MEIYU HEALTH CENTER

HEALTH EXAMINATION REPORT

Personal Information

Name	DEMO-005
I.D. Number	DEMO-005
Gender	Male
Date of Birth	1959/07/10
Age	64
Date of Exam	2024/05/19
Exam Package	Customized Package

Physician_____

Contents

Summary & Suggestions

01. Diagnosis :

Impression: Mild Obesity

Evidence-Based on: Body Mass Index (BMI) 28.1 kg/m², Body Weight 78.9 kg, Body Fat 24.3%, Waist Circumference 92 cm
Interpretations and Suggestions: To manage mild obesity, a combination of dietary adjustments focusing on nutrient-dense foods and regular physical activity is recommended. Consider consulting a nutritionist for personalized dietary guidance and a fitness professional to create an exercise regimen that is safe and effective for weight loss and overall health improvement.

02. Diagnosis :

Impression: Stage 1 Hypertension

Evidence-Based on: Systolic Blood Pressure 143 mmHg, Diastolic Blood Pressure 91 mmHg
Interpretations and Suggestions: Stage 1 hypertension suggests a need for lifestyle modifications such as reducing sodium intake, increasing physical activity, and managing stress. Consistent monitoring of blood pressure and adherence to antihypertensive medication, if prescribed, are important to prevent further cardiovascular risks.

03. Diagnosis :

Impression: Microcytic Anemia, likely Thalassemia Minor

Evidence-Based on: RBC 6.8 x10⁶/uL, MCV 63.8 fl, MCH 18.5 pg, MCHC 29.0 g/dL
Interpretations and Suggestions: The laboratory findings suggest a diagnosis of Microcytic Anemia, likely Thalassemia Minor, given your high red blood cell count but low MCV, MCH, and MCHC. This condition often does not require treatment; however, regular monitoring of hemoglobin levels and avoidance of unnecessary iron supplements are advisable unless specifically recommended by a physician.

04. Diagnosis :

Impression: Eosinophilia

Evidence-Based on: Eosinophils 9.3%
Interpretations and Suggestions: Elevated eosinophils can indicate an allergic reaction, parasitic infection, or less commonly, certain types of leukemia. It is recommended to undergo further evaluation to determine the underlying cause, which may include specific allergen testing, stool studies for parasites, and a consultation with a hematologist if indicated.

05. Diagnosis :

Impression: Gilbert’s Syndrome Indicated by Indirect Hyperbilirubinemia

Evidence-Based on: Total Bilirubin 1.8 mg/dL, Indirect Bilirubin 1.5 mg/dL
Interpretations and Suggestions: The pattern of bilirubin elevation suggests Gilbert's Syndrome, a benign condition that typically does not require treatment. However, it's still important to avoid potential liver toxins including excessive alcohol consumption and certain medications known to affect liver function. Regular liver function tests may be conducted to monitor your condition over time.

06. Diagnosis :

Impression: Prediabetes

Evidence-Based on: Fasting Glucose 104 mg/dL, HbA1c 6.2%
Interpretations and Suggestions: These values indicate prediabetes. Implementing lifestyle changes such as adopting a balanced diet low in refined sugars and carbohydrates, regularly exercising, and periodically monitoring blood glucose levels are crucial steps to delay or prevent the onset of type 2 diabetes. Additionally, a consultation with a diabetes educator or endocrinologist might be beneficial.

07. Diagnosis :

Impression: Hyperlipidemia

Evidence-Based on: Total Cholesterol 227 mg/dL, LDL-Cholesterol 150 mg/dL, T-Chol/HDL-Chol Ratio 5.2
Interpretations and Suggestions: The cholesterol levels suggest hyperlipidemia, increasing your risk for atherosclerosis and heart disease. A heart-healthy diet, rich in fruits, vegetables, whole grains, and lean proteins, along with regular exercise, is recommended. Depending on your risk factors and overall cardiovascular risk, medication may also be prescribed to help manage your cholesterol levels.

08. Diagnosis :

Impression: Hyperthyroidism

Evidence-Based on: TSH 0.02 uIU/mL, Free T4 1.98 ng/dL
Interpretations and Suggestions: The suppressed TSH and elevated free T4 levels suggest hyperthyroidism, which may require antithyroid medications or other treatments. Consultation with an endocrinologist for precise diagnosis and management is essential. Monitoring thyroid function tests regularly as advised by your specialist is crucial for appropriate management.

09. Diagnosis :

Comprehensive summary

Based on the comprehensive analysis of your conditions, it seems you are dealing with several health issues that require attention, including mild obesity, stage 1 hypertension, microcytic

anemia likely due to Thalassemia Minor, eosinophilia, Gilbert’s syndrome indicated by indirect hyperbilirubinemia, prediabetes, hyperlipidemia, and hyperthyroidism. A multidisciplinary approach involving lifestyle modifications, close monitoring, and possibly medication is crucial for managing these conditions effectively. Collaboration with various specialists, including an endocrinologist, gastroenterologist, and possibly a hematologist, will be key to optimizing your health outcomes. Regular follow-up with your primary care physician to integrate the management plans from different specialists is recommended.

Nutrition Instructions

Diet Suggestions:

- Incorporate a high fiber diet with plenty of fruits, vegetables, whole grains, and legumes to manage prediabetes and hyperlipidemia, and to aid in weight loss.
- Choose lean protein sources and healthy fats, such as fish rich in omega-3 fatty acids, to support heart health.
- Limit intake of salt and processed foods to help control blood pressure.
- Avoid foods high in refined sugars and carbohydrates to help manage blood glucose levels.
- Opt for low glycemic index foods to stabilize blood sugar.
- Ensure adequate hydration throughout the day.

Supplement Recommendations:

- Consider a daily multivitamin that does not exceed 100% of the Daily Value of iron, unless otherwise directed by your physician, due to Thalassemia Minor.
- Omega-3 fatty acids supplement could be beneficial for heart health.
- A Vitamin D supplement may be beneficial, especially if your lifestyle or geographic location limits sun exposure.
- Magnesium supplements could help in managing hypertension and might assist in improving sleep quality.

Lifestyle Medicine Suggestions:

- Adopt a whole-food, plant-predominant eating pattern focusing on nutrient density to support weight management, improve lipid profile, and manage blood sugar levels.
- Engage in regular physical activity, aiming for at least 150 minutes of moderate aerobic exercise per week, along with muscle-strengthening activities on two or more days per week. This will aid in managing obesity, hypertension, and prediabetes.
- Ensure restorative sleep by maintaining a consistent sleep schedule, creating a sleep-conducive environment (cool, dark, and quiet), and avoiding stimulants and screens before bedtime.
- Manage stress effectively through mindfulness techniques, such as meditation, deep breathing exercises, or yoga. These practices can help in reducing blood pressure and improving overall well-being.
- Avoid risky substances by limiting alcohol consumption and avoiding smoking or the use of illicit drugs. Given Gilbert’s Syndrome, minimizing alcohol intake is particularly important to avoid additional liver stress.
- Foster positive social connections by maintaining close relationships with friends and family. Participating in community or group activities that interest you can also provide emotional support and improve mental health.

Personal and Family History

Chief complaint

No discomfort symptoms in the past three months.

Past medical history

Personal history of diseases: Hypertension, Periodontal disease

Medication and supplement history: Anti-hypertensive drugsAntihyperlipidemicsAspirinVitamin AB-complex vitaminsVitamin CVitamin EFish OilProbioticsCoenzyme Q10

Family history

Nasopharyngeal carcinoma (NPC)

Lifestyle habits (Smoking, drinking and betel chewing history)

Smoking habits in the past month: Never smoked.

Drinking habits in the past month: Abstain from alcohol.

Betel nut chewing habits in the past six months: No betel nut chewing.

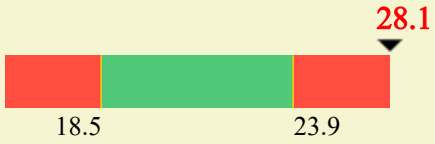
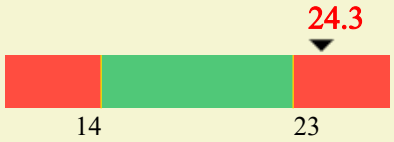
Coffee consumption habits: Yes.

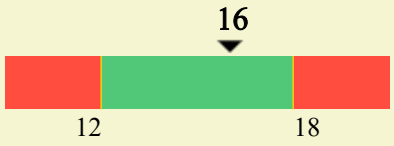
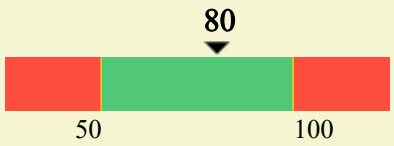
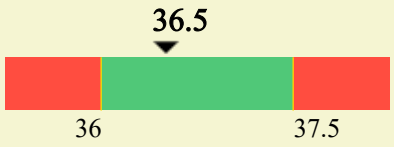
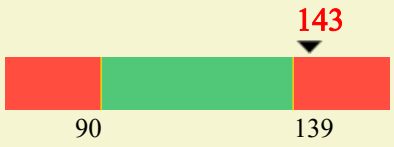
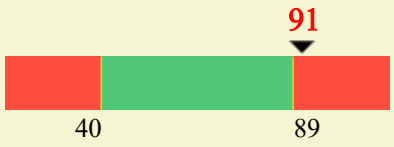
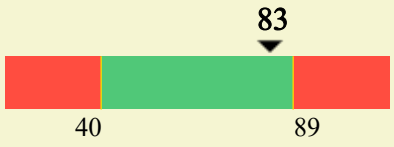
Average weekly working hours in the past six months: 48

Average weekly working hours in the past one month:42, daily working hours: 6

Weekday sleep duration: Average daily sleep hours: 7

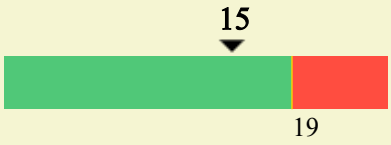
Physical Analysis

Vital Signs			
Exam Item	Result	Unit	Range Ref.
Body Height	66	inches	
66 inches	Height measurement is a simple yet crucial parameter in assessing growth patterns and potential disorders. Abnormally tall stature may indicate gigantism, often caused by excessive growth hormone, while significantly short stature could suggest dwarfism, which may result from various genetic or endocrine conditions.		
Body Weight	173.9	lbs	
173.9 lbs	Weight measurement is a fundamental aspect of health assessment, indicating nutritional status and potential health risks. Overweight status can signal an increased risk of conditions like cardiovascular disease, diabetes, and joint problems, while low body weight might indicate malnutrition or underlying health issues such as eating disorders or chronic illnesses.		
Body Mass Index	28.1	/	BMI 18.5~23.9
	Body Mass Index (BMI) is a key indicator of body weight relative to height, used to categorize individuals as underweight, normal weight, overweight, or obese. A high BMI points towards overweight or obesity, increasing the risk of chronic diseases like diabetes, heart disease, and joint problems. Conversely, a low BMI may indicate undernutrition or other health issues.		
Body Fat Composition	24.3	%	Male 14~23; Female 17~27
	Body fat composition assessment is crucial for understanding overall health, particularly in evaluating obesity or malnutrition. Increased body fat is associated with higher risks of cardiovascular diseases, diabetes, and certain cancers, while low body fat can indicate malnutrition or underlying health issues.		
Waist Circumference	36.2	inches	Male35.4; Female31.5
	Waistline measurement is a vital indicator of health, particularly for assessing obesity and related health risks. An increased waist circumference is often associated with a higher risk of metabolic disorders, cardiovascular diseases, and type 2 diabetes, reflecting central obesity. Conversely, a very low waist circumference might indicate undernutrition or other health concerns.		
Hip Circumference	38.2	inches	
38.2 inches	Hipline measurement is a valuable health assessment tool, particularly in determining body fat distribution. An increased hip circumference may indicate a higher amount of subcutaneous fat, often associated with lower risk of metabolic complications compared to abdominal fat. Conversely, a low hip circumference could suggest insufficient body fat, potentially leading to health issues.		

Breath Rate	16	Times/Min	12~18 Times/Min
			
Pulse Rate	80	Times/Min	50~100 Times/Min
	Pulse rate measurement is essential in cardiovascular assessment. Tachycardia, or a rapid pulse rate, can indicate conditions such as fever, dehydration, or heart disease. Bradycardia, or a slow pulse rate, may suggest underlying cardiac issues, electrolyte imbalances, or effects of certain medications. However, pulse rate must be interpreted within the context of overall health, activity level, and other clinical findings, as various physiological and pathological factors can influence it.		
Body Temperature	36.5	°C	36~37.5 °C
	Body temperature measurement is crucial for detecting abnormalities. Elevated temperature may indicate infections, autoimmune diseases, or tumor fevers, signaling a systemic response. Conversely, low body temperature could suggest infections or hypothermia, indicating potential exposure or metabolic disorders.		
Systolic BP-Left	143	mmHg	<140
	Systolic blood pressure measurement is vital for cardiovascular health assessment. Elevated systolic pressure suggests hypertension, a risk factor for heart disease, stroke, and kidney problems. Conversely, low systolic pressure indicates hypotension, which can signal underlying conditions like dehydration, heart problems, or endocrine disorders.		
Diastolic BP-Left	91	mmHg	<90
	Diastolic blood pressure measurement is critical for assessing cardiovascular health. High diastolic pressure may indicate hypertension, associated with increased risk of heart disease, stroke, and kidney issues. Low diastolic pressure can suggest hypotension, potentially indicating dehydration, blood loss, or heart conditions.		
Systolic BP-Right	134	mmHg	<140
	Systolic blood pressure measurement is vital for cardiovascular health assessment. Elevated systolic pressure suggests hypertension, a risk factor for heart disease, stroke, and kidney problems. Conversely, low systolic pressure indicates hypotension, which can signal underlying conditions like dehydration, heart problems, or endocrine disorders.		
Diastolic BP-Right	83	mmHg	<90
	Diastolic blood pressure measurement is critical for assessing cardiovascular health. High diastolic pressure may indicate hypertension, associated with increased risk of heart disease, stroke, and kidney issues. Low diastolic pressure can suggest hypotension, potentially indicating dehydration, blood loss, or heart conditions.		

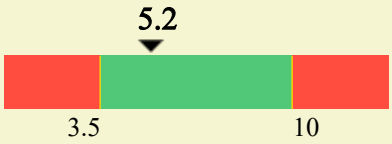
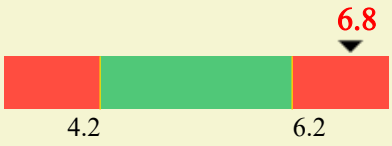
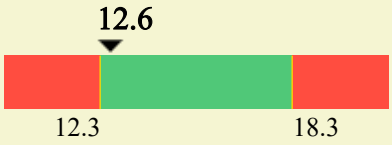
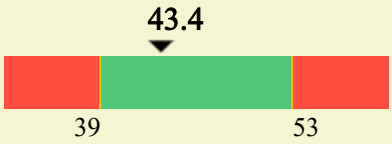
Physical Examination			
Exam Item	Result	Unit	Range Ref.
Physical Exam - Skin	Normal		Normal
Physical Exam - HEENT	Normal		Normal
Physical Exam - Neck	Normal		Normal
Physical Exam - Chest/Lungs	Normal		Normal
Physical Exam - Breast	Normal		Normal
Physical Exam - Heart/Vascular	Normal		Normal
Physical Exam - Abdomen	Normal		Normal
Physical Exam - Genitalia/Hernia	Normal		Normal
Physical Exam - Rectal	Normal		Normal

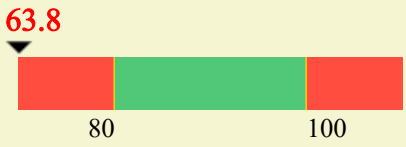
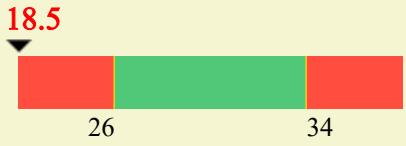
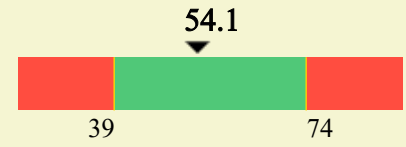
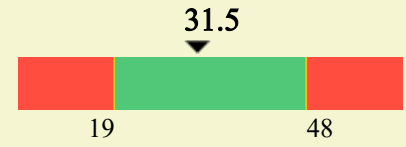
Vision & Hearing Screen

Visual Acuity and Intraocular Pressure Screening		
Item	Result	Range Ref.
VA-left	-	0.7
VA-right	-	0.7
Wear Eyeglasses-left	0.9	0.7
Wear Eyeglasses-right	0.8	0.7
Ishihara Test for Color Vision	Normal	
IOP-left	15	<20
		
IOP-right	15	<20
		

Hearing Screening	
Item	Result
40db,500HZ,Left ear	Normal
40db,1000HZ,Left ear	Normal
40db,2000HZ,Left ear	Normal
40db,4000HZ,Left ear	Normal
40db,500HZ,Right ear	Normal
40db,1000HZ,Right ear	Normal
40db,2000HZ,Right ear	Normal
40db,4000HZ,Right ear	Normal

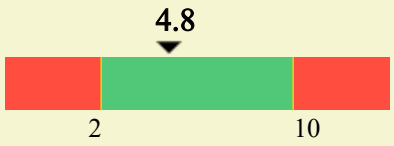
Hematology Screening

Complete Blood Count			
Item	Result	Range Ref.	Unit
WBC	5.20	3.50~10.00	10e3/UL
	The White Blood Cell (WBC) count is a crucial laboratory test used to assess the body's immune response and detect conditions such as infections, leukemia, and myelodysplasia. Elevated WBC counts may indicate bacterial infections, leukemia, or physical stress, while reduced counts can suggest viral infections, liver cirrhosis, or compromised immune function. While valuable for identifying leukopenia (low WBC) and leukocytosis (high WBC), this test has limitations and should be interpreted in conjunction with clinical findings and other diagnostic tests.		
RBC	6.8	M:4.20~6.20 F:3.70~5.50	10e6/UL
	The Red Blood Cell (RBC) count is a vital test for evaluating anemia, polycythemia, and overall red blood cell loss. High RBC counts can be indicative of conditions such as polycythemia vera, dehydration, or chronic cardiopulmonary diseases, while low counts may signal anemia, leukemia, malnutrition, or pregnancy. This test is essential for diagnosing and monitoring these conditions. However, its accuracy can be compromised by the presence of cold agglutinins, which may lead to falsely low RBC counts.		
Hb	12.6	M:12.3~18.3 F:11.3~15.3	g/dl
	The Hemoglobin (Hb) test is crucial for assessing anemia, blood loss, hydration status, polycythemic conditions, and treatment efficacy. Elevated Hb levels may indicate high erythropoietin activity, dehydration, or heavy smoking, while low levels often suggest anemia, leukemia, or chronic infections. Despite its clinical significance, the test's accuracy can be affected by hyperlipemic plasma, particularly in conditions like Fredrickson and Lees types I and V with chylomicronemia, or extremely high white blood cell counts. These factors may falsely elevate hemoglobin results, necessitating correction through specialized laboratory techniques.		
Hct	43.4	M:39.0~53.0 F:33.0~47.0	%
	The Hematocrit (Hct) test measures the proportion of red blood cells in blood, playing a vital role in diagnosing and monitoring conditions like anemia, polycythemia, and hydration status. Elevated hematocrit levels can be seen in situations with increased erythropoietin activity, dehydration, or heavy smoking. Conversely, low hematocrit levels may indicate anemia, leukemia, or chronic infections. This test is instrumental in evaluating blood loss, anemia severity, and the body's response to treatments for these conditions.		

Complete Blood Count			
Item	Result	Range Ref.	Unit
MCV	63.8	80.0~100.0	fl
	The Mean Corpuscular Volume (MCV) test, an essential component of a complete blood count, measures the average size of red blood cells. High MCV values can indicate pernicious anemia, folic acid deficiency, or liver disease, while low MCV is associated with conditions like iron deficiency anemia, thalassemia, or lead poisoning. MCV values also assist in guiding medication and chemotherapy decisions, making it a valuable tool in clinical practice.		
MCH	18.5	26.0~34.0	pg
	The Mean Corpuscular Hemoglobin (MCH) test evaluates the average amount of hemoglobin per red blood cell, crucial for assessing overall health and hematologic disorders. Elevated MCH levels can suggest conditions like pernicious anemia, folic acid deficiency, or liver disease. In contrast, low MCH values are often indicative of iron deficiency anemia or thalassemia.		
MCHC	29.0	30.0~36.0	g/dl
	The Mean Corpuscular Hemoglobin Concentration (MCHC) test measures the average concentration of hemoglobin in a given volume of red blood cells and is vital for assessing various hematologic conditions. High MCHC values can indicate hereditary spherocytosis, whereas low MCHC is commonly seen in conditions like iron deficiency anemia and thalassemia.		
Platelet	271	150~450	10e3/UL
	The Platelet count test is essential for diagnosing and monitoring bleeding disorders, thrombocytopenia, leukemia, and the effects of chemotherapy. Elevated platelet levels can indicate conditions like polycythemia vera, chronic leukemia, myelodysplasia, chronic infections, and tuberculosis. Conversely, low levels are seen in splenomegaly, purpura, autoimmune diseases, infections, and aplastic anemia. It's crucial for evaluating bleeding symptoms, such as purpura and petechiae, and for assessing the efficacy of treatments like platelet transfusions and steroids. However, inaccuracies can arise from clumping, platelet satellitism, or the presence of fragmented cells, leading to false counts.		
Neutro	54.1	39~74	%
	The Neutrophil count test, particularly significant in calculating the Neutrophil to Lymphocyte Ratio (NLR), is a key biomarker for detecting inflammation and infection. High neutrophil counts often indicate bacterial infections or tissue inflammation, while low counts can be associated with viral infections or liver cirrhosis.		
Lymophocytes	31.5	19~48	%
	The Lymphocyte count is integral for assessing immune response, especially when analyzing the Neutrophil to Lymphocyte Ratio (NLR). Elevated lymphocyte levels are typically seen in viral infections, healing tuberculosis, rubella, mumps, pertussis, and lymphoblastic leukemia. Conversely, a low lymphocyte ratio can indicate a weakened immune response.		

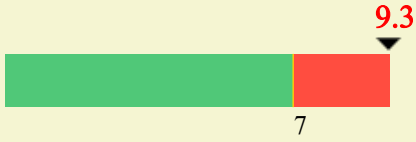
Complete Blood Count

Item	Result	Range Ref.	Unit
Monocytes	4.8	2~10	%



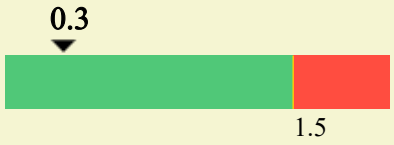
The Monocyte count test is crucial for identifying various infectious and inflammatory conditions. Elevated monocyte levels can be indicative of acute tuberculosis, protozoal infections, subacute bacterial endocarditis, and monocytosis, and are often seen during the resolution phase of infections. Conversely, a low monocyte ratio may suggest a compromised immune response.

Item	Result	Range Ref.	Unit
Eosinophils	9.3	0~7	%



The Eosinophil count test is key for diagnosing and monitoring allergic reactions, asthma, parasitic infections, and certain hematologic disorders. Elevated eosinophil levels are commonly associated with allergies, parasitic infestations, tuberculosis, brucellosis, collagen diseases, Hodgkin disease, myeloproliferative diseases, and acute hypereosinophilic syndrome. They can also increase in conditions like angioneurotic edema, dermatitis, and Addison's disease. Conversely, reduced eosinophil counts may indicate Cushing's syndrome, cortisone therapy, hormone-secreting tumors, and acute or chronic inflammation.

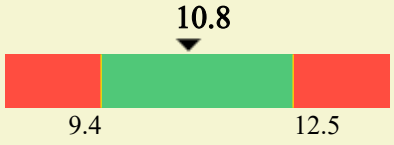
Item	Result	Range Ref.	Unit
Basophils	0.3	0~1.5	%



Basophil count, an important component of a complete blood count, is essential for diagnosing and monitoring allergic reactions and certain hematologic conditions. Elevated basophil levels are typically seen in cases of allergies, cachexia, and chronic granulocytic leukemia, indicating an active immune response or a myeloproliferative disorder. A low basophil ratio, on the other hand, might be less clinically significant but could still reflect variations in immune status.

Coagulation Profile

Item	Result	Range Ref.	Unit
PT	10.8	9.4~12.5	Sec



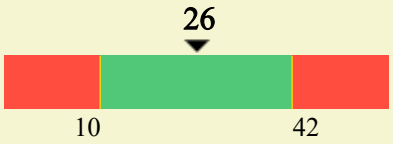
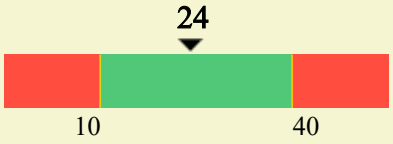
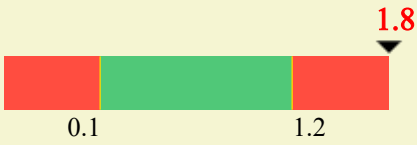
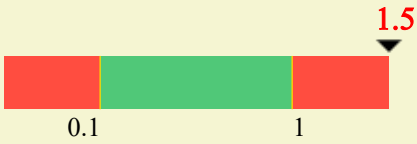
The Prothrombin Time (PT) test is crucial for evaluating the extrinsic coagulation system, particularly in detecting deficiencies in coagulation factors II, V, VII, X, and fibrinogen. High PT values may indicate a bleeding tendency, severe liver disease, deficiency in certain coagulation factors, or vitamin K deficiency. It is widely used for monitoring warfarin anticoagulant therapy. However, its sensitivity to minor deficiencies in single factors is limited. PT results can be affected by heparin, lupus anticoagulants, and antithrombin anticoagulants like hirudin and argatroban, potentially leading to inaccuracies in reflecting the true anticoagulation level. In such cases, a chromogenic factor X assay is recommended for more accurate monitoring.

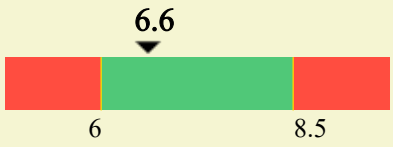
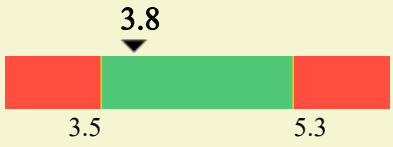
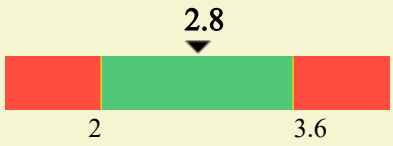
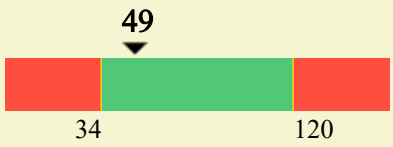
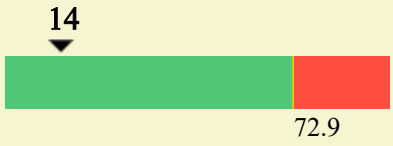
Coagulation Profile			
Item	Result	Range Ref.	Unit
APTT	33.0	28.0~40.0	Sec

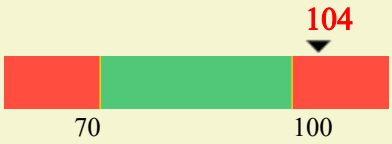
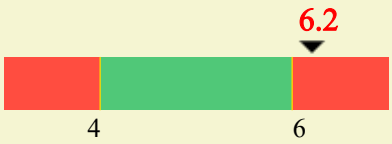
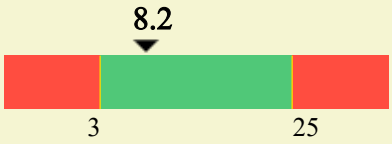
The Activated Partial Thromboplastin Time (aPTT) test is an important measure of the intrinsic and common pathways of coagulation, indicating use of anticoagulants, and deficiencies in coagulation factors. Elevated aPTT can point to conditions such as coagulation factor deficiencies, liver disease, and use of anticoagulants, while low levels are less clinically significant. Although sensitive to intrinsic pathway deficiencies, aPTT is less so for factor X, V, prothrombin, and fibrinogen. It's complicated by numerous conditions affecting heparin bioavailability and response, with lupus anticoagulants extending aPTT, suggesting the use of heparin anti-Xa assay for more accurate monitoring in certain clinical scenarios.

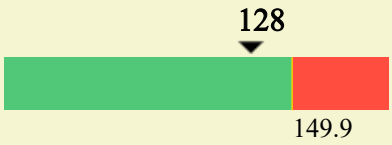
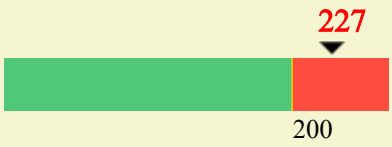
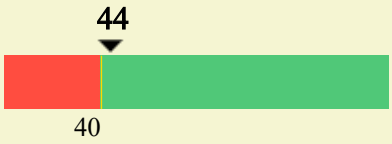
Biochemistry Examination

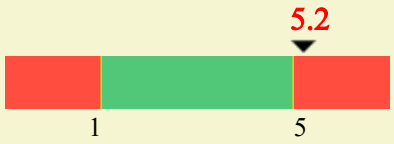
Liver Function Test

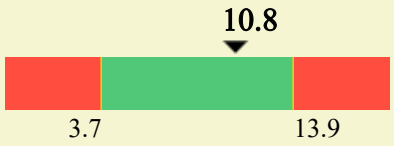
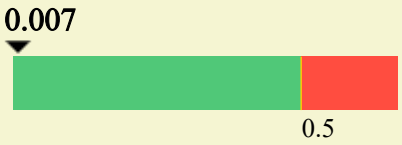
Item	Result	Range Ref.	Unit
SGOT	26	10~42	U/L
	Serum Glutamic-Oxaloacetic Transaminase (SGOT), also known as Aspartate Aminotransferase (AST), is an enzyme that, when elevated, suggests potential damage to organs such as the liver or heart. Conditions such as hepatitis, liver cirrhosis, hepatoma, and myocardial infarction can result in high SGOT levels. Conversely, low levels may occur with vitamin B6 deficiency or uremia. While SGOT is a useful marker for hepatocellular diseases, it is less sensitive than other enzymes like alkaline phosphatase and gamma-glutamyl transferase (GGT) for diagnosing biliary obstruction.		
SGPT	24	10~40	U/L
	Serum Glutamic Pyruvic Transaminase (SGPT), also known as Alanine Aminotransferase (ALT), is a key enzyme in diagnosing liver injury, more specific to the liver than AST (SGOT) and more sensitive to hepatocyte injury than biliary obstruction. Elevated SGPT levels can indicate various conditions, including viral hepatitis, fatty liver, and myocardial infarction. While useful in detecting liver diseases and monitoring for drug-induced hepatitis, its elevation can also occur in non-hepatic conditions such as heart failure and muscle injuries. However, hemolysis can falsely increase measured levels, and it is less sensitive to alcoholic liver disease compared to AST.		
Total Bilirubin	1.8	0.1~1.2	mg/dl
	Total Bilirubin is a crucial indicator of hepatic function and hemolysis. Elevated levels can point to liver pathologies such as hepatitis, cirrhosis, neoplasia, or biliary obstruction, as well as hemolytic diseases and inherited disorders like Gilbert's and Crigler-Najjar syndromes. High bilirubin may also accompany heart failure, alcoholism, and conditions like infectious mononucleosis. While low total bilirubin is generally of less concern, the test's interpretation requires correlation with other liver function tests and clinical context, as isolated bilirubin elevations can occur in benign conditions like Gilbert's syndrome.		
Direct Bilirubin	0.3	0~0.5	mg/dl
	Direct Bilirubin measurement is vital for assessing liver and biliary tract function. High levels typically indicate cholestatic liver disease, potentially due to biliary obstruction, hepatitis, cirrhosis, or neoplastic conditions. It also rises with certain drug reactions and in inherited conditions such as Dubin-Johnson and Rotor syndromes, although usually below 5 mg/dL in these cases. While low levels are generally not clinically significant, elevated Direct Bilirubin necessitates further investigation to pinpoint the exact cause of liver or biliary pathology.		
Indirect Bilirubin	1.5	0.1~1.0	mg/dl
	Indirect Bilirubin levels are indicative of pre-hepatic processes or conditions affecting bilirubin metabolism before liver conjugation. Elevated levels often suggest hemolytic diseases, where there is increased breakdown of red blood cells, or inherited disorders like Gilbert's syndrome and Crigler-Najjar syndrome, which affect bilirubin processing. It can also be raised in hepatic conditions such as hepatitis and systemic issues like heart failure. Low levels of indirect bilirubin are usually not a clinical concern.		

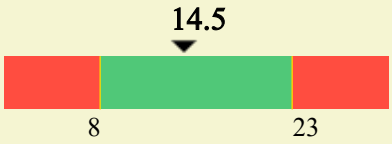
Liver Function Test			
Item	Result	Range Ref.	Unit
Total Protein	6.6	6.0~8.5	g/dl
	Total Protein tests are essential for evaluating nutritional status and investigating causes of edema. Elevated levels may indicate dehydration, hyperproteinemia, or conditions like multiple myeloma, whereas low levels can suggest chronic liver disease, nephrotic syndrome, malnutrition, or chronic infection. While helpful, the total protein level alone lacks specificity; further diagnostic clarity is often achieved through analyzing protein fractions via serum protein electrophoresis or immunodiffusion to assess individual proteins like immunoglobulins, which can offer more detailed insights into the underlying pathology.		
Albumin	3.8	3.5~5.3	g/dl
	Albumin, the predominant serum protein, plays a key role in maintaining oncotic blood pressure and evaluating nutritional status. High albumin levels can be a sign of dehydration or hyperproteinemia, while low levels are often indicative of chronic liver disease, nephrotic syndrome, malnutrition, or chronic infections. It's instrumental in assessing conditions causing proteinuria and edema, where levels below 2.0-2.5 g/dL can be significant. As a "negative" acute phase reactant, albumin decreases with acute inflammation, and its low values correlate with increased morbidity and prolonged hospital stays.		
Globulin	2.8	2.0~3.6	g/dl
	Globulin levels are indicative of a variety of bodily functions and pathologies, with high levels often associated with conditions such as dehydration, multiple myeloma, chronic infections, or liver cirrhosis. Low globulin levels can suggest malnutrition, immunodeficiency, or renal diseases where proteins are lost. Globulins include various groups like immunoglobulins and acute phase reactants, hence, specific globulin fractions often need to be examined for a more detailed understanding of the underlying condition.		
ALK-P	49	34~120 Child >300	U/L
	Alkaline Phosphatase (ALK-P) is a crucial enzyme in diagnosing liver and bone diseases. Elevated levels can indicate biliary tract obstruction, liver conditions (such as hepatitis and tumors), bone diseases, and hyperparathyroidism. Low ALK-P levels are less common and typically not of significant concern. However, interpreting ALK-P results can be challenging when used in isolation, as elevations can stem from multiple sources.		
γ-G.T.	14	M:<73;F:<38	U/L
	Gamma-Glutamyl Transferase (γ-GT) is a key enzyme in diagnosing liver and biliary diseases. Elevated levels are indicative of conditions like alcoholic hepatitis, fatty liver, pancreatitis, drug-induced hepatitis, and biliary obstruction, making it particularly sensitive to biliary tract issues. While low levels are generally not a concern, γ-GT's utility has limitations. It can be influenced by medications like acetaminophen and may not significantly increase in lymphoma without hepatic involvement. High alkaline phosphatase with normal γ-GT doesn't completely exclude liver disease. Additionally, in cancer evaluations, γ-GT can yield normal results in progressive disease or elevated levels in the absence of tumors, hence it should be interpreted cautiously and in the context of other clinical findings.		

Diabetes Screening			
Item	Result	Range Ref.	Unit
Glucose AC	104	70~100	mg/dl
	Fasting blood glucose (Glucose AC) testing is crucial for diagnosing diabetes mellitus and evaluating carbohydrate metabolism disorders. Elevated levels can indicate diabetes, chronic pancreatitis, or vitamin B1 deficiency, while low levels may suggest insulinoma, liver diseases, hypopituitarism, hypoadrenocorticism, or central nervous system disorders. This test is key in diagnosing hypoglycemia, evaluating acidosis and ketoacidosis, and assessing conditions like dehydration and coma. However, blood glucose levels can be influenced by various factors, including diet, medication, and physiological stress, necessitating careful interpretation in the context of clinical symptoms and other diagnostic tests.		
HbA1C	6.2	4.0~6.0	% of Hb
	Hemoglobin A1c (HbA1c) testing is pivotal for evaluating long-term glycemic control in patients with diabetes, diagnosing diabetes, and identifying individuals at risk for prediabetes. High HbA1c levels indicate poor blood glucose control over the past 3 months, while lower levels suggest better glycemic control. However, HbA1c should be interpreted alongside other diagnostic information and clinical evaluations, as it's not a substitute for daily blood glucose monitoring. Results can be affected by conditions that shorten erythrocyte lifespan, such as hemolytic anemia, sickle cell trait, pregnancy, or chronic blood loss, potentially leading to falsely low HbA1c values.		
AC Insulin	8.2	3.0~25.0	mU/L
	The AC Insulin test is valuable for assessing a patient's endogenous insulin production, reflecting beta cell function in the pancreas. It is particularly useful in distinguishing between the body's own insulin production and injected insulin in patients with diabetes. This test is performed using a 2-site electrochemiluminescent immunoassay on the Roche platform and is highly specific for human insulin. However, it's crucial to note that this assay does not react with several insulin analogs used in diabetes treatment. Therefore, its effectiveness varies depending on whether the patient is receiving exogenous insulin and the type of insulin used.		

Lipid Disorder Screening			
Item	Result	Range Ref.	Unit
Triglyceride	128	<150	mg/dl
	Triglyceride testing is essential in evaluating lipid metabolism and identifying risk factors for atherosclerotic disease. Elevated levels may indicate hyperlipidemia, alcoholism, biliary tract obstruction, diabetes mellitus, pancreatitis, arteriosclerosis, hypothyroidism, nephrotic syndromes, or genetic hyperlipoproteinemias. It's crucial for diagnosing chylomicronemia and in calculating LDL cholesterol, though this calculation becomes unreliable when triglycerides exceed 800 mg/dL. Factors like estrogen therapy, pregnancy, and certain medications like thiazide diuretics and β-adrenergic blockers can also increase triglyceride levels.		
Total Cholesterol	227	≤200	mg/dl
	Cholesterol testing is vital for assessing lipid status and identifying metabolic disorders. Elevated cholesterol levels may indicate hyperlipidemia, nephrotic syndrome, obstructive jaundice, diabetes mellitus, or arteriosclerosis, and can be influenced by endocrine disorders, liver or renal disease. Low cholesterol levels could signify malnutrition, trauma, cancer, infection, digestive system disease, or an inherited LDL or HDL deficiency. Hormonal imbalances, hypothyroidism, hyperthyroidism, severe liver disease, and pregnancy also impact cholesterol levels. Despite some controversy, high cholesterol is generally associated with increased risk of atherosclerosis, coronary artery disease, and myocardial infarction.		
HDL-Cholesterol	44	≥40	mg/dl
	High-Density Lipoprotein Cholesterol (HDL-Cholesterol) is crucial for cardiovascular health assessment. Elevated HDL-Cholesterol, often associated with regular exercise, is protective against coronary heart disease and reduces atherosclerotic disease risk. Conversely, low HDL-Cholesterol levels, particularly when coupled with high triglycerides, significantly increase the risk of obesity, diabetes mellitus, ischemic heart disease, and stroke. Monitoring HDL-Cholesterol is therefore important in evaluating and managing cardiovascular health, with therapeutic strategies increasingly focusing on raising HDL-Cholesterol levels to mitigate cardiovascular disease risk.		
LDL-Cholesterol	150	<130	mg/dl
	Low-Density Lipoprotein Cholesterol (LDL-Cholesterol) is a key factor in assessing coronary heart disease (CHD) risk. Elevated levels, often seen in conditions like hypothyroidism, nephrotic syndrome, diabetes mellitus, and hyperlipoproteinemia, are associated with increased CHD risk. Low levels can indicate malnutrition, trauma, surgery, cancer, infection, or hepatobiliary gastrointestinal disease. Direct LDL measurement is particularly useful in nonfasting patients or when fasting triglycerides exceed 400 mg/dL, where calculations like the Friedewald formula may be inaccurate. However, LDL values may be less diagnostic in liver disorders due to altered lipid metabolism. NCEP guidelines recommend LDL as the primary index for CHD risk assessment, but patient classification should be based on serum or serum-equivalent values, considering potential interferences and specific conditions affecting lipid metabolism.		

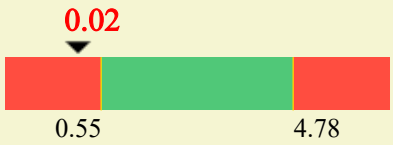
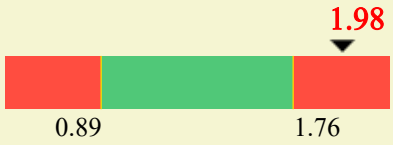
Lipid Disorder Screening			
Item	Result	Range Ref.	Unit
T-Chol/HDL-Chol	5.2	1~5.0	
	The Total Cholesterol to High-Density Lipoprotein Cholesterol (T-Chol/HDL-Chol) ratio is an important indicator in evaluating the risk of coronary artery disease (CAD). A high ratio suggests a higher risk of CAD and is commonly seen in hyperlipidemia, while a low ratio is considered more favorable. This ratio is particularly useful in assessing individuals with a family history of atherosclerosis or hyperlipidemia, especially those under 40 years of age, who are considered at 'premature' risk. However, its interpretation can be complicated in patients with obstructive liver disease, which may lead to lipoprotein abnormalities. Also, it's important to note that LDL cholesterol calculations are unreliable when triglyceride levels exceed 800 mg/dL.		

Inflammatory Markers			
Item	Result	Range Ref.	Unit
Homocysteine	10.8	3.7-13.9	umol/L
	Homocysteine testing is an important tool for evaluating the risk of heart disease and stroke. Elevated homocysteine levels can indicate a higher risk of acute myocardial infarction and are often associated with deficiencies in vitamins B6, B12, and folic acid. Therefore, this test is useful in screening patients potentially at risk for cardiovascular events. However, it's important to note that while homocysteine levels are influenced by vitamin status, the test is not designed to diagnose deficiencies in folate or vitamin B12.		
HS-CRP	0.007	<0.500	mg/dl
	High Sensitivity C-Reactive Protein (HS-CRP) testing is a valuable tool in assessing the risk of cardiovascular and peripheral vascular diseases. Elevated HS-CRP levels are indicative of acute myocardial infarction, ischemic tissue necrosis, infection, or acute inflammation. While HS-CRP can complement other markers in cardiovascular risk assessment, its increases are nonspecific and can reflect a variety of disease processes. Interpretation of HS-CRP levels requires a complete clinical history, taking into account any recent tissue injury, infections, or inflammation that might elevate CRP levels.		

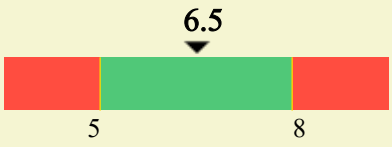
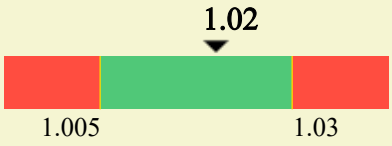
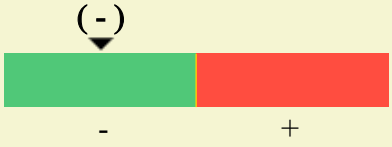
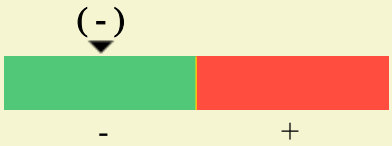
Renal Function Test			
Item	Result	Range Ref.	Unit
BUN	14.5	8.0~23.0	mg/dl
	The Blood Urea Nitrogen (BUN) test is a crucial indicator of renal health, useful in diagnosing renal insufficiency, failure, and other conditions like congestive heart failure, dehydration, and effects of certain drugs. Elevated BUN levels can signify chronic renal diseases like glomerulonephritis, acute renal failure, decreased renal perfusion, urinary tract obstructions, severe heart failure, dehydration, and gastrointestinal bleeding. It is particularly effective in monitoring hemodialysis and therapy for severe azotemia. However, BUN alone is not fully reliable; it's best evaluated alongside creatinine levels. In conditions like prerenal and postrenal azotemia, BUN increases more than creatinine, but factors like dehydration and acidosis can affect its levels.		
Creatinin	1.01	0.50~1.30	mg/dl
	Serum creatinine is a vital test for assessing kidney function, useful in diagnosing conditions like uremia, renal failure, urinary tract obstruction, and various muscle diseases. Elevated creatinine levels can indicate amyotrophic lateral sclerosis, dermatomyositis, myasthenia gravis, muscular dystrophies, trauma, and even in cases of starvation. Creatine synthesis, and thus serum creatinine levels, may be stimulated by factors such as methyltestosterone use, hyperthyroidism, diabetic acidosis, and the postpartum period.		

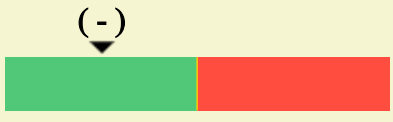
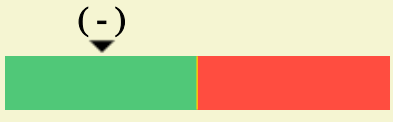
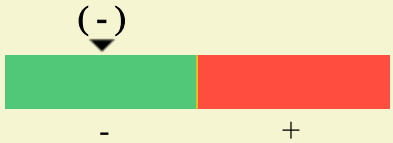
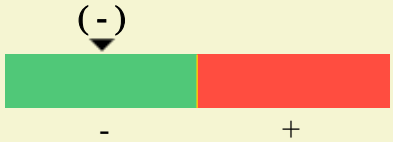
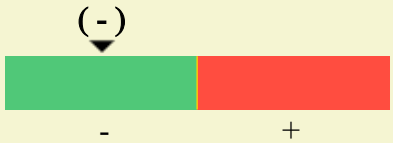
Serology and Immunology Examination

Viral Hepatitis Screening			
Item	Result	Range Ref.	Unit
Anti-HAV IgG	12.70(+)	<1.00	S/CO
12.70(+) S/CO	The Anti-HAV IgG test is pivotal for assessing immunity against the hepatitis A virus (HAV), either due to vaccination or past infection. Presence of these antibodies indicates previous exposure to HAV or successful vaccination, conferring lifelong immunity and protection against reinfection. The absence of Anti-HAV IgG antibodies suggests a lack of prior exposure or vaccination against hepatitis A.		
HBsAg	<0.10(-)	<1.00, Negative	Index
<0.10(-) Index	The Hepatitis B surface antigen (HBsAg) test is critical for diagnosing acute or chronic hepatitis B virus (HBV) infection and screening pregnant women to prevent perinatal transmission. The presence of HBsAg indicates an active HBV infection, either acute or chronic. However, a negative result doesn't rule out hepatitis B, especially during the "core window" phase, where HBsAg may no longer be detectable but anti-HBs antibodies haven't developed yet. In this phase, both anti-HBc tests are usually positive, with anti-HBc IgM being a specific marker for acute HBV infection.		
Anti-HBs	>1000.0(+)	<8.0: No antibodies; ≥8.0, <12.0: Uncertain; ≥12.0: Presence of antibodies	mIU/mL
>1000.0(+) mIU/mL	The Anti-Hepatitis B surface antibodies (Anti-HBs) test is crucial for assessing immunity against the Hepatitis B virus (HBV), either following infection or vaccination. The presence of Anti-HBs indicates immune response to HBV, and its levels are used to determine the need for vaccination or the success of vaccination in achieving protective immunity. However, the presence of Anti-HBs doesn't completely rule out active hepatitis B infection or guarantee protection against all HBV subtypes, as rare cases of concurrent HBsAg and Anti-HBs have been reported. Additionally, false-positive results can occur in individuals who have received blood transfusions or plasma components, complicating the interpretation in such cases.		
Anti-HCV	0.13(-)	<0.8 : Negative >1.0 : Positive 0.8~1.0 : Inconclusive	Index
0.13(-) Index	The Anti-Hepatitis C Virus (Anti-HCV) test is instrumental in diagnosing HCV infection. A positive result indicates past or present infection with the hepatitis C virus. It's a crucial aid in the clinical diagnosis of viral hepatitis C. However, this test is not approved for screening blood or plasma donors and its accuracy may be limited in specific populations. Its performance characteristics have not been established for immunocompromised or immunosuppressed patients, in cord blood samples, or in patients under the age of 2 years, which may affect the reliability of results in these groups.		

Thyroid Function Test			
Item	Result	Range Ref.	Unit
TSH	0.02	0.550~4.780	uIU/ml
	The Thyroid-Stimulating Hormone (TSH) test is a fundamental thyroid function test, used to differentiate between various thyroid conditions. High TSH levels typically indicate primary hypothyroidism, whereas low levels suggest hyperthyroidism. It's useful in investigating low thyroxine (T4) results, evaluating thyroid replacement therapy, and monitoring post-treatment hyperthyroid patients. However, its accuracy can be compromised by factors like glucocorticoids, dopamine, severe illnesses, certain medications like amiodarone, and in cases of secondary hypothyroidism where TSH is not elevated.		
Free T4	1.98	0.89~1.76	ng/dl
	Free Thyroxine (Free T4) testing is pivotal for thyroid function assessment, especially useful in evaluating hyperthyroidism, hypothyroidism, and when issues with thyroxine-binding globulin (TBG) are suspected. It's reliable in subjects with altered TBG levels but euthyroid status and should remain normal in nonthyroidal diseases and familial dysalbuminemic hyperthyroxinemia. However, Free T4 levels can be influenced by medications like radiologic contrast agents, propranolol, amiodarone, heparin, and carbamazepine. Elevated Free T4 in nonthyroid diseases is usually transient.		

Urinalysis

Urine Screening			
Item	Result	Range Ref.	Unit
Appearance	Yellow Clear	light~yellow clear	
Yellow Clear	Urinalysis is a fundamental diagnostic tool for detecting urinary abnormalities and managing renal diseases, urinary tract infections, neoplasms, systemic diseases, and adjacent inflammatory or neoplastic conditions. It provides valuable insights into a patient's overall health. However, its accuracy can be affected by various factors: insufficient urine volume may limit testing, metabolites from medications like Pyridium® can interfere with dipstick reactions, high vitamin C intake may skew results for glucose or nitrite tests, and the survival of white blood cells in the sample can be compromised by low osmolality, alkalinity, and lack of refrigeration.		
Urine pH	6.5	5.0~8.0	
	Urine pH testing is crucial for diagnosing and managing conditions like urinary tract infections, diabetes, nephrotic syndrome, and dietary influences like excessive consumption of coffee, tea, and vegetables, which can increase pH. On the other hand, a lower urine pH may be observed in conditions like polyuria, pyelonephritis, hydronephrosis, or in individuals with a diet high in animal products.		
Urine Sp.G	1.020	1.005~1.030	
	Urine Specific Gravity (Sp.G) testing is essential for evaluating the concentration of urine and is indicative of hydration status and renal function. High specific gravity can point towards conditions like dehydration, reduced urine output, or diabetes, suggesting a more concentrated urine. Conversely, low specific gravity may be seen in diabetes insipidus or in the syndrome of inappropriate antidiuretic hormone secretion (SIADH), indicating diluted urine.		
Urine Glucose	-	-	
	Urine Glucose testing is a key tool in identifying glucose excretion in urine, often used as an initial indicator for conditions like prediabetes and diabetes. The presence of glucose in urine typically suggests elevated blood glucose levels, pointing towards possible glucose metabolism disorders. However, it's important to note that urine glucose testing is not as sensitive or specific as blood glucose testing and should not be used as the sole diagnostic tool.		
Urine Protein	-	-	
	Urine Protein testing is crucial for detecting proteinuria, which can indicate renal insufficiency, diabetes, nephrotic syndrome, or other kidney-related disorders. The presence of protein in urine is a significant marker of kidney function and damage. However, transient proteinuria can also occur due to physical exertion or stress		

Urine Screening			
Item	Result	Range Ref.	Unit
Urine OB	-	-	
	Urine Occult Blood (Urine OB) testing is essential for detecting hidden blood in urine, which can be indicative of conditions like urolithiasis, cystitis, autoimmune diseases, or tumors. The presence of occult blood in urine is a critical diagnostic marker for various urinary tract and systemic conditions. However, it's important to consider that this test can sometimes yield false positives due to factors like menstruation or certain foods and medications, necessitating careful interpretation in conjunction with other clinical evaluations for accurate diagnosis.		
Urine UBG	Normal	Normal	
Urine Bilirubin	-	-	
			
Urine NIT	-	-	
			
Urine KET	-	-	
	Urine Ketone testing is a valuable diagnostic tool primarily used to identify ketosis, commonly seen in conditions like prolonged fasting or diabetic ketoacidosis (DKA). The presence of ketones in urine indicates that the body is using fats rather than carbohydrates for energy, a key sign of metabolic imbalance. While highly indicative of DKA in diabetic patients, it's essential to interpret results in the context of clinical symptoms and other diagnostic tests for a comprehensive assessment.		
Urine Leu	-	-	
			
RBC	2-4	0~5	/HPF
2-4 /HPF	Urine Sediment analysis, specifically Red Blood Cells (RBCs), is crucial for diagnosing urinary tract conditions like urolithiasis, cystitis, autoimmune diseases, and tumors. The presence of RBCs in urine sediment can indicate inflammation, infection, or trauma within the urinary tract.		

Urine Screening			
Item	Result	Range Ref.	Unit
WBC	0-1	0~5	/HPF
0-1 /HPF	Urine White Blood Cell (WBC) testing is instrumental in detecting urinary tract infections (UTIs) and microbial infections. Elevated levels of WBCs in urine typically point to inflammation or infection within the urinary system.		
Epith.cell	0-1	0~5	/HPF
0-1 /HPF	Urine Epithelial Cell analysis is significant for detecting renal tubular damage and identifying contamination, such as from vaginal discharge. Elevated epithelial cells in urine may suggest underlying renal issues or contamination during sample collection.		
Cast	None found	None found	/HPF
None found /HPF	Urine Cast testing is pivotal for identifying renal pathologies like pyelonephritis and nephrotic syndrome. The presence of casts—cylindrical structures formed from coagulated protein or cellular elements—indicates renal tubular damage or significant kidney disease.		
Crystals	None found	None found	/HPF
Bacteria	None found	None found	/HPF
None found /HPF	Urine Bacteria testing is essential for diagnosing urinary tract infections (UTIs) and other microbial infections. The presence of bacteria in urine is a key indicator of infection within the urinary system. While this test is a critical tool for identifying UTIs, it's important to interpret results alongside clinical symptoms and additional tests, as contamination can occur during sample collection. Accurate diagnosis and treatment rely on correlating these results with the patient's overall health status and symptoms.		
Other	None found	None found	/HPF

Abdominal Ultrasound

Abdominal ultrasound findings:

Liver:

The liver parenchyma is normal echogenicity and the liver size is within normal limit. There is no tumor in both lobe of liver.

Gallbladder:

Not remarkable change

Common bile duct:

No dilatation

Pancreas:

The pancreas is not remarkable change and partially obscured by intestinal gas.

Spleen:

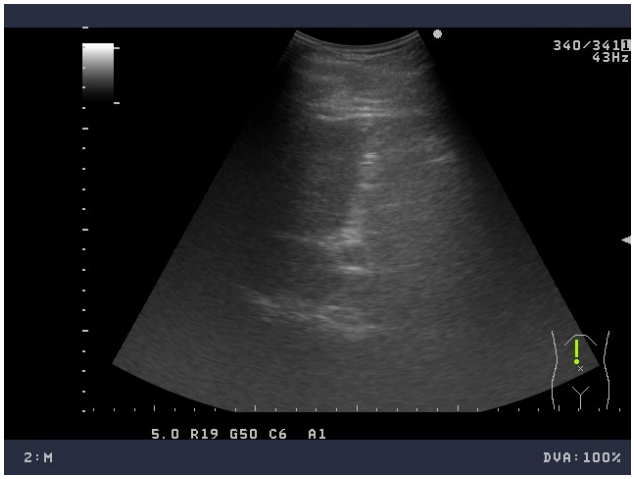
Normal size.

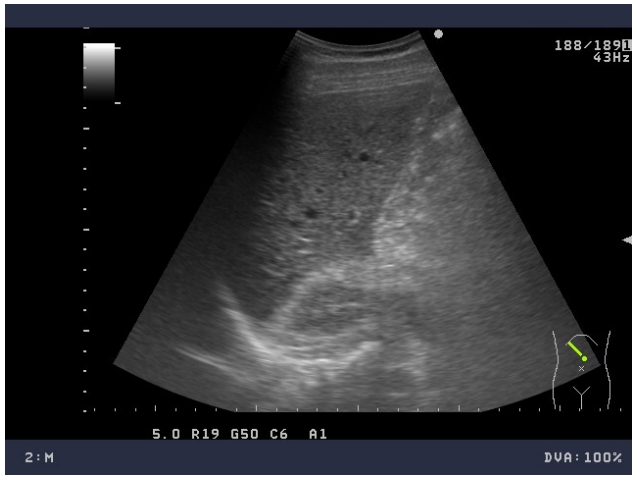
Kidneys:

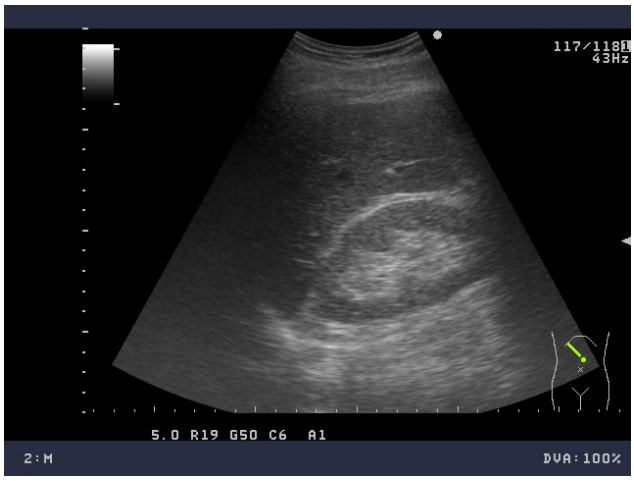
There is a 0.3cm calcification spot in left kidney.

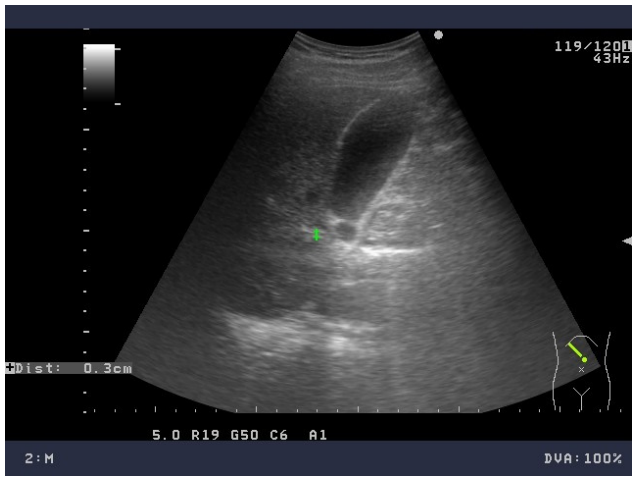
Diagnosis:

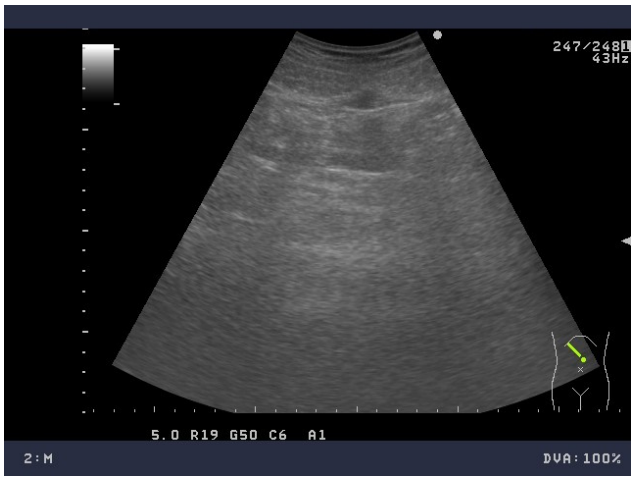
Left renal calcification spot

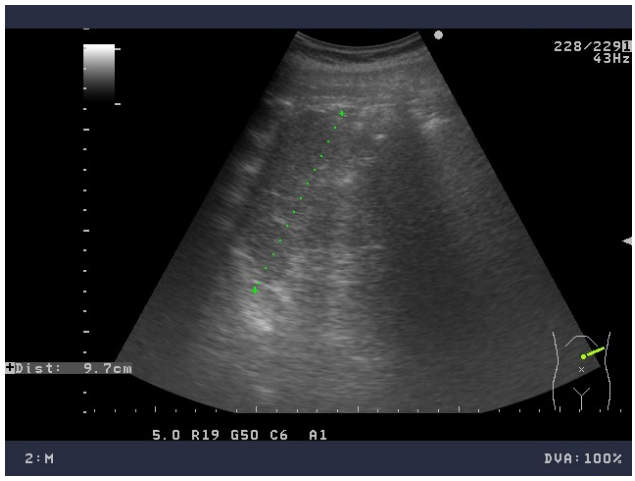

340/341
43Hz
5.0 R19 G50 C6 A1
2:M
DVA:100%

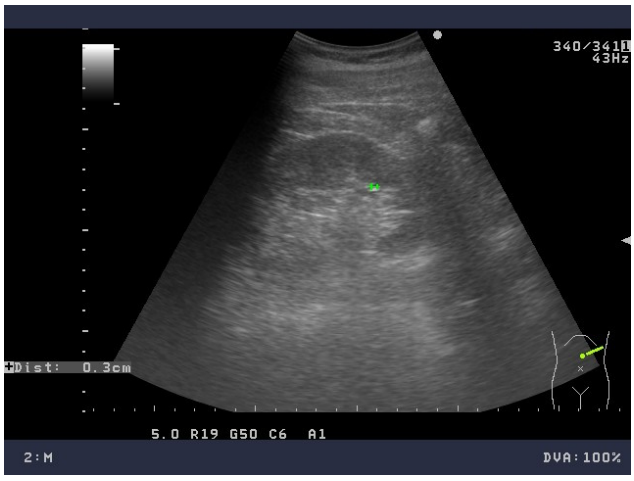

188/189
43Hz
5.0 R19 G50 C6 A1
2:M
DVA:100%

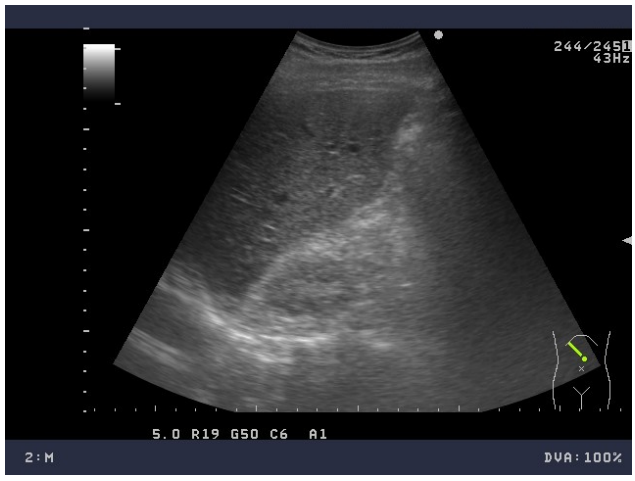

117/118
43Hz
5.0 R19 G50 C6 A1
2:M
DVA:100%


119/120
43Hz
Dist: 0.3cm
5.0 R19 G50 C6 A1
2:M
DVA:100%


247/248
43Hz
5.0 R19 G50 C6 A1
2:M
DVA:100%


228/229
43Hz
Dist: 9.7cm
5.0 R19 G50 C6 A1
2:M
DVA:100%


340/341
43Hz
Dist: 0.3cm
5.0 R19 G50 C6 A1
2:M
DVA:100%


244/245
43Hz
5.0 R19 G50 C6 A1
2:M
DVA:100%

Electrocardiogram

Pulmonary Function:

No Abnormality

Blood Oxygen Saturation:

No Abnormality

Resting ECG:

No Abnormality

Pulmonary Function Test Results

Visit date 2013/9/6

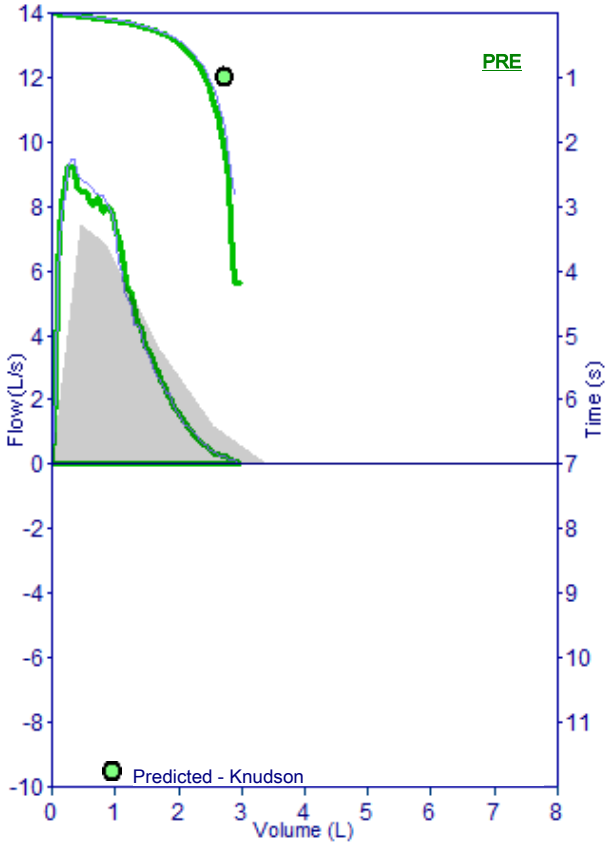
Patient code			
Surname		Age	64
Name	DEMO	Gender:	Male
Date of birth	1958/7/10	Height, cm	167
Ethnic group	Chinese	Weight, kg	78
Smoke		Pack-Year	
Patient group			

Interpretation

Normal Spirometry

Conclusion / Medical report

Flow / Volume and Volume / Time Loops



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PRE Trial date 2024/5/19 上午 09:38:25

Parameters	BTPS 1.078 28°C - 82.4°F	Pred	PRE	%Pred	POST	%Pred	%Chg	PRE#1	PRE#2	PRE#3
Best values from all loops										
FVC	L	3.41	2.99	88				2.99	2.96	
FEV1	L	2.72	2.49	91				2.46	2.49	
FEV1/FVC	%	80.7	83.3	103				82.3	84.1	
PEF	L/s	7.47	9.60	129				9.32	9.60	
Values from best loop										
FEF2575	L/s	2.83	2.80	99				2.80	2.87	
FEF25	L/s	6.84	8.21	120				8.21	8.36	
FEF50	L/s	3.54	3.56	101				3.56	3.57	
FEF75	L/s	1.22	0.85	70				0.85	0.96	
FEV3	L	3.29	2.89	88				2.89	2.90	
FET	s	6.00	4.19	70				4.19	3.63	
FIVC	L	3.41								
FIV1	L	2.72								
FIV1/FIVC	%	80.7	0.0	0				0.0	0.0	
PIF	L/s	7.47								
ELA	Years	64	73					73	72	
VC	L									
IVC	L									
FEV1/VC	%									
ERV	L									
IC	L									
EVol	mL		0							

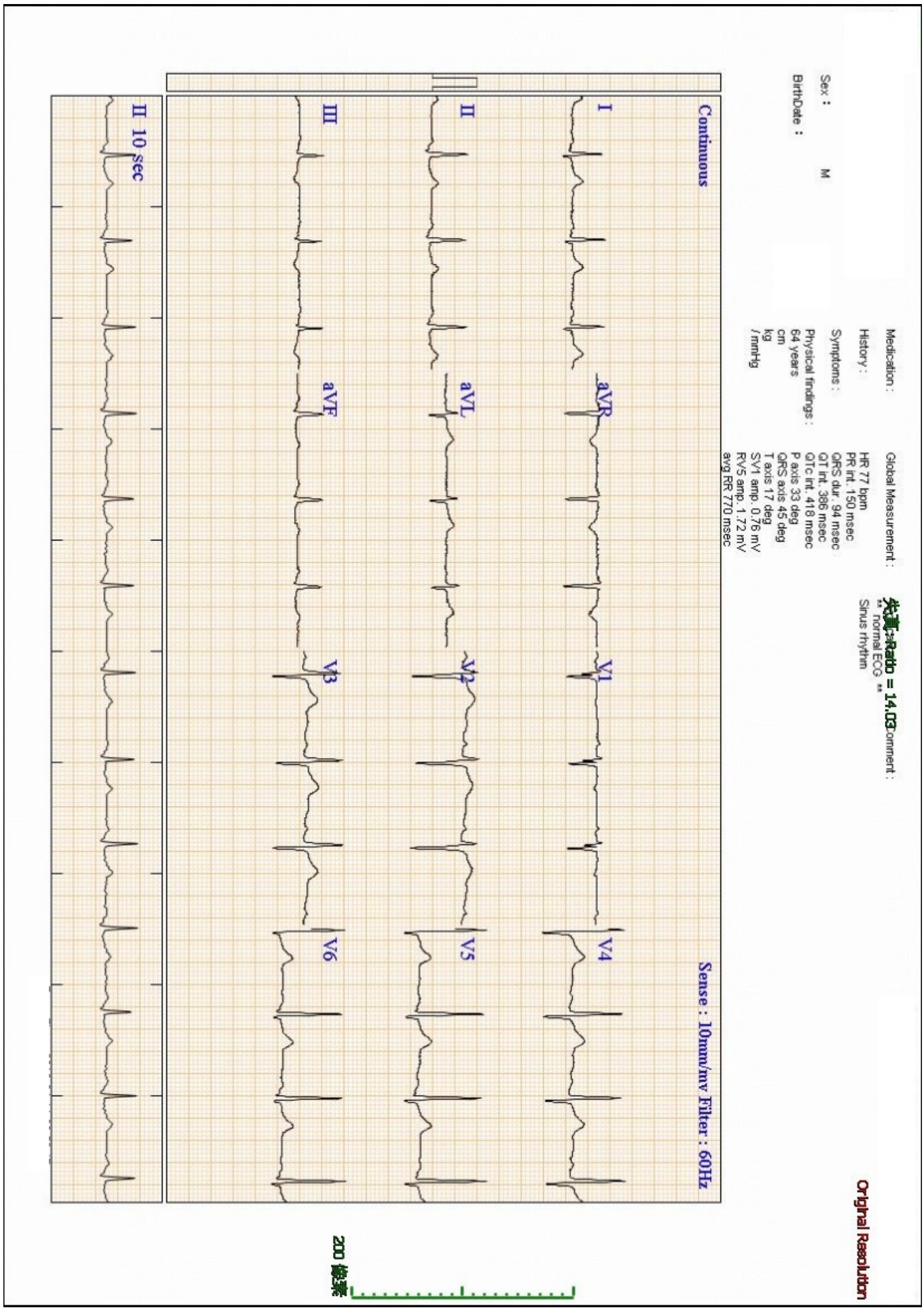
Quality Report: A

Repeatable FVC, Repeatable FEV1, Repeatable PEF

Signature

Instrument used

Spirolab III S/N 306499


Medication :
History :
Symptoms :
Physical findings :
Global Measurement :
HR 77 bpm
PR int. 150 msec
QRS dur. 94 msec
QT int. 386 msec
QTc int. 418 msec
P axis 33 deg
QRS axis 45 deg
T axis 17 deg
SV1 amp. 0.76 mV
RV5 amp. 1.72 mV
avg RR 770 msec
Comment :
** normal ECG **
Sinus rhythm
Sex : M
BirthDate :
64 years
cm
kg
/ mmHg
Continuous
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
II 10 sec
Sense : 10mm/mv Filter : 60Hz
200 像素
Original Resolution

10-year Coronary Heart Disease Risk Assessment

The '10 Year Coronary Heart Disease(CHD) Risk Assessment' is based on the American Heart Association's analysis of the Framingham Heart Study*, assessing the risk of CHD for patients who have no noticeable symptoms currently. The Framingham CHD Risk Score is generated by assessing the patient's age, gender, total cholesterol, high-density lipoprotein cholesterol, blood pressure, and whether there is a presence of diabetes and smoking habits. Through the Framingham CHD Risk Score, it can be estimated the likelihood of CHD occurrence within the next 10 years, and one's current health status age group.

Age	Gender	Cholesterol	HDL-Cholesterol	Blood Pressure	Diabetes	Smoking
64	Male	227 mg/dl	44 mg/dl	L:143/91 mmHg R:134/83 mmHg	No	No

Estimates risk for CHD over a period of 10 years 20%

The age of CHD risk equivalent is : 70-74

Peter W.F. Wilson, et al. Circulation 1998;97:1837-1847

Estimates the risk score and risk of CHD occurrence within the next 10 years			
Risk Score	< 10 %	10 ~ 20 %	> 20 %
Risk	Low	Moderate	High

Chest X-Ray Examination

1. Atherosclerosis of aortic arch

2. Thoracic spondylosis

3. No obvious active pulmonary lesion