS)	ALERT	STATUS
RDW	12.2	11.5 - 14.5 %		F
Platelet Count	214	150 - 400 10*9/L		F
Neutrophils	4.9	2.0 - 7.5 10*9/L		F
Lymphocytes	1.3	1.0 - 4.0 10*9/L		F
Monocytes	0.5	0.1 - 0.8 10*9/L		F
Eosinophils	0.1	0.0 - 0.7 10*9/L		F

Ordering Doctor

Select a doctor...

Collection Date

08/31/2023

Extracted Biomarkers (44) + Add Row

MCH Linked	35.3	pg	27.5 - 33.5	27.5 - 33.5	
MCHC Linked	351	g/L	292.55 - 360.82	⚠ 300 - 370 Use PDF range ✓ Ignore	
RDW Linked	12.2	%	11.5 - 14.5	11.5 - 14.5	
Platelet Count Linked	214	10*9/L	150 - 400	150 - 400	
Neutrophils Linked	4.9	10*9/L	2.1 - 7.87	⚠ 2.0 - 7.5 Use PDF range ✓ Ignore	
Lymphocytes Linked	1.3	10*9/L	1 - 4	1.0 - 4.0	
Monocytes Linked	0.5	10*9/L	0.1 - 0.84	⚠ 0.1 - 0.8 Use PDF range ✓ Ignore	
Eosinophils Linked	0.1	10*9/L	0 - 0.7	0.0 - 0.7	

Notes

Optional notes about this import...

Approve & Import

Reject

Polymorphic Biosciences

Data Extraction

prenuvo

GENOVA DIAGNOSTICS

InBody CANADA

ClevelandHeartLab®

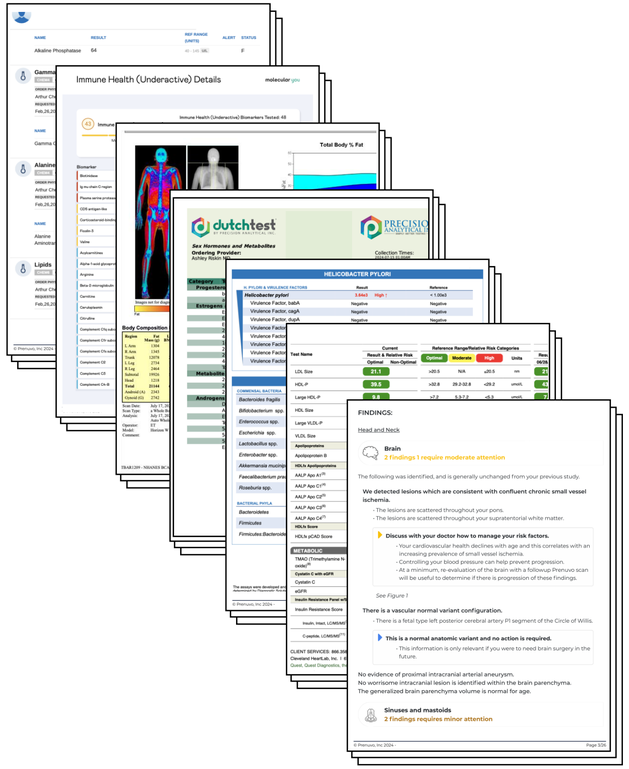
dutch®

TruDiagnostic™ The Epigenetic Company

LifeLabs®

GenXys™ PRESCRIBING SYSTEMS

molecular you




```python
def parse_test_row(line):
    # Clean up: remove trailing 'A F' or 'F'
    line = re.sub(r'\sA\s+Complete\s*-\s*F$', '', line).strip()
    line = re.sub(r'\s?Complete\s?-\s?F$', '', line).strip()
    line = re.sub(r'\sA F$', '', line).strip()
    line = re.sub(r'\sF$', '', line).strip()

    tokens = line.split()
    if len(tokens) < 2:
        return '', '', '', ''

    # Special rule: Single-line test, result + units, no Reference
    if len(tokens) == 3 and re.match(r'^[<>]?[\d.]+$', tokens[1]) a
        test_name = tokens[0]
        result = tokens[1]
        ref_range = ''
        units = tokens[2]
        return test_name, result, ref_range, units

    # Handle 2-token rows: Test Name + Result
    if len(tokens) == 2:
        return tokens[0], tokens[1], '', ''
```

Polymorphic Biosciences

Extraction is not enough. Data needs to be structured.

- Lab data has fields (test, result, unit), still needs transformation before computation
- Imaging reports are free text; no fields, structure, computable format
- Different data types require different approaches to become queryable

Polymorphic Biosciences

Creating Structured Data: Inputs

Time of scan:

Item:
Comprehensive whole body scan

male
Sex:

Height:
6' 1''

Weight:
180 pounds

Date of Birth:

Referring Clinician:

Facility:
Prenuvo Vancouver (Arc)

Reason For Scan:
Being proactive

TECHNIQUE:

Head: Flair, TOF, 3DT1; Neck: Axial T2; Whole-body: T1, STIR , DWI; Spine: Sagittal T2; Chest/Abdomen/Pelvis: axial T2; Abdomen: Axial T2, Pelvis: Ax T2 Small FOV, DWI

DISCUSSION:

The Prenuvo whole-body MRI screening: (1) can serve as an adjunct to, but is not intended to replace, other established evidence–based screening practices for early detection of specific malignancies (e.g. colonoscopy, dedicated breast imaging, Pap-smear screening for cervical cancer, low-dose chest CT for high risk patients), (2) is effective for visualization of solid lesions on the order of 1 cm or larger within the head, neck, chest, abdomen, and pelvis. As with any medical test, there are limitations, which make it impossible to detect all malignancies and disease conditions, (3) is generally sensitive and specific for detection of cerebral artery aneurysms on the order of 3 mm or greater in size, (4) does not evaluate the heart or heart vessels, (5) does not evaluate lung microarchitecture or pulmonary micronodules, (6) does not replace dedicated breast imaging for screening or diagnostic evaluation (e.g. mammography, breast ultrasound, breast MRI with contrast), (7) is limited in the evaluation of the gastrointestinal tract and does not replace endoscopy or colonoscopy (e.g. cannot detect bowel polyps), (8) is limited in its assessment of the large joints as the exam is not tailored for detailed evaluation of the joint ligaments, cartilage, menisci, and labrum, (9) should not be considered a primary screening modality of the skin. This is best assessed by direct physical examination, (10) is not intended to replace dedicated diagnostic imaging in the setting of specific clinical diagnostic questions.

COMPARISON:

The patient had a previous scan on 31 August 2023. Key observations: Prior Prenuvo scan.

FINDINGS:

Head and Neck

Brain
2 findings 1 require moderate attention

The following was identified, and is generally unchanged from your previous study.

We detected lesions which are consistent with confluent chronic small vessel ischemia.

- The lesions are scattered throughout your pons.
- The lesions are scattered throughout your supratentorial white matter.

Discuss with your doctor how to manage your risk factors.

- Your cardiovascular health declines with age and this correlates with an increasing prevalence of small vessel ischemia.
- Controlling your blood pressure can help prevent progression.
- At a minimum, re-evaluation of the brain with a followup Prenuvo scan will be useful to determine if there is progression of these findings.

See Figure 1

There is a vascular normal variant configuration.

- There is a fetal type left posterior cerebral artery P1 segment of the Circle of Willis.

This is a normal anatomic variant and no action is required.

- This information is only relevant if you were to need brain surgery in the future.

No evidence of proximal intracranial arterial aneurysm.
No worrisome intracranial lesion is identified within the brain parenchyma.
The generalized brain parenchyma volume is normal for age.

Sinuses and mastoids
2 findings requires minor attention

Kidneys
2 findings 1 require moderate attention

The following was identified, and there have been changes since your previous study dated 31 August 2023.

We detected an indeterminant solid lesion.

- The lesion is located in the cortical upper pole of your right kidney. The lesion measured 1.5 cm in diameter. This has shown increase in size compared to the prior examination. The lesion appeared T1 hypointense, T2 hypointense.

This finding by imaging is indeterminant. Unfortunately we cannot characterize it on this test.

- Because the lesion cannot be characterized, discuss this finding with your doctor to create a surveillance/investigation plan.
- If you have symptoms or further concerns, then a dedicated study with contrast is suggested for further characterization. If this is found to be benign, ongoing Prenuvo scans can be helpful in monitoring as the current study can serve as a valuable new baseline.

See Figure 3

We detected multiple renal lesions that are consistent with cysts.

- There is a single cortical cyst located in interpolar region of the left kidney. The cyst measured 1.1 cm in diameter.
- There is a single cortical cyst located in lower pole of the right kidney. The cyst measured 2.7 cm in diameter.

This is a benign finding.

- No follow up is required unless you have pain or blood in the urine.
- This finding can be reassessed on your next scan.

There is no hydronephrosis.

Adrenals
1 finding require minor attention

The following was identified, and is generally unchanged from your previous study.

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Creating Structured Data: Inputs

Provider	Sex	Height	Weight (lbs)	Scan Date	Previous Scan Date	Region	Subregion	Subregion Summary	Subregion Change from Previous Study	Finding	Findings Detailed	Comment	Recommendation
PRENUVO	Male	6'1"	180			Head and Neck	Brain	2 findings 1 require moderate attention	No	We detected lesions which are consistent with confluent chronic small vessel ischemia.	- The lesions are scattered throughout your pons. - The lesions are scattered throughout your supratentorial white matter.	> Discuss with your doctor how to manage your risk factors.	- Your cardiovascular health declines with age and this correlates with an increasing prevalence of small vessel ischemia. - Controlling your blood pressure can help prevent progression. - At a minimum, re-evaluation of the brain with a followup Prenuvo scan will be useful to determine if there is progression of these findings.
PRENUVO	Male	6'1"	180			Head and Neck	Brain	2 findings 1 require moderate attention	No	There is a vascular normal variant configuration.	- There is a fetal type left posterior cerebral artery PI segment of the Circle of Willis.	> This is a normal anatomic variant and no action is required.	- This information is only relevant if you were to need brain surgery in the future.
PRENUVO	Male	6'1"	180			Head and Neck	Brain	2 findings 1 require moderate attention	No	No evidence of proximal intracranial arterial aneurysm. No worrisome intracranial lesion is identified within the brain parenchyma. The generalized brain parenchyma volume is normal for age.			
PRENUVO	Male	6'1"	180			Head and Neck	Sinuses and mastoids	2 findings requires minor attention	Yes. May not apply to all findings.	The nasal septum is deviated to the left.	- Deviated by approximately 5 mm.	> No action is required.	- A deviated nasal septum is a physical finding. It does not necessarily cause any symptoms. - If you have difficulty breathing, discuss this finding with your doctor.
PRENUVO	Male	6'1"	180			Head and Neck	Sinuses and mastoids	2 findings requires minor attention	Yes. May not apply to all findings.	We detected findings consistent with sinusitis.	- There is mucosal thickening present bilaterally in your ethmoid sinuses. Mild mucosal thickening is seen in keeping with changes of mild chronic sinusitis.	> This will generally resolve itself without the need for further followup	- Sinusitis is extremely common and usually season or allergy-related. The majority of sinusitis is of no concern and resolves either spontaneously or after removal of the trigger. - There are many over-the-counter medications that may help alleviate symptoms. Many patients relieve discomfort through nasal sprays, steam or flushing the sinuses with saline. - If you have discomfort, or symptoms do not resolve, discuss this finding with your doctor as you may require antibiotics, anti-fungal medication or steroids to treat the sinusitis.
PRENUVO	Male	6'1"	180			Head and Neck	Sinuses and mastoids	2 findings requires minor attention	Yes. May not apply to all findings.	The remaining paranasal sinuses are clear. The mastoids are clear.			
PRENUVO	Male	6'1"	180			Head and Neck	Nasal pharynx	No adverse finding		None. No worrisome mass is identified.			
PRENUVO	Male	6'1"	180			Head and Neck	Oral pharynx	No adverse finding		None. No worrisome mass is identified.			
PRENUVO	Male	6'1"	180			Head and Neck	Hypopharynx	No adverse finding		None. No worrisome mass is identified.			
PRENUVO	Male	6'1"	180			Head and Neck	Thyroid	Informational finding	No	The thyroid appears heterogeneous in composition.		> This appearance of the thyroid gland is often of no consequence as long as your thyroid is normally functioning.	- The functioning of the thyroid gland is best assessed by blood testing of TSH (thyroid stimulating hormone) and if needed other thyroid gland related hormones. - If these tests show you have normal thyroid levels, this finding is benign. - If further tissue characterization of the thyroid gland is needed, this is best performed by ultrasound.
PRENUVO	Male	6'1"	180			Head and Neck	Thyroid	Informational finding	No	No worrisome lesion is present within the thyroid.			
PRENUVO	Male	6'1"	180			Head and Neck	Cervical lymph node chain	No adverse finding		None. No adenopathy is present.			
PRENUVO	Male	6'1"	180			Chest, Abdomen and Pelvis	Lungs and mediastinum	No adverse finding		None. No restricted solid mass is identified within the pulmonary parenchyma. There is no mediastinal or hilar adenopathy.			
PRENUVO	Male	6'1"	180			Chest, Abdomen and Pelvis	Heart and great vessels	1 finding require minor attention	No	There is an increased amount of pericardial fat.	- The fat is primarily surrounding your heart. The maximum thickness of the pericardial fat measured 2.0 cm.	> Let your doctor be aware that you have this pericardial fat.	- Increased pericardial fat is seen in obesity and can be sign of metabolic syndrome. - It can also lead to abnormal features on chest xrays.
PRENUVO	Male	6'1"	180			Chest, Abdomen and Pelvis	Esophagus	No adverse finding		None. No solid mass is identified within the visualized esophagus.			
PRENUVO	Male	6'1"	180			Chest, Abdomen and Pelvis	Stomach	No adverse finding		None. No solid mass is identified within the stomach wall. There is no fixed hiatal hernia.			
PRENUVO	Male	6'1"	180			Chest, Abdomen and Pelvis	Liver	2 findings 1 require moderate attention	No	We detected a lesion which is consistent with a simple cyst.	- The cyst is located in segment 8 of your liver. The lesion measured 0.8 cm in diameter.	> This is a benign finding.	- No follow up is necessary. - Cyst changes (if any) can be reassessed on your next scan.
PRENUVO	Male	6'1"	180			Chest, Abdomen and Pelvis	Liver	2 findings 1 require moderate attention	No	There is evidence of diffuse mild fat deposition in your liver.		> Discuss this finding with your doctor.	- Drinking alcohol frequently can cause the liver to store fat and lead to this condition of fatty infiltration. Reducing your alcohol intake may be beneficial to reducing this abnormal fat storage. - A blood test to assess liver function should be considered.
PRENUVO	Male	6'1"	180			Chest, Abdomen and Pelvis	Liver	2 findings 1 require moderate attention	No	There is no evidence of increased iron deposition in the liver. The remainder of the hepatic parenchyma appears clear of hepatic masses.			
PRENUVO	Male	6'1"	180			Chest, Abdomen and Pelvis	Gallbladder and biliary system	No adverse finding		None. No gallbladder calculi is present. No worrisome			

Creating Structured Data: Methodology

Unstructured Text

(MRI findings, free text)

LLM Extraction

- Must use defined entity list
- Must cite evidence from source text
- Unrecognized findings flagged for clinician review

Structured Output

- Binary (present/absent)
- Ordinal (severity, grades)
- Continuous (dimensions)

Naming structure:

{entity}_{laterality}_{location}_{suffix}

Validation

- Reject unverified entities
- Requires matching binary for every ordinal/continuous value
- Backfill assessed regions
- Clinician review of unrecognized findings

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Creating Structured Data: Example

A 0.7 x 0.6 cm simple cortical cyst is identified in the upper pole of the left kidney.

patient_id	test_date	test	result	units	Reference
AA_01	2026-xx-xx	kidney_lesion_indeterminate_left_upper_pole_present	1	binary	0
AA_01	2026-xx-xx	kidney_lesion_indeterminate_left_upper_pole_max_dim	7.0	mm	NULL
AA_01	2026-xx-xx	kidney_lesion_indeterminate_left_upper_pole_dim2	6.0	mm	NULL

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Creating Structured Data: Output

provider	patient_id	sex	test_date	category	test	result	units
PRENUVO	1	Male	2023-08-31	Ankles	degenerative_changes_ankle_present	0.0	binary
PRENUVO	1	Male	2023-08-31	Ankles	ganglion_cyst_present	0.0	binary
PRENUVO	1	Male	2023-08-31	Bony skeleton and soft tissue	gynecomastia_bilateral_present	1.0	binary
PRENUVO	1	Male	2023-08-31	Bowel	diverticulosis_present	1.0	binary
PRENUVO	1	Male	2023-08-31	Bowel	hernia_projection_left_inguinal_max_dim	29.0	mm
PRENUVO	1	Male	2023-08-31	Bowel	inguinal_hernia_left_present	1.0	binary
PRENUVO	1	Male	2023-08-31	Bowel	umbilical_hernia_present	0.0	binary
PRENUVO	1	Male	2023-08-31	Brain	brain_tissue_loss_present	0.0	binary
PRENUVO	1	Male	2023-08-31	Brain	pineal_cyst_present	0.0	binary
PRENUVO	1	Male	2023-08-31	Brain	small_vessel_ischemia_present	1.0	binary
PRENUVO	1	Male	2023-08-31	Cervical lymph node chain	adenopathy_cervical_present	0.0	binary
PRENUVO	1	Male	2023-08-31	Gallbladder and biliary system	gallstones_present	0.0	binary
PRENUVO	1	Male	2023-08-31	Heart and great vessels	pericardial_fat_thickness_max_dim	20.0	mm
PRENUVO	1	Male	2023-08-31	Kidneys	hydronephrosis_present	0.0	binary
PRENUVO	1	Male	2023-08-31	Kidneys	kidney_cyst_left_interpolar_max_dim	11.0	mm
PRENUVO	1	Male	2023-08-31	Kidneys	kidney_cyst_right_lower_pole_max_dim	27.0	mm
PRENUVO	1	Male	2023-08-31	Kidneys	kidney_lesion_indeterminate_right_upper_pole_max_dim	10.0	mm
PRENUVO	1	Male	2023-08-31	Kidneys	kidney_cyst_present	0.0	binary
PRENUVO	1	Male	2023-08-31	Knees	baker_cyst_present	0.0	binary
PRENUVO	1	Male	2023-08-31	Knees	degenerative_changes_knee_left_present	1.0	binary
PRENUVO	1	Male	2023-08-31	Knees	degenerative_changes_knee_left_severity	1.0	severity_scale
PRENUVO	1	Male	2023-08-31	Knees	degenerative_changes_knee_right_present	1.0	binary
PRENUVO	1	Male	2023-08-31	Knees	degenerative_changes_knee_right_severity	2.0	severity_scale
PRENUVO	1	Male	2023-08-31	Knees	joint_effusion_right_knee_present	1.0	binary
PRENUVO	1	Male	2023-08-31	Liver	fatty_liver_disease_present	1.0	binary
PRENUVO	1	Male	2023-08-31	Liver	iron_deposition_liver_present	0.0	binary
PRENUVO	1	Male	2023-08-31	Liver	liver_cyst_seg8_max_dim	8.0	mm

Polymorphic Biosciences

Same approach can be applied to any form of data.

Requires domain expertise to define the rules that make each data type computable.

Polymorphic
Biosciences

Once data is structured, you can ask any question.

Cohort analytics, patient-level insights, cross-modal patterns, natural language exploration.

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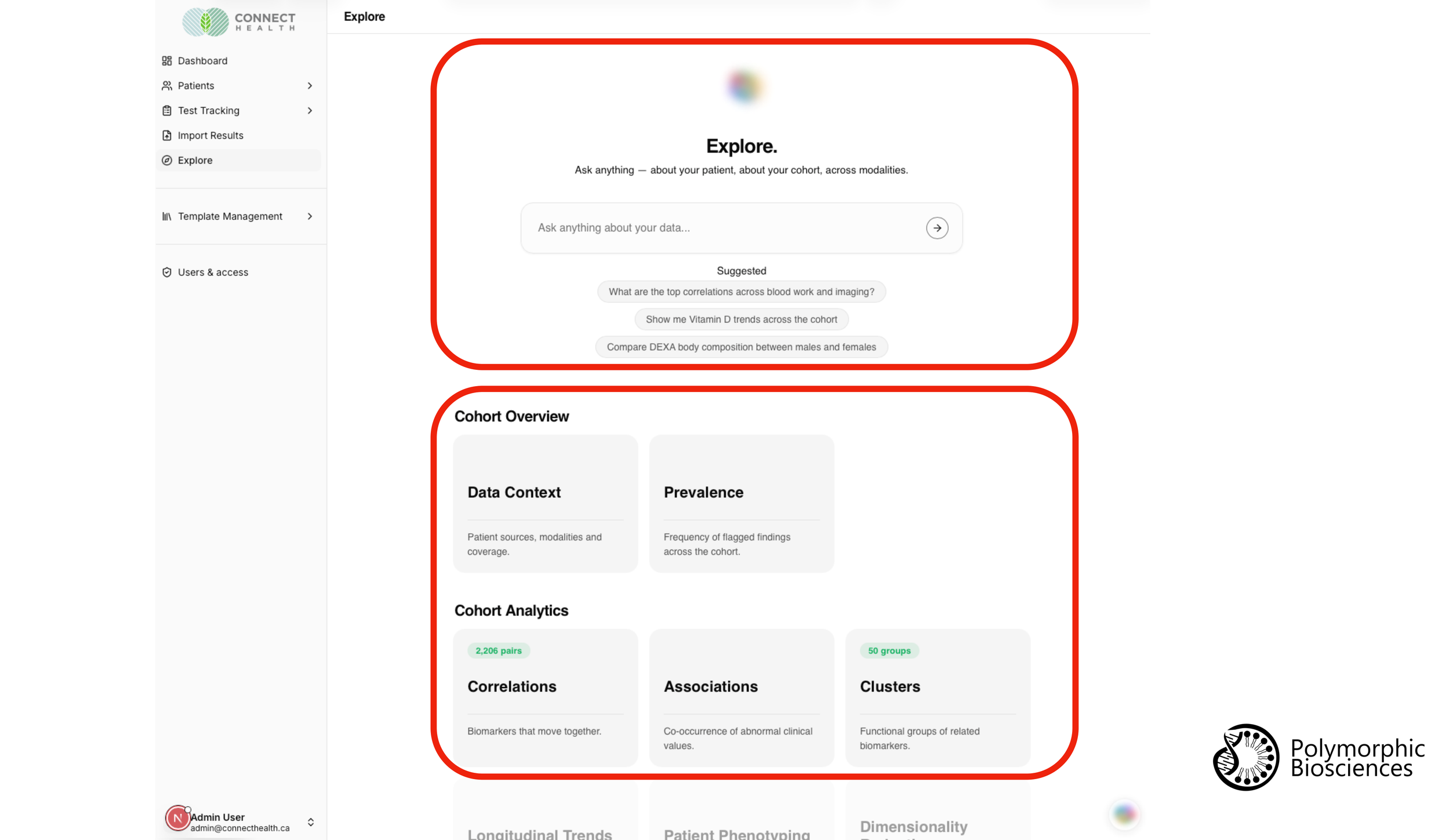

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Data Context and Prevalence

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- Import Results
- Explore
- Template Management
- Users & access

Admin User
admin@connecthealth.ca

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Data Context

Overview of your patient cohort, data sources, and modality coverage

8	5	62	5,536	2022-01-27 – 2025-09-16
Patients	Data Sources	Clinical Events	Data Points	Date Range

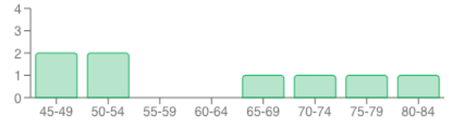
Sex Distribution

Cohort sex ratio: 63% male, 38% female.

	Male	Female
Count	5	3
Percent	63%	38%

Age Distribution

Ages in 5-year bins. Median 65 years; range 48–80.



Modality Coverage

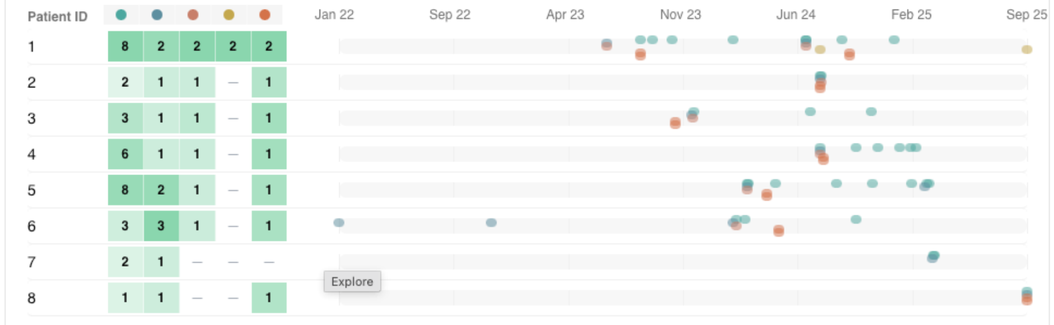
Per-source patient coverage and data volume. Bars show completeness. LIFE and DEXA: 100%; MYCO lowest at 13%.

Source	Patients	Coverage	Tests	Rows	Per Patient	Latest
LIFE	8 / 8	100%	33	1,035	60–222	2025-09-15
DEXA	8 / 8	100%	12	1,878	167–375	2025-09-16
CHL	6 / 8	75%	7	289	39–84	2024-08-14
MYCO	1 / 8	13%	2	973	973–973	2025-09-15
PRENUVO	7 / 8	88%	8	1,361	166–251	2025-09-16

Patient Coverage & Event Timeline

Each row represents a patient. Heatmap shading reflects relative record density. Timeline shows source events over time. Jan 2022–Sep 2025. 1 of 8 patient has all sources.

LIFE DEXA CHL MYCO PRENUVO



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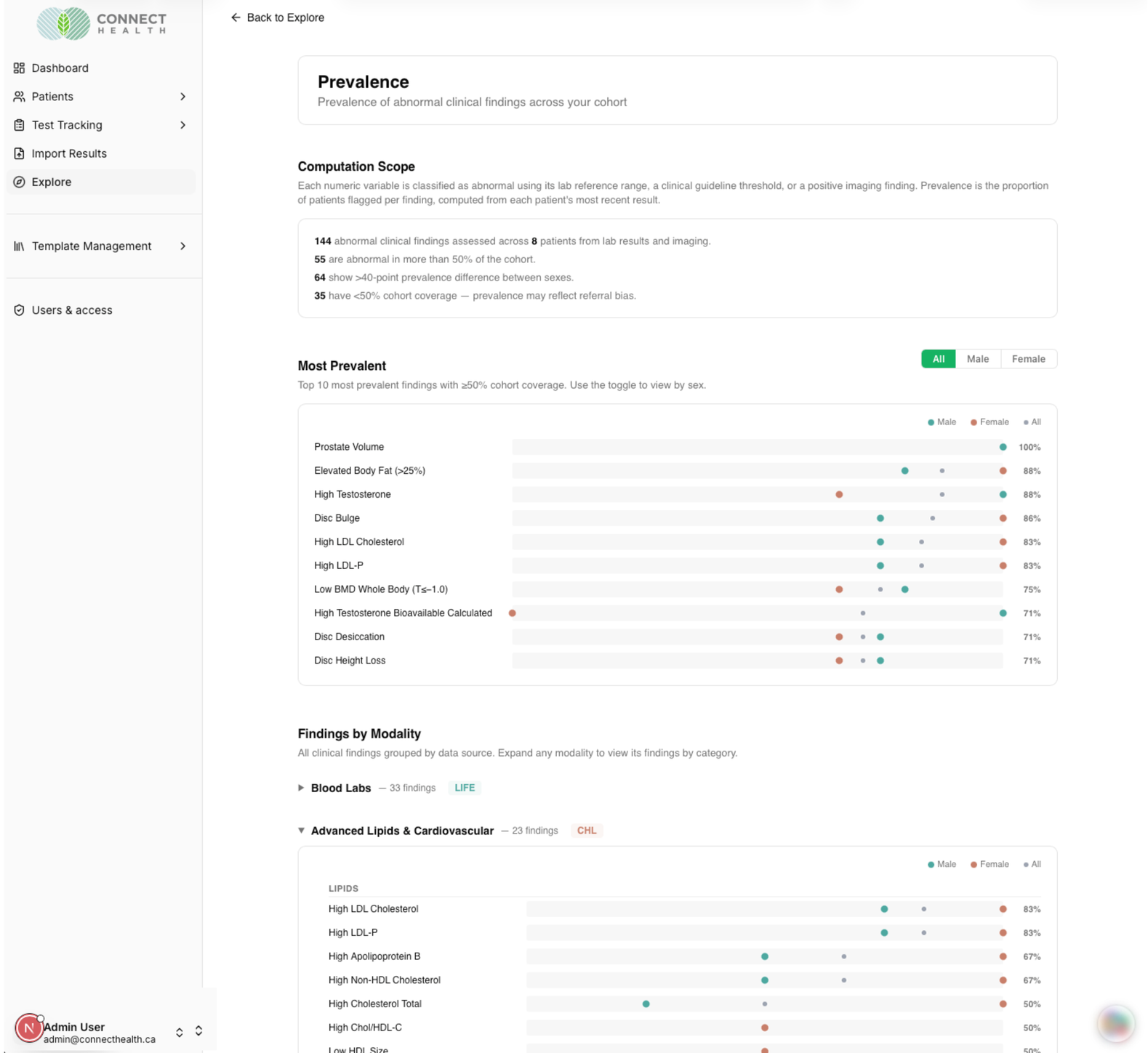
Data Context and Prevalence



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Correlations

Pairwise relationships between continuous biomarkers across your cohort

Computation Scope

All pairwise Spearman correlations computed across every variable and data source, using each patient's most recent result per test as a cross-sectional snapshot. Filtered by effect size (|ρ| ≥ 0.30), then p-values corrected for multiple comparisons using Benjamini-Hochberg FDR (q ≤ 0.10). Ranked by composite score weighting effect strength, patient coverage, cross-modal signal, and significance.

Unique Variables	Eligible for Correlation	Pairs Computed	Cross-Modal Pairs	Removed: Weak Effect	Effect Size Passing
776	442	68,514	46,468	28,575	39,939

Removed: FDR Corrected	Passed All Filters	Cross-Modal Findings	FDR Method
37,733	2,206	290	Benjamini-Hochberg

Sources Analyzed
CHL · DEXA · LIFE · PRENUVO_structured

Strongest Effects

2,206 significant correlations identified (q ≤ 0.10). Showing the top 8 correlations with the largest effect sizes across all modalities. Click any row to view the full detail and scatter plot.

Explore

1 **Whole Body – Head Lean Mass and Urate show positive correlation across 8 patients**
Across 8 patients with paired data, Whole Body – Head Lean Mass and Urate show a positive correlation (ρ = +0.98, p = 0.000). This spans DEXA + LIFE data sources — a cross-modal finding.
ρ = +0.98 DEXA LIFE

2 **Whole Body – Head Total Mass and Urate show positive correlation across 8 patients**
Across 8 patients with paired data, Whole Body – Head Total Mass and Urate show a positive correlation (ρ = +0.98, p = 0.000). This spans DEXA + LIFE data sources — a cross-modal finding.
ρ = +0.98 DEXA LIFE

3 **Whole Body – Head Bone Mineral Density and Gamma GT show inverse correlation across 8 patients**
Across 8 patients with paired data, Whole Body – Head Bone Mineral Density and Gamma GT show a inverse correlation (ρ = -0.97, p = 0.000). This spans DEXA + LIFE data sources — a cross-modal finding.
ρ = -0.97 DEXA LIFE

4 **Whole Body – R Arm Fat % and Testosterone show inverse correlation across 8 patients**
Across 8 patients with paired data, Whole Body – R Arm Fat % and Testosterone show a inverse correlation (ρ = -0.96, p = 0.000). This spans DEXA + LIFE data sources — a cross-modal finding.
ρ = -0.96 DEXA LIFE

5 **Whole Body – Head Fat Mass and Total Bilirubin show positive correlation across 8 patients**
Across 8 patients with paired data, Whole Body – Head Fat Mass and Total Bilirubin show a positive correlation (ρ = +0.96, p = 0.000). This spans DEXA + LIFE data sources — a cross-modal finding.
ρ = +0.96 DEXA LIFE

6 **Whole Body – Head Fat Mass and Urate show positive correlation across 8 patients**
Across 8 patients with paired data, Whole Body – Head Fat Mass and Urate show a positive correlation (ρ = +0.95, p = 0.000). This spans DEXA + LIFE data sources — a cross-modal finding.
ρ = +0.95 DEXA LIFE

7 **Whole Body – Head Lean Bmc and Urate show positive correlation across 8 patients**

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Correlations

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Unique Variables	Eligible for Correlation	Pairs Computed	Cross-Modal Pairs	Removed: Weak Effect	Effect Size Passing
776	442	68,514	46,468	28,575	39,939

Removed: FDR Corrected	Passed All Filters	Cross-Modal Findings	FDR Method
37,733	2,206	290	Benjamini-Hochberg

Sources An…
CHL · DEX

Strongest E…

2,206 significar… …the full detail and scatter plot…

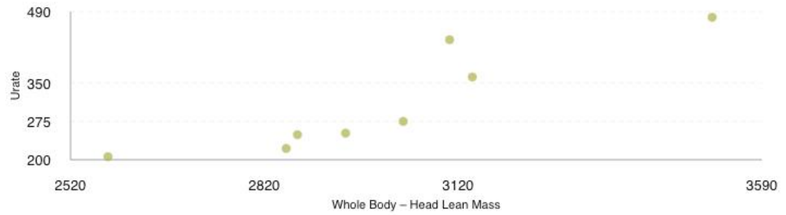
Whole Body – Head Lean Mass and Urate show positive correlation across 8 patients

Across 8 patients with paired data, Whole Body – Head Lean Mass and Urate show a positive correlation (ρ = +0.98, p = 0.000). This spans DEXA + LIFE data sources — a cross-modal finding.

DEXA LIFE 8 patients

ρ = **0.9761904761904763** p = **0.00003143960262001043**

Whole Body – Head Lean Mass vs Urate ρ = 0.9762 (p 0.000033)



1 **Whol…**
Across… …s spans DEXA…
ρ = +…

2 **Whol…**
Across… …s spans DEXA…
ρ = +…

3 **Whol…**
Across… …p = 0.000)…
ρ = -0.97 DEXA LIFE

4 **Whole Body – R Arm Fat % and Testosterone show inverse correlation across 8 patients**
Across 8 patients with paired data, Whole Body – R Arm Fat % and Testosterone show a inverse correlation (ρ = -0.96, p = 0.000). This spans DEXA + LIFE data sources — a cross-modal finding.
ρ = -0.96 DEXA LIFE

5 **Whole Body – Head Fat Mass and Total Bilirubin show positive correlation across 8 patients**
Across 8 patients with paired data, Whole Body – Head Fat Mass and Total Bilirubin show a positive correlation (ρ = +0.96, p = 0.000). This spans DEXA + LIFE data sources — a cross-modal finding.
ρ = +0.96 DEXA LIFE

6 **Whole Body – Head Fat Mass and Urate show positive correlation across 8 patients**
Across 8 patients with paired data, Whole Body – Head Fat Mass and Urate show a positive correlation (ρ = +0.95, p = 0.000). This spans DEXA + LIFE data sources — a cross-modal finding.
ρ = +0.95 DEXA LIFE

7 **Whole Body – Head Lean Bmc and Urate show positive correlation across 8 patients**

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Signal Density by Modality Pair

How significant correlations are distributed across modality pairs. High counts indicate dense signal overlap between two data sources.

Source 1	Source 2	Correlations	Avg |ρ|	Type
DEXA	—	1,173	0.929	within
PRENUVO_structured	—	705	1.000	within
CHL	DEXA	173	0.956	cross-modal
DEXA	LIFE	95	0.901	cross-modal
LIFE	—	26	0.915	within
CHL	LIFE	21	0.957	cross-modal
CHL	—	12	0.968	within
DEXA	PRENUVO_structured	1	0.907	cross-modal

Most Connected Variables

Variables appearing in the most significant correlations across modalities. Click a variable to view its correlation pairs below.

Variable	Source	Correlations	Modalities
Left Hip – Total Area	DEXA	47	3
Whole Body – Subtotal Lean Bmc	DEXA	47	3
Whole Body – Total Lean Bmc	DEXA	47	3
Whole Body – Trunk Lean Mass	DEXA	47	3
Metabolic Resting Metabolic Rate	DEXA	47	3
Whole Body – Trunk Lean Bmc	DEXA	43	3
Lumbar Spine – L3 Area	DEXA	42	3
Left Hip – Neck Area	DEXA	40	3
Whole Body – L Leg Area	DEXA	38	3
Whole Body – Subtotal Lean Mass	DEXA	34	3
Whole Body – Total Lean Mass	DEXA	34	3
Whole Body – L Arm Lean Bmc	DEXA	34	3
Whole Body – R Arm Lean Bmc	DEXA	34	3
Whole Body – L Arm Lean Mass	DEXA	34	3
Whole Body – R Arm Lean Mass	DEXA	34	3
Whole Body – L Leg Lean Mass	DEXA	33	3
Whole Body – L Leg Lean Bmc	DEXA	33	3
Whole Body – R Leg Lean Bmc	DEXA	33	3
Whole Body – R Leg Lean Mass	DEXA	33	3
Whole Body – L Leg Bone Mineral Content	DEXA	32	3

Cross-Modal Bridges

The single strongest association linking each pair of data sources. Click any bridge to view the detail and scatter plot.

DEXA × LIFE — **ρ = +0.98** n=8
Whole Body – Head Lean Mass ↔ Urate

CHL × DEXA — **ρ = -1.00** n=6
Lp-PLA2 Activity ↔ Whole Body – L Spine Area

CHL × LIFE — **ρ = -1.00** n=6
TG/HDL-C ↔ HDL Cholesterol

DEXA × PRENUVO_structured — **ρ = +0.91** n=7
Whole Body – Head Fat % ↔ Small Vessel Ischemia

All Correlations

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CHL	—	12	0.968	within
DEXA	PRENUVO_structured	1	0.907	cross-modal

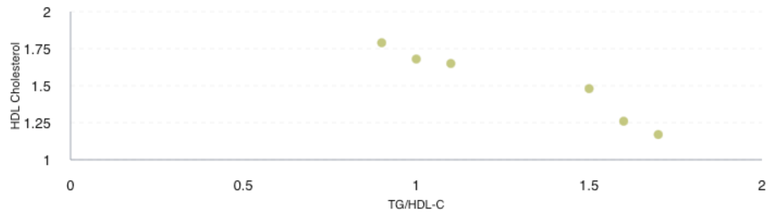
TG/HDL-C and HDL Cholesterol show inverse correlation across 6 patients

Across 6 patients with paired data, TG/HDL-C and HDL Cholesterol show a inverse correlation (ρ = -1.00, p = 0.000). This spans CHL + LIFE data sources — a cross-modal finding.

CHL LIFE 6 patients

ρ = **-1** p = **0**

TG/HDL-C vs HDL Cholesterol ρ = -1 0



Most Conne

Variables appe… ta sources.
to view its corre…

Variable			
Left Hip – …			+0.98 n=8
Whole Bo…			
Whole Bo…			= -1.00 n=6
Whole Bo…			
Metabolic …			= -1.00 n=6
Whole Bo…			
Lumbar Sp…			+0.91 n=7
Left Hip – …			emia
Whole Bo…			
Whole Body – Subtotal Lean Mass	DEXA	34	3
Whole Body – Total Lean Mass	DEXA	34	3
Whole Body – L Arm Lean Bmc	DEXA	34	3
Whole Body – R Arm Lean Bmc	DEXA	34	3
Whole Body – L Arm Lean Mass	DEXA	34	3
Whole Body – R Arm Lean Mass	DEXA	34	3
Whole Body – L Leg Lean Mass	DEXA	33	3
Whole Body – L Leg Lean Bmc	DEXA	33	3
Whole Body – R Leg Lean Bmc	DEXA	33	3
Whole Body – R Leg Lean Mass	DEXA	33	3
Whole Body – L Leg Bone Mineral Content	DEXA	32	3

All Correlations

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Associations

Explore which clinical conditions tend to co-occur in your patients

Computation Scope

Each continuous variable is dichotomized using its lab reference range, a canonical clinical threshold, or (where no reference exists) a cohort-relative median split, based on each patient's most recent result per test. All native binary variables (imaging findings) are included directly. Fisher's exact test is applied to every pair, with Benjamini-Hochberg FDR correction.

Variables Dichotomized	From Reference Ranges	From Clinical Guidelines	Native Binary (Imaging)	Cohort-Relative Splits
247	76	8	59	145

Pairs Tested	Significant (q ≤ 0.10)	FDR Method
29,874	0	Benjamini-Hochberg

Patients
8

Strongest Clinical Associations

0 significant clinical associations identified (q ≤ 0.10). Showing the top 10 associations between variables classified using lab reference ranges, clinical guidelines, or imaging findings. These thresholds are independent of the cohort.

1 **High Cholesterol × Inguinal Hernia**
0 of 4 patients with High Cholesterol also have Inguinal Hernia — OR = —, p = 0.0286, q = 0.8561
n=7 · [0, 4, 3, 0] LIFE PRENUVO_structured

2 **Elevated Visceral Fat (>100 cm²) × Kidney Cyst**
3 of 3 patients with Elevated Visceral Fat (>100 cm²) also have Kidney Cyst — OR = ∞, p = 0.0286, q = 0.8561
n=7 · [3, 0, 0, 4] DEXA PRENUVO_structured

3 **High LDL Cholesterol × Degenerative Changes Knee**
0 of 5 patients with High LDL Cholesterol also have Degenerative Changes Knee — OR = —, p = 0.0476, q = 1.0000
n=7 · [0, 5, 2, 0] LIFE PRENUVO_structured

4 **High LDL Cholesterol × Hernia Projection**
0 of 5 patients with High LDL Cholesterol also have Hernia Projection — OR = —, p = 0.0476, q = 1.0000
n=7 · [0, 5, 2, 0] LIFE PRENUVO_structured

5 **High Cholesterol × Elevated Visceral Fat (>100 cm²)**
1 of 4 patients with High Cholesterol also have Elevated Visceral Fat (>100 cm²) — OR = 0.11, p = 0.4857, q = 1.0000
n=8 · [1, 3, 3, 1] DEXA LIFE

6 **High Cholesterol × Low BMD Spine (T≤−1.0)**
3 of 4 patients with High Cholesterol also have Low BMD Spine (T≤−1.0) — OR = 9.00, p = 0.4857, q = 1.0000
n=8 · [3, 1, 1, 3] DEXA LIFE

7 **High Sex Hormone Binding Globulin × Elevated Visceral Fat (>100 cm²)**
1 of 4 patients with High Sex Hormone Binding Globulin also have Elevated Visceral Fat (>100 cm²) — OR = 0.11, p = 0.4857, q = 1.0000
n=8 · [1, 3, 3, 1] DEXA LIFE

8 **High DHEA Sulphate × Elevated Visceral Fat (>100 cm²)**
1 of 4 patients with High DHEA Sulphate also have Elevated Visceral Fat (>100 cm²) — OR = 0.11, p = 0.4857, q = 1.0000
n=8 · [1, 3, 3, 1] DEXA LIFE

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Associations

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Each continuous variable is dichotomized using its lab reference range, a canonical clinical threshold, or (where no reference exists) a cohort-relative median split, based on each patient's most recent result per test. All native binary variables (imaging findings) are included directly. Fisher's exact test is applied to every pair, with Benjamini-Hochberg FDR correction.

Variables Dichotomized	From Reference Ranges	From Clinical Guidelines	Native Binary (Imaging)	Cohort-Relative Splits
247	76	8	59	145

Pairs Tested	Significant (q ≤ 0.10)	FDR Method
29,874	0	Benjamini-Hochberg

Patients: 8

Strongest C

0 significant cli… …uidelines, or imaging finding…

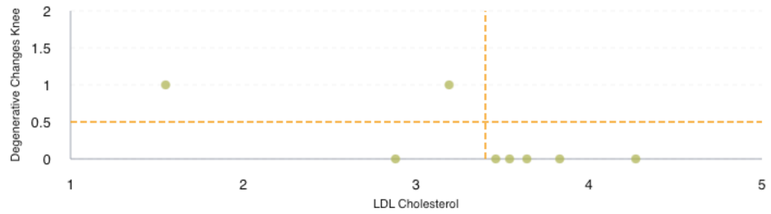
High LDL Cholesterol × Degenerative Changes Knee

0 of 5 patients with High LDL Cholesterol also have Degenerative Changes Knee. Amber dashed lines show the classification thresholds that define the quadrants.

LIFE PRENUVO_structured 7 patients

OR = — p = **0.0476** q (FDR) = **1.0000** [0,5,2,0]

LDL Cholesterol vs Degenerative Changes Knee ρ = -0.6299 (p 0.094133)



This association does not reach statistical significance after FDR correction (q > 0.10).

1 **High …**
0 of 4 …
n=7 · …

2 **Eleva…**
3 of 3 …
n=7 · …

3 **High …**
0 of 5 …
n=7 · …

4 **High …**
0 of 5 patients with High LDL Cholesterol also have Hernia Projection — OR = —, p = 0.0476, q = 1.0000
n=7 · [0, 5, 2, 0] LIFE PRENUVO_structured

5 **High Cholesterol × Elevated Visceral Fat (>100 cm²)**
1 of 4 patients with High Cholesterol also have Elevated Visceral Fat (>100 cm²) — OR = 0.11, p = 0.4857, q = 1.0000
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3 of 4 patients with High Cholesterol also have Low BMD Spine (T≤–1.0) — OR = 9.00, p = 0.4857, q = 1.0000
n=8 · [3, 1, 1, 3] DEXA LIFE

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n=8 · [1, 3, 3, 1] DEXA LIFE

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Clusters

Communities of biomarkers that co-vary as functional groups

Computation Scope

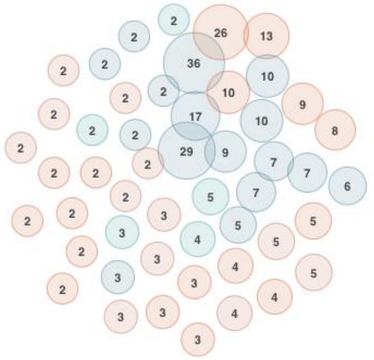
Only variables that appear in at least one significant correlation (|ρ| ≥ 0.30, FDR-corrected) are included. Hierarchical agglomerative clustering groups the remaining variables into communities using correlation distance (1 – |ρ|) with average linkage. The cophenetic correlation measures how well the dendrogram preserves pairwise distances.

Variables Clustered	Clusters Found	Unclustered Variables	Distance Threshold	Linkage Method
312	50	7	0.70	average

Cophenetic Correlation	Cross-Cluster Bridges
0.827	20

Cluster Network

Each node is a cluster, sized by member count and colored by its dominant data source. Edges represent the strongest correlation bridging each pair of clusters. Hover a node to highlight its connections. Click an edge to view the scatter plot.



Cluster Summary

50 clusters identified from 312 variables. Click a row to expand and see the co-variation heatmap.

#	Representative	Size	Avg |ρ|	Modalities
1	▸ Left Hip – Total Area	36	0.601	CHL DEXA LIFE
2	▸ Left Hip – Neck Bone Mineral Content	29	0.615	DEXA LIFE

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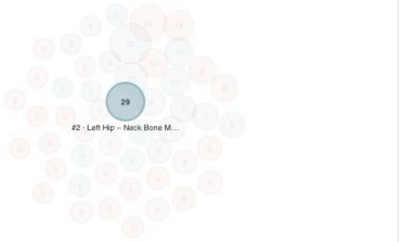

Blood Labs · Advanced Lipids & Cardiovascular · Body Composition & Bone Health · Imaging Findings · Proteomics & Metabolomics

Node size = member count · Click to inspect

Cluster #2
29 members · avg |ρ| = 0.615

- DEXA Left Hip – Neck Bone Mineral Content
  - ↔ CHL F2-Isoprostane/Creatinine |ρ|=1.00 · #
- DEXA Left Hip – Neck Bone Mineral Density
- DEXA Left Hip – Total Bone Mineral Content
- DEXA Left Hip – Total Bone Mineral Density
- DEXA Lumbar Spine – Total Area
  - ↔ DEXA Whole Body – T Spine Bone Mineral Density |ρ|=0.98 ·
- DEXA Right Hip – Neck Bone Mineral Content
- DEXA Right Hip – Neck Bone Mineral Density
  - ↔ DEXA Left Hip – Neck Bmd Z Score |ρ|=0.97 · #
- DEXA Right Hip – Total Bone Mineral Content
- DEXA Right Hip – Total Bone Mineral Density
- DEXA Whole Body – L Leg Area
  - ↔ CHL AALP Apo C1 |ρ|=1.00 ·
  - ↔ DEXA Left Hip – Neck Area |ρ|=0.98 ·
- DEXA Whole Body – L Leg Bone Mineral Content
- DEXA Whole Body – L Leg Bone Mineral Density

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Clusters

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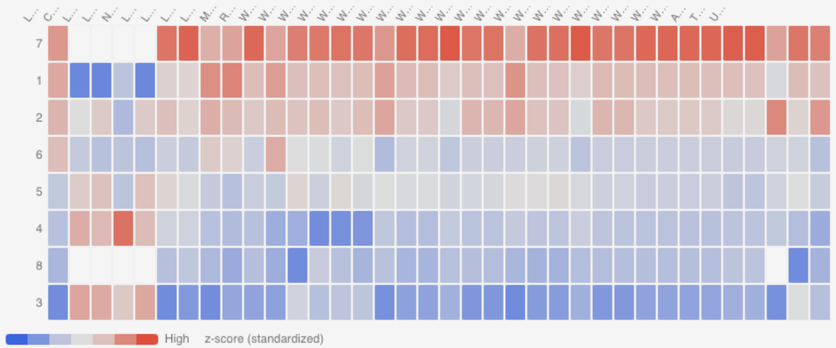
#	Representative	Size	Avg |ρ|	Modalities
1	▾ Left Hip – Total Area	36	0.601	CHL DEXA LIFE

CHL Cholesterol Total · CHL LDL Cholesterol · CHL LDL Size · CHL Non-HDL Cholesterol · DEXA Lean Indices Appen. Lean/Height² (Kg/M²) · DEXA Lean Indices Lean/Height² (Kg/M²) · DEXA Left Hip – Neck Area · DEXA Left Hip – Total Area · DEXA Lumbar Spine – L3 Area · DEXA Metabolic Resting Metabolic Rate · DEXA Right Hip – Total Area · DEXA Whole Body – Head Fat Mass · DEXA Whole Body – Head Lean Bmc · DEXA Whole Body – Head Lean Mass · DEXA Whole Body – Head Total Mass · DEXA Whole Body – L Arm Area · DEXA Whole Body – L Arm Lean Bmc · DEXA Whole Body – L Arm Lean Mass · DEXA Whole Body – L Arm Total Mass · DEXA Whole Body – L Leg Lean Bmc · DEXA Whole Body – L Leg Lean Mass · DEXA Whole Body – R Arm Area · DEXA Whole Body – R Arm Lean Bmc · DEXA Whole Body – R Arm Lean Mass · DEXA Whole Body – R Arm Total Mass · DEXA Whole Body – R Leg Lean Bmc · DEXA Whole Body – R Leg Lean Mass · DEXA Whole Body – Subtotal Lean Bmc · DEXA Whole Body – Subtotal Lean Mass · DEXA Whole Body – Total Lean Bmc · DEXA Whole Body – Total Lean Mass · DEXA Whole Body – Trunk Lean Bmc · DEXA Whole Body – Trunk Lean Mass · LIFE Alanine Aminotransferase · LIFE Total Bilirubin · LIFE Urate

Rows = patients, columns = cluster variables. Red = high z-score, blue = low. Consistent horizontal bands confirm co-variation.



2	▸ Left Hip – Neck Bone Mineral Content	29	0.615	DEXA LIFE
3	▸ Bursitis Right Shoulder	26	1.000	PRENUVO_structured
4	▸ Lumbar Spine – L3 Bone Mineral Density	17	0.958	DEXA
5	▸ Brain Tissue Loss	13	1.000	PRENUVO_structured
6	▸ Degenerative Changes Ac Joint Left	10	1.000	PRENUVO_structured
7	▸ Whole Body – L Arm Fat %	10	0.754	CHL DEXA
8	▸ Lp-PLA2 Activity	10	0.711	CHL DEXA
9	▸ Degenerative Changes Knee Bilateral	9	1.000	PRENUVO_structured
10	▸ Adipose Indices % Fat Trunk/% Fat Legs	9	0.636	CHL DEXA LIFE
11	▸ Degenerative Changes Ac Joint Bilateral	8	1.000	PRENUVO_structured
12	▸ Whole Body – Subtotal Total Mass	7	0.764	DEXA
13	▸ Whole Body – Subtotal Fat Mass	7	0.669	CHL DEXA
14	▸ Whole Body – L Ribs Bone Mineral Density	7	0.523	DEXA
15	▸ Adipose Indices Trunk/Limb Fat Mass Ratio Z Score	6	0.764	CHL DEXA
16	▸ Disc Desiccation C5C6	5	1.000	PRENUVO_structured

Clusters

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Compare DEXA body composition between males and females

Cohort Overview

Data Context

Patient sources, modalities and coverage.

Prevalence

Frequency of flagged findings across the cohort.

Cohort Analytics

2,206 pairs

Correlations

Biomarkers that move together.

Associations

Co-occurrence of abnormal clinical values.

50 groups

Clusters

Functional groups of related biomarkers.

Longitudinal Trends

Track biomarker changes over time.

Patient Phenotyping

Group patients by shared biomarker profiles.

Dimensionality Reduction

High-dimensional data projected into 2D.

Patient Analytics

8 patients

Patients

Individual patient profiles, trends, and flagged changes.

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Patient

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Patient 1

Male · DOB 1946-05-12
Results up to **2025-09-15**
LIFE DEXA CHL MYCO PRENUVO_structured

✓ Import Up to Date

New Results

Most significant changes from the latest import

NEW CHL, DEXA, LIFE, MYCO, PRENUVO_structured · 2025-09-15

Mark as Reviewed

SUMMARY

- Overall trajectory is mixed: cardiometabolic risk markers improved substantially, but renal imaging/function and musculoskeletal disease moved the wrong way. - I'd prioritize follow-up of the enlarging indeterminate renal lesion, especially given concordant eGFR/creatinine drift. - The weight/fat loss looks metabolically beneficial, but the lean-mass drop is the main counterweight to watch in an 80-year-old male.

> **Right renal lesion enlarged alongside lower filtration** — PRENUVO_structured LIFE CHL
> **Atherometabolic markers moved strongly in the right direction** — CHL
> **Glucose-insulin physiology improved, but lean mass fell** — CHL LIFE DEXA
> **Musculoskeletal imaging worsened, while prostate imaging improved** — PRENUVO_structured LIFE

See all 440 new results →

Re-run New Results

AI-generated analysis — does not replace clinical review of all results.

Attention

Items requiring clinical review

#	ISSUE	ACTION	KEY VALUES	SOURCES
1	Marked NT-proBNP elevation with renal impairment	NEEDS REVIEW	NT-proBNP 722 ng/L, eGFR 56 mL/min/1.73m², Creatinine 108 μmol/L	LIFE
2	Stage 3a kidney function needs confirmation	RETEST	eGFR 56 mL/min/1.73m², eGFR at 0th cohort percentile, Creatinine 108 μmol/L, Urine ACR 1.2	LIFE
3	Elevated PSA with rising testosterone	NEEDS REVIEW	PSA 7.6 μg/L, Testosterone increased by +3.9 over 3 measurements, Latest testosterone 13.8 nmol/L	LIFE
4	Autoimmune thyroiditis with high-end TSH	MONITOR	Thyroperoxidase antibody 348 IU/mL, TSH 3.88 mIU/L, MCH 32.9 pg	LIFE
5	Mercury exposure above range with reduced renal reserve	RETEST	Blood mercury 39 nmol/L, eGFR 56 mL/min/1.73m², Creatinine 108 μmol/L	LIFE
6	Very low atherogenic lipids may reflect overtreatment	MONITOR	ApoB 0.53 g/L, LDL cholesterol 1.55 mmol/L, Total cholesterol 3.55 mmol/L, Chol/HDL ratio 2.15	LIFE

Show less ↑

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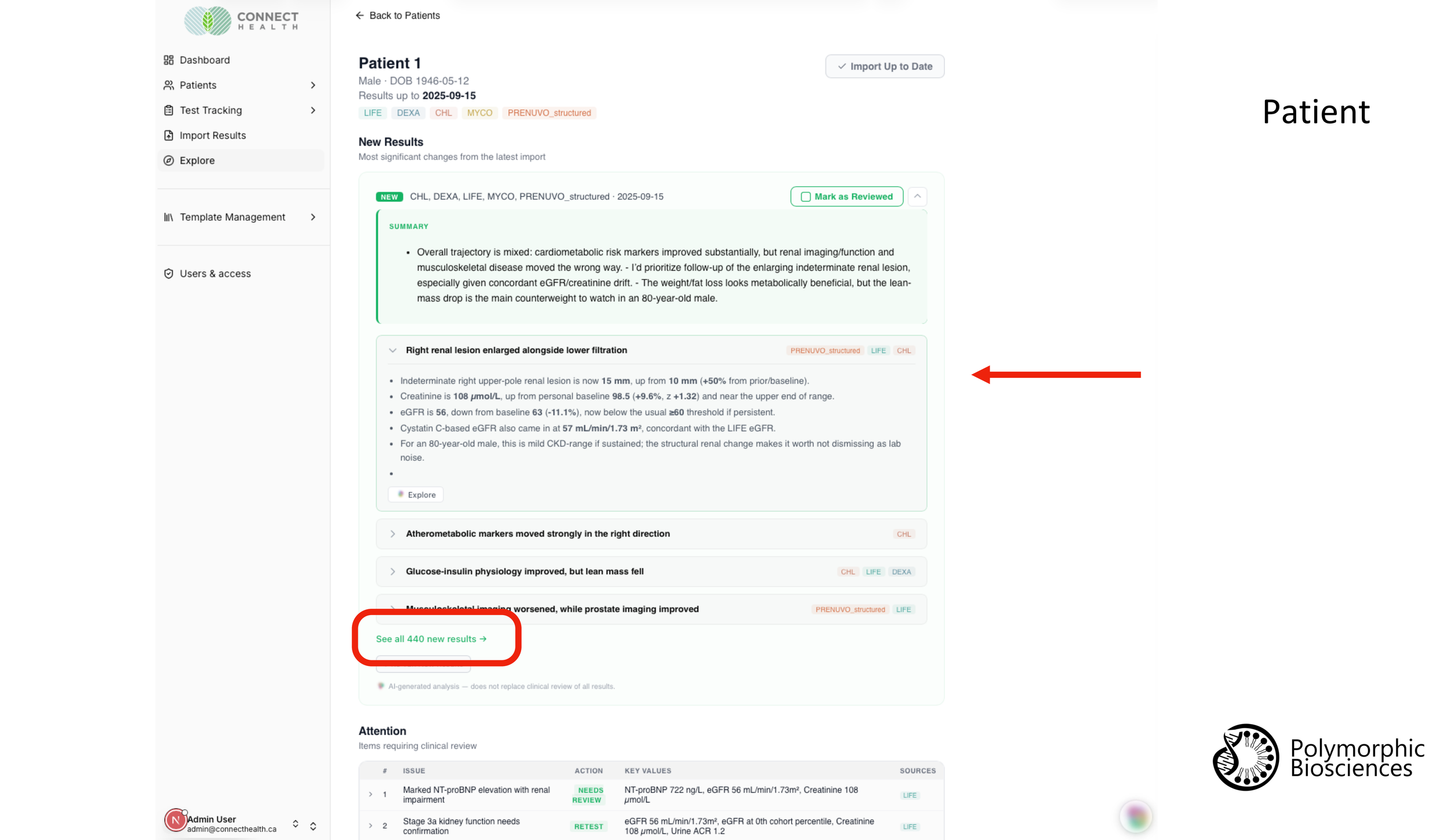

Patient

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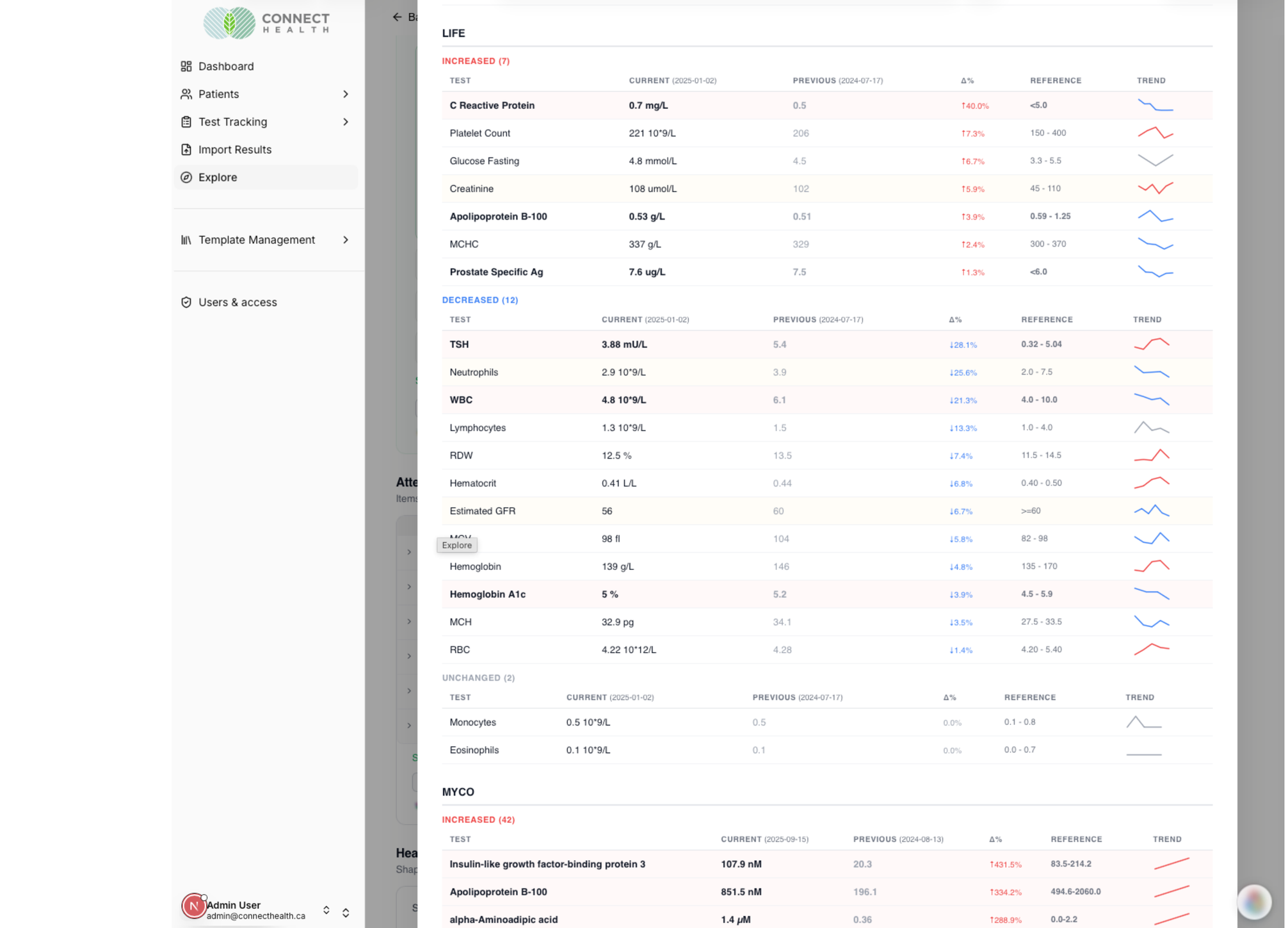

LIFE

INCREASED (7)

TEST	CURRENT (2025-01-02)	PREVIOUS (2024-07-17)	Δ%	REFERENCE	TREND
C Reactive Protein	**0.7 mg/L**	0.5	↑40.0%	<5.0	
Platelet Count	221 10*9/L	206	↑7.3%	150 - 400	
Glucose Fasting	4.8 mmol/L	4.5	↑6.7%	3.3 - 5.5	
Creatinine	108 umol/L	102	↑5.9%	45 - 110	
Apolipoprotein B-100	**0.53 g/L**	0.51	↑3.9%	0.59 - 1.25	
MCHC	337 g/L	329	↑2.4%	300 - 370	
Prostate Specific Ag	**7.6 ug/L**	7.5	↑1.3%	<6.0	

DECREASED (12)

TEST	CURRENT (2025-01-02)	PREVIOUS (2024-07-17)	Δ%	REFERENCE	TREND
TSH	**3.88 mU/L**	5.4	↓28.1%	0.32 - 5.04	
Neutrophils	2.9 10*9/L	3.9	↓25.6%	2.0 - 7.5	
WBC	**4.8 10*9/L**	6.1	↓21.3%	4.0 - 10.0	
Lymphocytes	1.3 10*9/L	1.5	↓13.3%	1.0 - 4.0	
RDW	12.5 %	13.5	↓7.4%	11.5 - 14.5	
Hematocrit	0.41 L/L	0.44	↓6.8%	0.40 - 0.50	
Estimated GFR	56	60	↓6.7%	>=60	
[illegible]	98 fl	104	↓5.8%	82 - 98	
Hemoglobin	139 g/L	146	↓4.8%	135 - 170	
Hemoglobin A1c	**5 %**	5.2	↓3.9%	4.5 - 5.9	
MCH	32.9 pg	34.1	↓3.5%	27.5 - 33.5	
RBC	4.22 10*12/L	4.28	↓1.4%	4.20 - 5.40	

UNCHANGED (2)

TEST	CURRENT (2025-01-02)	PREVIOUS (2024-07-17)	Δ%	REFERENCE	TREND
Monocytes	0.5 10*9/L	0.5	0.0%	0.1 - 0.8	
Eosinophils	0.1 10*9/L	0.1	0.0%	0.0 - 0.7	

MYCO

INCREASED (42)

TEST	CURRENT (2025-09-15)	PREVIOUS (2024-08-13)	Δ%	REFERENCE	TREND
Insulin-like growth factor-binding protein 3	**107.9 nM**	20.3	↑431.5%	83.5-214.2	
Apolipoprotein B-100	**851.5 nM**	196.1	↑334.2%	494.6-2060.0	
alpha-Aminoadipic acid	**1.4 μM**	0.36	↑288.9%	0.0-2.2	

Patient

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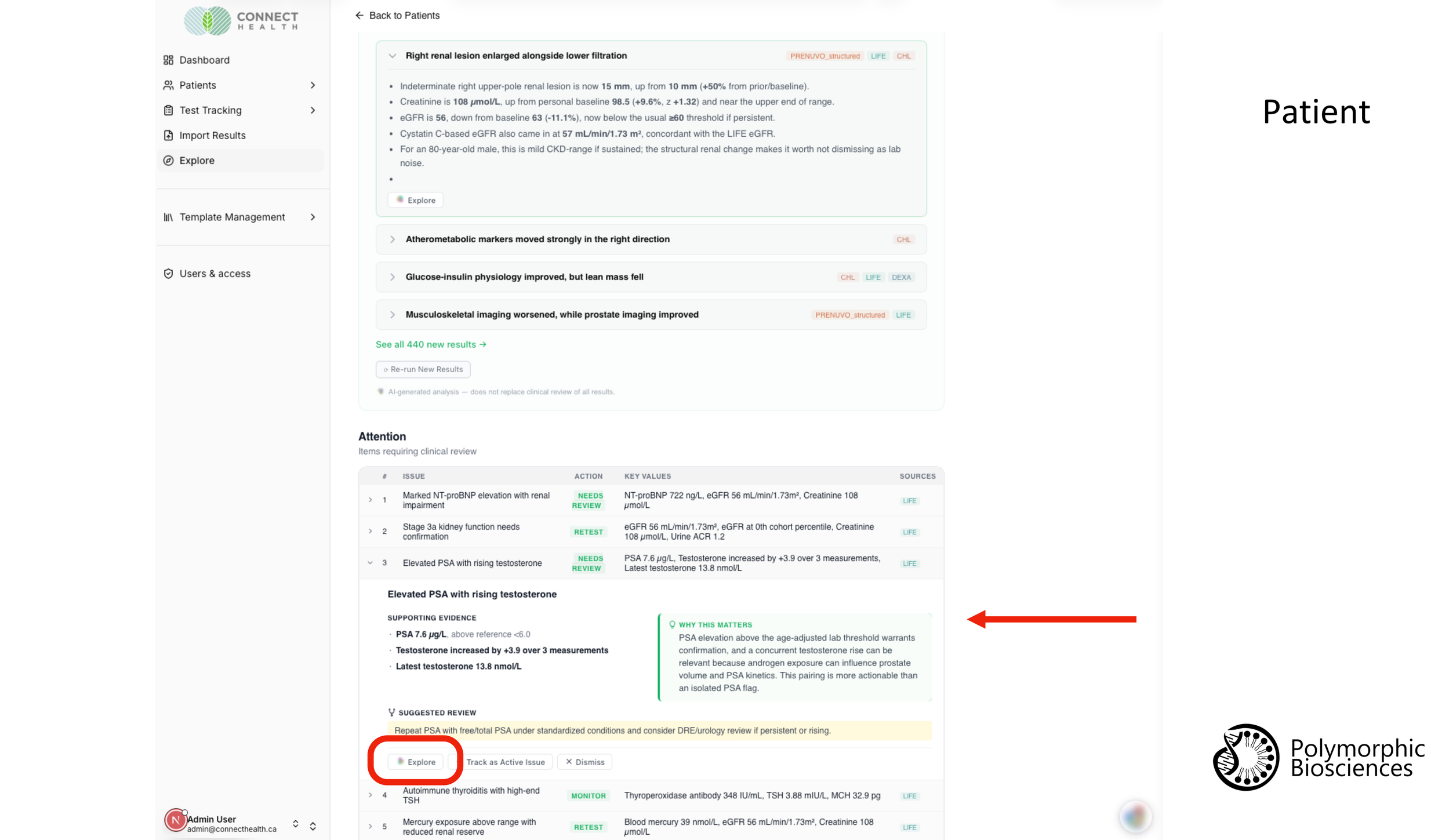
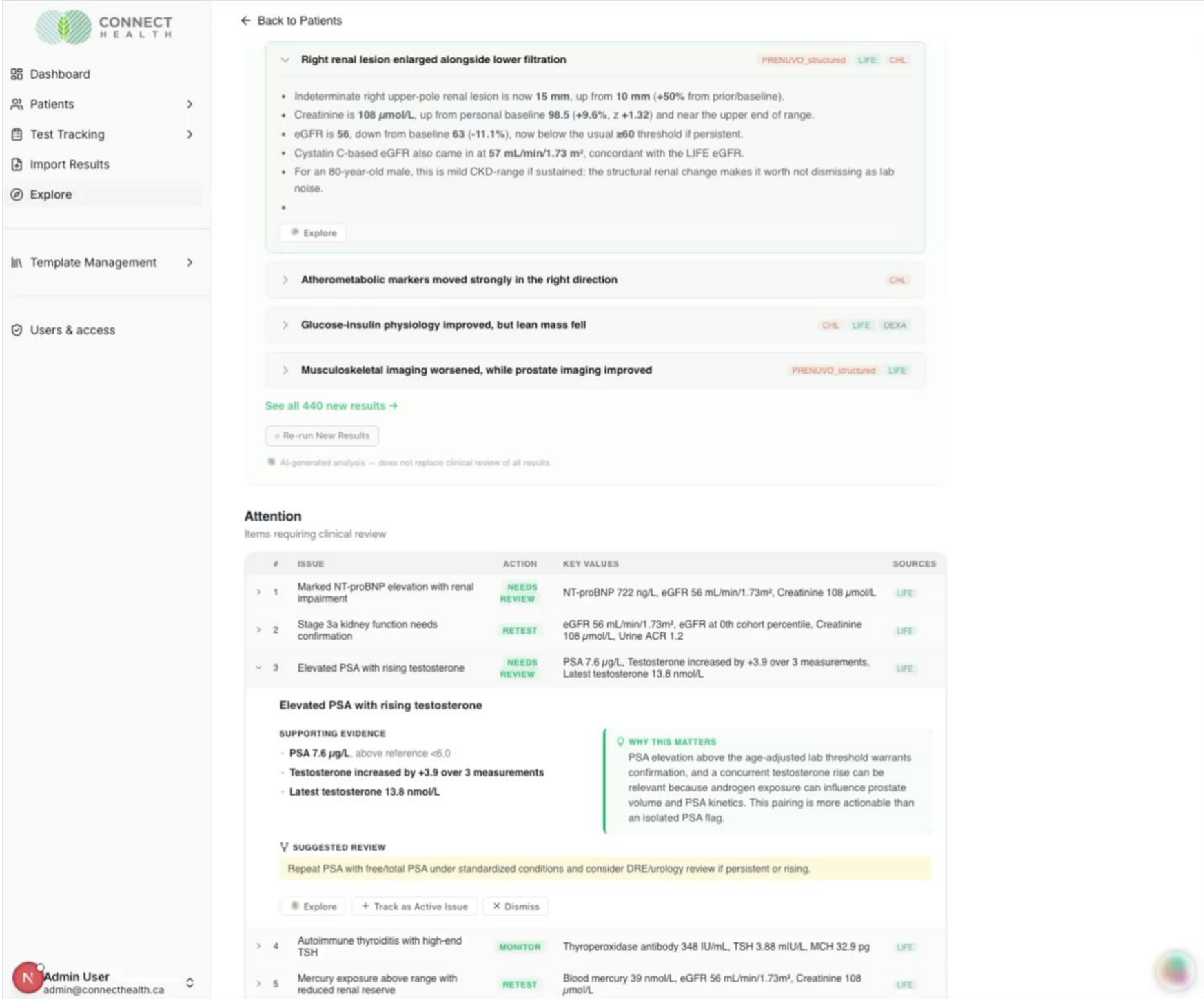


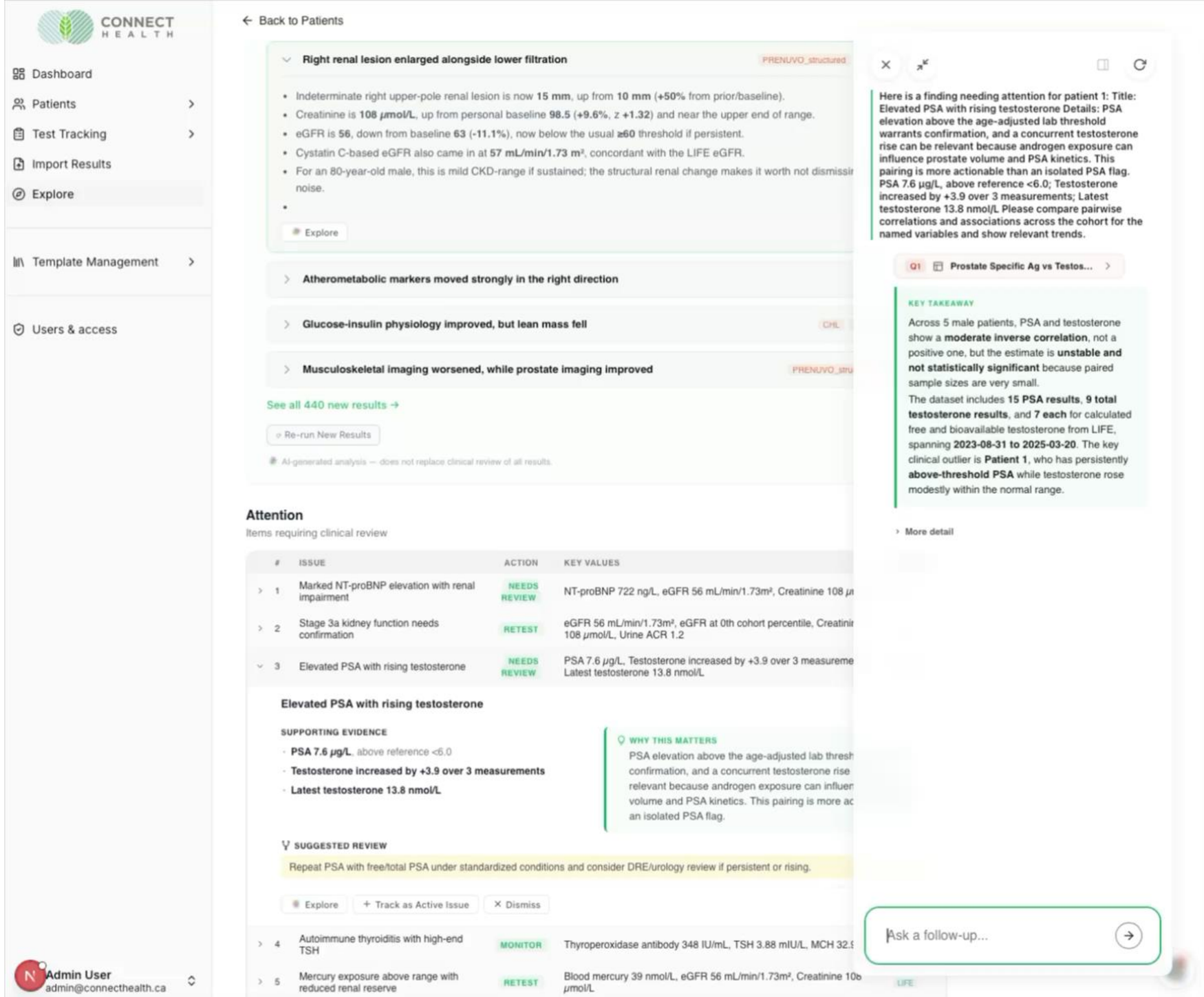
Patient

Polymorphic Biosciences



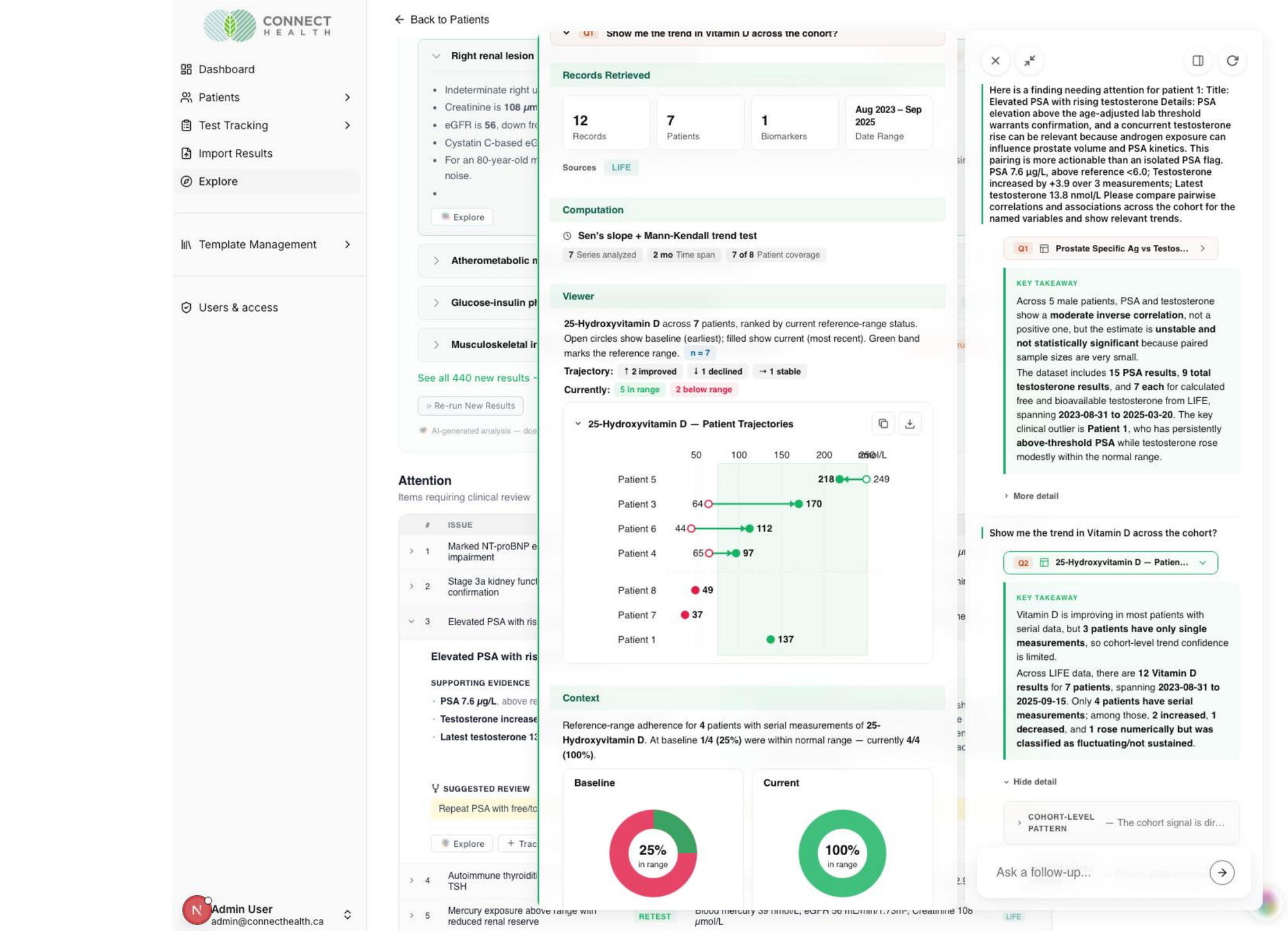
Patient

Polymorphic Biosciences



Patient

Polymorphic Biosciences



Patient

LLM:
- Interprets
- Builds analysis plan

SQL:
- Retrieval

Python:
- Computation

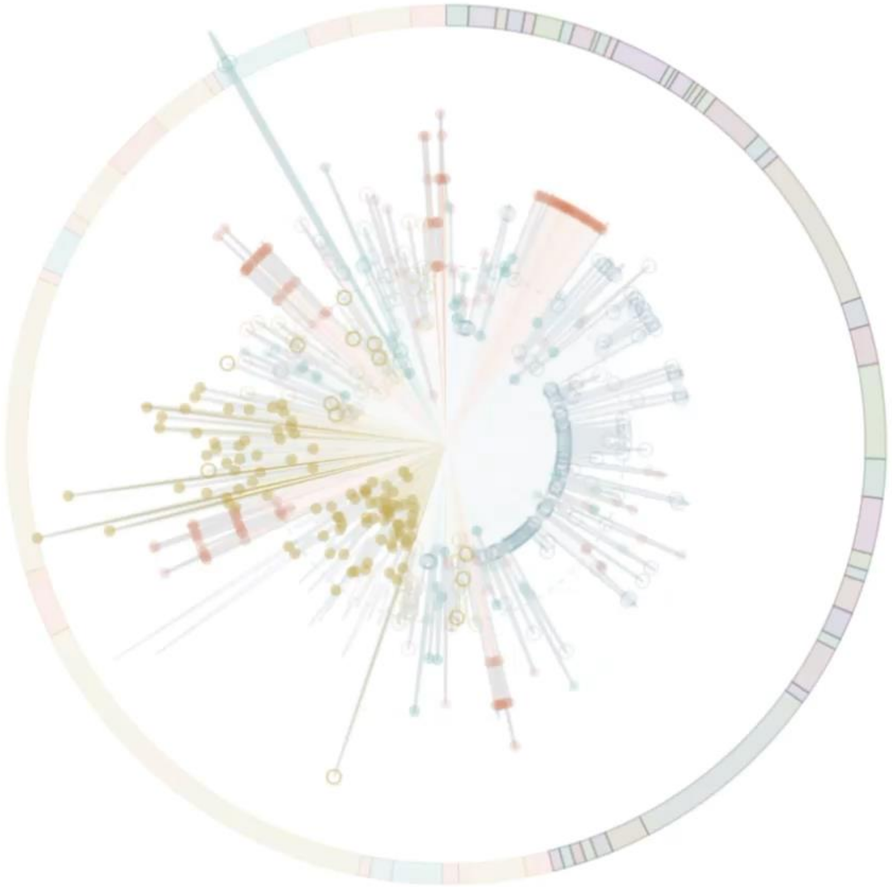
LLM:
- Responds

Polymorphic Biosciences

Health Silhouette

Shape reflects deviation from this patient's expected state, based on reference ranges and personal baseline

Showing 570 available measurements across 5 data sources.



▶ Sep 15, 2025

LIFE CHL DEXA PRENUVO MYCO

ⓘ Interpretation guide

Sep 15, 2025

New Data

MYCO

Top Changes

- Insulin-like growth factor-binding protein 3
  20.30 nM → 107.90 nM
- Fibulin-1
  150.40 nM → 537.60 nM
- Apolipoprotein B-100
  196.10 nM → 851.50 nM
- Vitamin K-dependent protein Z
  69.80 nM → 20.70 nM

Top Deviations

- Thyroperoxidase Ab
  348 IU/mL · ref 0–35
- Natriuretic Peptide B Prohormone
  722 ng/L · ref 0–125
- HDLfx pCAD Score
  -4.56 · ref 0–0.9 · baseline -3.56
- Insulin-like growth factor-binding protein 3
  107.90 nM · ref 15.9–44.3 · baseline 64.10 nM

Patient

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What is next?

- Deploy in one clinic this year
- Integrate into clinical workflow alongside clinicians
- Learn what works before scaling

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- Any data can become computable with the right structure
- The tools to do this are becoming more accessible
- The opportunity extends beyond one clinic

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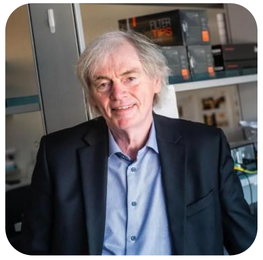

Pieter Cullis, PhD
Founder, CEO

Owen Ip, MEng
Software Developer

Mauricio Medrano, MD, PhD
VP, Medical Affairs

Terri Petkau, PhD
COO

Cedric Brimacombe, PhD
VP, Business Development

Michael Hughes, PhD
Director, Immunology

Evan Haney, PhD
Senior Manager

Sara Deacon
Executive Assistant

Ardalan Nabi, PhD
Scientist

Madelaine Robertson, PhD
Scientist

Connect Health

Ashley Riskin, MD, CCFP
Clinical Director/Co-Founder

Lawrence Cheng, MD, CCFP(EM)
Medical Director/Co-Founder

Advisor

Martin Dawes, MD, FRCGP, CCFP
Scientific Director/Founder, GenXys
Professor Emeritus Family Practice, UBC

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← Back to Patients

Right renal lesion enlarged alongside lower filtration PRENUVO_structured LIFE CHL

- Indeterminate right upper-pole renal lesion is now **15 mm**, up from **10 mm** (**+50%** from prior/baseline).
- Creatinine is **108 µmol/L**, up from personal baseline **98.5** (**+9.6%**, z **+1.32**) and near the upper end of range.
- eGFR is **56**, down from baseline **63** (**-11.1%**), now below the usual **≥60** threshold if persistent.
- Cystatin C-based eGFR also came in at **57 mL/min/1.73 m²**, concordant with the LIFE eGFR.
- For an 80-year-old male, this is mild CKD-range if sustained; the structural renal change makes it worth not dismissing as lab noise.
-

Explore

Atherometabolic markers moved strongly in the right direction CHL

Glucose-insulin physiology improved, but lean mass fell CHL LIFE DEXA

Musculoskeletal imaging worsened, while prostate imaging improved PRENUVO_structured LIFE

See all 440 new results →

Re-run New Results

AI-generated analysis — does not replace clinical review of all results.

Attention

Items requiring clinical review

#	ISSUE	ACTION	KEY VALUES	SOURCES
1	Marked NT-proBNP elevation with renal impairment	NEEDS REVIEW	NT-proBNP 722 ng/L, eGFR 56 mL/min/1.73m², Creatinine 108 µmol/L	LIFE
2	Stage 3a kidney function needs confirmation	RETEST	eGFR 56 mL/min/1.73m², eGFR at 0th cohort percentile, Creatinine 108 µmol/L, Urine ACR 1.2	LIFE
3	Elevated PSA with rising testosterone	NEEDS REVIEW	PSA 7.6 µg/L, Testosterone increased by +3.9 over 3 measurements, Latest testosterone 13.8 nmol/L	LIFE

Elevated PSA with rising testosterone

SUPPORTING EVIDENCE

- **PSA 7.6 µg/L**, above reference <6.0
- **Testosterone increased by +3.9 over 3 measurements**
- **Latest testosterone 13.8 nmol/L**

WHY THIS MATTERS

PSA elevation above the age-adjusted lab threshold warrants confirmation, and a concurrent testosterone rise can be relevant because androgen exposure can influence prostate volume and PSA kinetics. This pairing is more actionable than an isolated PSA flag.

SUGGESTED REVIEW

Repeat PSA with free/total PSA under standardized conditions and consider DRE/urology review if persistent or rising.

Explore + Track as Active Issue × Dismiss

4	Autoimmune thyroiditis with high-end TSH	MONITOR	Thyroperoxidase antibody 348 IU/mL, TSH 3.88 mIU/L, MCH 32.9 pg	LIFE
5	Mercury exposure above range with reduced renal reserve	RETEST	Blood mercury 39 nmol/L, eGFR 56 mL/min/1.73m², Creatinine 108 µmol/L	LIFE

CONNECT HEALTH

- Dashboard
- Patients
- Test Tracking
- Import Results
- Explore
- Template Management
- Users & access

Admin User
admin@connecthealth.ca

← Back to Patients

Right renal lesion

- Indeterminate right u
- Creatinine is **108 µm**
- eGFR is **56**, down fr
- Cystatin C-based eG
- For an 80-year-old m
  noise.

Explore

Atherometabolic n

Glucose-insulin pl

Musculoskeletal ir

See all 440 new results

Re-run New Results

AI-generated analysis — doe

Attention

Items requiring clinical review

#	ISSUE
1	Marked NT-proBNP e impairment
2	Stage 3a kidney funct confirmation
3	Elevated PSA with ris
4	Autoimmune thyroidit TSH
5	Mercury exposure above range with reduced renal reserve

Elevated PSA with ris

SUPPORTING EVIDENCE

- **PSA 7.6 µg/L**, above re
- **Testosterone increase**
- **Latest testosterone 1**

SUGGESTED REVIEW

Repeat PSA with free/to

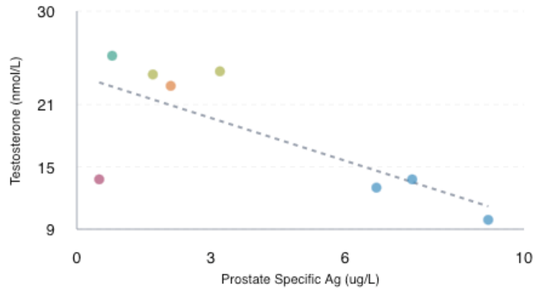
Explore + Trac

RETEST

Blood mercury 39 nmol/L, eGFR 56 mL/min/1.73m², Creatinine 106 µmol/L

LIFE

Prostate Specific Ag vs Testosterone



Higher **Prostate Specific Ag** is associated with **lower Testosterone Free Calculated** — a **moderate** relationship. **6** paired measurements across **5** unique patients. ρ = **-0.60**, p = 0.208. 5/5 patients (100%) had both variables measured. Samples from Aug 2023 to Mar 2025. Dots are coloured by patient. ρ = -0.60 p = 0.208 n = 6

Prostate Specific Ag vs Testosterone Free Calculated

Higher **Prostate Specific Ag** is associated with **lower Testosterone Bioavailable Calculated** — a **moderate** relationship. **6** paired measurements across **5** unique patients. ρ = **-0.55**, p = 0.257. 5/5 patients (100%) had bo ibles measured. Samples from Aug 2023 to Mar 2025. Dots are coloured by patient.

ρ = -0.55 p = 0.257 n = 6

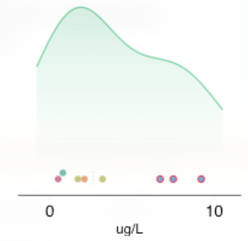
Prostate Specific Ag vs Testosterone Bioavailable Calcula…

Chat

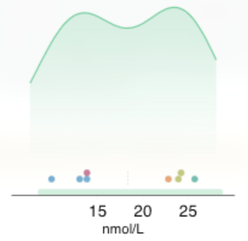
Context

Cohort distributions for correlated variables. Dots are coloured by patient; green band shows visible reference range. **Prostate Specific Ag** (8 obs., 3 out of range); **Testosterone** (8 obs., ref. 8.4–28.8); **Prostate Specific Ag** (6 obs., 2 out of range); **Testosterone Free Calculated** (6 obs., ref. 115–577); **Prostate Specific Ag** (6 obs., 2 out of range); **Testosterone Bioavailable Calculated** (6 obs., ref. 2.7–13.5)

Prostate Specific Ag



Testosterone



Prostate Specific Ag

Testosterone Free Calculated

Here is a finding needing attention for patient 1: Title: Elevated PSA with rising testosterone Details: PSA elevation above the age-adjusted lab threshold warrants confirmation, and a concurrent testosterone rise can be relevant because androgen exposure can influence prostate volume and PSA kinetics. This pairing is more actionable than an isolated PSA flag. PSA 7.6 µg/L, above reference <6.0; Testosterone increased by +3.9 over 3 measurements; Latest testosterone 13.8 nmol/L Please compare pairwise correlations and associations across the cohort for the named variables and show relevant trends.

Q1 Prostate Specific Ag vs Testos…

KEY TAKEAWAY

Across 5 male patients, PSA and testosterone show a **moderate inverse correlation**, not a positive one, but the estimate is **unstable and not statistically significant** because paired sample sizes are very small.

The dataset includes **15 PSA results**, **9 total testosterone results**, and **7 each** for calculated free and bioavailable testosterone from LIFE, spanning **2023-08-31 to 2025-03-20**. The key clinical outlier is **Patient 1**, who has persistently **above-threshold PSA** while testosterone rose modestly within the normal range.

Hide detail

- PAIRWISE PSA–TESTOSTERONE CORRELATIONS — Exact-date pairi…
- PSA ABOVE AGE-ADJUSTED REFERENCE THRESHOLD — Only Patient 1 …
- RELEVANT PATIENT-LEVEL TRENDS — Patient 1 — clinical…
- CLINICAL READ — The standout finding remai…
- LIMITATIONS — The main limitation is sam…

Ask a follow-up...

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