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: BMI of 28.1, body weight of 78.9 kg, body fat percentage of 24.3%, waist circumference of 92 cm
Interpretations and Suggestions: Engage in a balanced diet and regular exercise program to achieve a gradual and sustainable weight loss. Consult a nutritionist for a personalized plan.

02. Diagnosis :

Impression: Hypertension, Stage 1

Evidence-Based on: Left systolic blood pressure of 143 mmHg, left diastolic blood pressure of 91 mmHg
Interpretations and Suggestions: Continue monitoring your blood pressure at home and follow up with your healthcare provider to adjust treatment as necessary. Lifestyle modifications such as reducing sodium intake, maintaining a healthy weight, engaging in regular physical activity, and managing stress can be beneficial.

03. Diagnosis :

Impression: Thalassemia minor

Evidence-Based on: RBC of 6.8 10^6/uL, MCV of 63.8 fl, MCH of 18.5 pg, MCHC of 29 g/dL
Interpretations and Suggestions: This condition generally requires no treatment. However, avoid iron supplementation unless iron deficiency is diagnosed by your healthcare provider. Regular monitoring of your hemoglobin levels may be advised.

04. Diagnosis :

Impression: Eosinophilia

Evidence-Based on: Eosinophils at 9.3%
Interpretations and Suggestions: Further evaluation is required to identify the cause of eosinophilia. Potential causes include allergies, asthma, parasitic infections, or more rare conditions like eosinophilic leukemia. Consult with your healthcare provider for targeted diagnostic testing.

05. Diagnosis :

Impression: Indirect hyperbilirubinemia

Evidence-Based on: Total bilirubin of 1.8 mg/dL, indirect bilirubin of 1.5 mg/dL
Interpretations and Suggestions: This may indicate a mild condition such as Gilbert's syndrome or other liver function issues. A detailed evaluation including liver function tests,

and possibly imaging, is recommended to rule out other causes.

06. Diagnosis :

Impression: Prediabetes

Evidence-Based on: Fasting glucose of 104 mg/dL, HbA1c of 6.2%
Interpretations and Suggestions: Adopt a diet low in simple sugars and refined carbohydrates. Increase physical activity to at least 150 minutes of moderate exercise per week. Regular monitoring of blood glucose levels is recommended.

07. Diagnosis :

Impression: Hyperlipidemia

Evidence-Based on: Total cholesterol of 227 mg/dL, LDL cholesterol of 150 mg/dL
Interpretations and Suggestions: Consider dietary modifications to reduce saturated fats and cholesterol intake, increase intake of omega-3 fatty acids, and consult with your healthcare provider about the potential need for lipid-lowering medication.

08. Diagnosis :

Impression: Hyperuricemia

Evidence-Based on: Uric acid of 9.6 mg/dL
Interpretations and Suggestions: Limit intake of purine-rich foods like red meats and seafood, and avoid alcohol. Stay well-hydrated. Further evaluation for gout or renal issues may be warranted if symptoms such as joint pain or difficulty in urinating occur.

09. Diagnosis :

Impression: Hyperthyroidism

Evidence-Based on: TSH of 0.02 uIU/mL, Free T4 of 1.98 ng/dL
Interpretations and Suggestions: Consult an endocrinologist for a detailed assessment. Treatment options may include antithyroid medications, radioactive iodine therapy, or thyroid surgery depending on the underlying cause and your specific condition.

10. Diagnosis :

Impression: Nasopharyngeal stenosis

Evidence-Based on: Difficulty inspecting nasopharynx due to stenosis
Interpretations and Suggestions: An ENT specialist consultation is recommended to evaluate the nasopharyngeal stenosis further. Possible interventions might be necessary depending on the extent of obstruction and associated symptoms, such as difficulty breathing or chronic sinusitis.

11. Diagnosis :

Impression: Left renal calcification

Evidence-Based on: Abdominal ultrasound showing left kidney calcification.
Interpretations and Suggestions: It's recommended to monitor for potential underlying conditions that could have contributed to the calcification in your left kidney, such as chronic kidney disease or an increased risk of developing kidney stones. Adequate hydration and regular follow-up with healthcare providers for repeat ultrasounds are prudent to assess any changes or progression.

12. Diagnosis :

Impression: Left ventricular diastolic dysfunction

Evidence-Based on: Color cardiac echocardiogram indicating left ventricular diastolic dysfunction.
Interpretations and Suggestions: Engaging in lifestyle modifications such as controlling blood pressure, managing diabetes, regular physical activity, and maintaining a heart-healthy diet can aid in managing diastolic dysfunction. Medication may also be prescribed to improve heart function. Ongoing monitoring by a cardiologist is essential to evaluate the condition's progression or improvement.

13. Diagnosis :

Impression: Valve abnormalities

Evidence-Based on: Color cardiac echocardiogram showing very minor mitral, pulmonary, and tricuspid regurgitation.
Interpretations and Suggestions: Given the mild nature of regurgitation detected in your heart valves, specific treatment may not be immediately required. However, it's important to undergo periodic echocardiograms to monitor these conditions over time. Embracing a heart-healthy lifestyle and regular cardiovascular check-ups are key steps in managing your heart health effectively.

14. Diagnosis :

Impression: Multinodular goiter with cystic changes in the left thyroid gland and nodular goiter in the right thyroid gland

Evidence-Based on: Thyroid ultrasound revealing multinodular goiter with cystic changes in the left thyroid and nodular goiter in the right thyroid.
Interpretations and Suggestions: Regular monitoring through thyroid function tests and follow-up ultrasounds is critical to watch for any changes in the nodules' size or characteristics. Most thyroid nodules are benign, but it's important to assess for symptoms of thyroid dysfunction or the nodules' growth. If nodules become symptomatic or show suspicious features on ultrasound, further evaluation or intervention may be necessary.

15. Diagnosis :

Impression: Normal nasopharyngeal and laryngeal findings

Evidence-Based on: Nasopharyngeal and laryngeal endoscopic examinations showing no significant abnormalities.
Interpretations and Suggestions: The absence of significant findings in the nasal passages and throat is reassuring. Continue regular health checks and remain vigilant for any new symptoms. Should any arise, consulting with your healthcare provider for further evaluation will be necessary.

16. Diagnosis :

Impression: Normal abdominal ultrasound findings except for mentioned left renal calcification

Evidence-Based on: Abdominal ultrasound showing normal findings except the left kidney calcification.
Interpretations and Suggestions: The overall normal findings of your abdominal organs are encouraging, indicating no immediate concerns. To support ongoing liver, gallbladder, pancreatic, and splenic health, maintaining a balanced diet, regular exercise, and avoiding excessive alcohol consumption are advisable. Continuing regular health check-ups to monitor the left kidney calcification is also recommended.

17. Diagnosis :

Impression: Normal cardiovascular function with detected valve abnormalities

Evidence-Based on: Normal cardiac function indicated by tests, with an ejection fraction of 77% despite valve abnormalities.
Interpretations and Suggestions: The good news is your heart functions well overall, even with the detected valve regurgitations. These should be monitored periodically to ensure they do not progress. Adopting a regular exercise regime, managing stress effectively, and eating a balanced, heart-healthy diet will support your cardiovascular system's health and functionality.

18. Diagnosis :

Impression: Arteriosclerosis of the aortic arch

Evidence-Based on: Chest X-ray findings indicating arteriosclerotic changes in the aortic arch.
Interpretations and Suggestions: Lifestyle modifications are essential to minimize further cardiovascular risk. Consider adopting a heart-healthy diet, regular exercise, and, if applicable, smoking cessation. Discuss with your healthcare provider the possibility of initiating or adjusting medications to manage blood pressure, cholesterol, and other risk factors effectively.

19. Diagnosis :

Impression: Multilevel degenerative changes in the cervical and lumbar spine

Evidence-Based on: X-ray and MRI findings showing joint fusion, vertebral sliding (listhesis), disc narrowing, osteophyte formation, and calcification of ligaments in the cervical and lumbar spine.
Interpretations and Suggestions: Engage in physiotherapy focused on strengthening and flexibility exercises. Pain management strategies, including NSAIDs, may be helpful. In cases of persistent, severe symptoms, a surgical consultation could be considered. An ergonomic assessment of your workplace and adoption of posture correction techniques may prevent symptom exacerbation.

20. Diagnosis :

Impression: Mild coronary artery disease

Evidence-Based on: CT heart scan showing coronary artery calcification with a total score of 195 and coronary CT angiography revealing mild stenosis in the LAD and LCX arteries.
Interpretations and Suggestions: Discuss with a cardiologist the need for medication to manage lipid levels and possibly aspirin for its antiplatelet effect. Lifestyle changes, including dietary modifications, regular physical activity, and managing stress, are crucial. Regular monitoring of your heart health is recommended to assess the progression of coronary artery disease.

21. Diagnosis :

Impression: Cerebral small vessel disease, Stage 1

Evidence-Based on: MRI brain scan findings.
Interpretations and Suggestions: Control vascular risk factors, such as high blood pressure and diabetes, to slow the progression. Consideration of antiplatelet therapy may be discussed based on your overall risk profile. Regular neurologic evaluations can help in monitoring the condition.

22. Diagnosis :

Impression: Bilateral renal cysts

Evidence-Based on: MRI of the abdomen showing cysts in both kidneys, the largest measuring approximately 1.1 cm.
Interpretations and Suggestions: Regular monitoring of renal function and cyst size is recommended. Ensure adequate hydration and consult with your healthcare provider before taking medications that may affect kidney function. Typically, intervention is not required unless symptoms arise or significant changes are observed.

23. Diagnosis :

Impression: Mild prostatic enlargement

Evidence-Based on: MRI of the male pelvis indicating mild prostate enlargement.

Interpretations and Suggestions: Should symptoms such as urinary hesitancy, urgency, or frequency occur, further evaluation for benign prostatic hyperplasia may be necessary. Discuss lifestyle modifications, medications, or potentially minimally invasive treatments with a urologist to alleviate symptoms and improve quality of life.

24. Diagnosis :

Impression: Intervertebral disc herniation and spinal stenosis

Evidence-Based on: MRI findings of disc herniation at lumbar L4-L5/S1 and cervical C4-C7 with resultant spinal canal narrowing.
Interpretations and Suggestions: Conservative treatment, including physiotherapy, anti-inflammatory medications, and possibly corticosteroid injections, is recommended. Maintaining a healthy weight and regular exercise can alleviate some symptoms. If conservative measures fail, an orthopedic or neurosurgical consultation may be considered for possible surgical intervention.

25. Diagnosis :

Comprehensive summary

Comprehensive summary: Current evaluations underscore several significant health concerns that warrant ongoing management and observation. You exhibit mild obesity, which, combined with prediabetes, Hypertension (Stage 1), hyperlipidemia, and mild coronary artery disease, underscores a heightened cardiovascular risk profile. Importantly, adhering to a lifestyle that promotes weight management, a balanced diet low in simple sugars and saturated fats, along with regular exercise, is paramount. Your condition of Thalassemia minor, while generally not requiring treatment, complements a picture of hematological intricacy, further complicated by eosinophilia and indirect hyperbilirubinemia, suggesting a need for meticulous monitoring of your blood and liver health. The presence of hyperthyroidism, hyperuricemia, along with mild prostatic enlargement, necessitates a comprehensive approach to your hormonal balance and metabolic processing. Findings of multilevel degenerative changes in your spine, intervertebral disc herniation, and spinal stenosis highlight the significance of incorporating physiotherapy and possibly pain management into your regimen. Notably, the identification of bilateral renal cysts, left renal calcification, and nasopharyngeal stenosis introduces additional layers of complexity requiring specialist consultations to monitor and manage these conditions effectively. Furthermore, the cerebral small vessel disease, Stage 1, and arteriosclerosis of the aortic arch indicate the need for vigilant control of vascular risk factors. Regular follow-ups for your heart and kidney functions, alongside adjustments in medication and lifestyle, will be crucial steps in managing your health holistically.

Nutrition Instructions

Diet Suggestions:

- Prioritize a diet rich in vegetables, fruits, whole grains, and lean proteins. Focus on fiber-rich foods to help manage weight and blood sugar levels.
- Reduce saturated fats and cholesterol by choosing plant-based fats such as avocados, nuts, and olive oil over animal fats.
- Limit your intake of processed and high-sodium foods to help control blood pressure.
- Avoid purine-rich foods like red meats and seafood to manage hyperuricemia.
- For hypothyroidism, ensure adequate iodine intake from foods like seaweed, fish, dairy, and eggs, unless otherwise contraindicated.
- Drink plenty of water and stay hydrated, especially important due to the presence of renal cysts and calcification.

Supplement Recommendations:

- A high-quality multivitamin tailored to your age and sex may support overall health but avoid iron supplements unless specifically recommended by your healthcare provider due to Thalassemia minor.
- Omega-3 fatty acids (from fish oil supplements) could be beneficial for hyperlipidemia and overall heart health.
- Magnesium and potassium supplements might help in managing blood pressure, but consult with your healthcare provider first.
- Vitamin D supplementation, especially if there is limited sun exposure or dietary intake is low.
- Coenzyme Q10 (CoQ10) could be considered for its potential benefits on heart health and statin-related side effects, if statins are prescribed for hyperlipidemia.

Lifestyle Medicine Suggestions:

- Adopting a whole-food, plant-predominant eating pattern will help in managing obesity, prediabetes, hypertension, and hyperlipidemia. Focus on incorporating a wide variety of fruits, vegetables, whole grains, and legumes into your meals.
- Engage in regular physical activity by incorporating at least 150 minutes of moderate-intensity or 75 minutes of high-intensity exercise weekly. Mix aerobic activities, strength training, and flexibility exercises for comprehensive health benefits.
- Ensure restorative sleep by aiming for 7-9 hours per night. Establish a regular sleep schedule and create a relaxing bedtime routine to improve sleep quality.
- Manage stress effectively through mindfulness practices, meditation, or yoga. Regular stress management can aid in managing hypertension and improving overall well-being.
- Avoid risky substances, including tobacco and excessive alcohol consumption, to reduce your risk of further aggravating hypertension, hyperuricemia, and liver conditions. Limit caffeine intake as it can affect blood pressure and sleep quality.
- Foster positive social connections by spending time with family and friends, joining community groups, or participating in group activities that interest you. Positive social support can significantly impact your mental and emotional well-being, which in turn can help manage stress and contribute to a

healthier lifestyle.

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 drugs, Antihyperlipidemics, Aspirin, Vitamin A, B-complex vitamins, Vitamin C, Vitamin E, Fish Oil, Probiotics, Coenzyme 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.

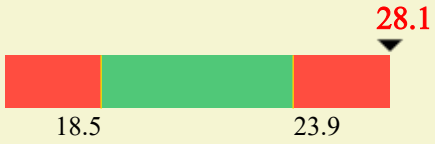
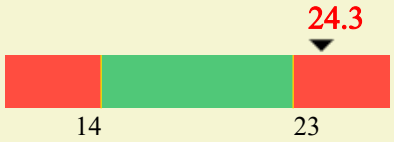
Coffee consumption habits: Yes.

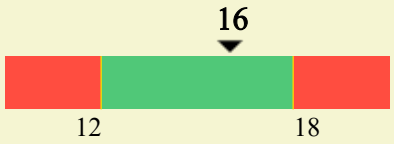
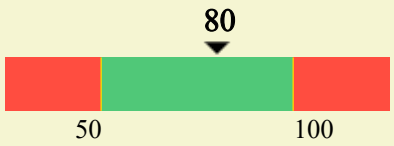
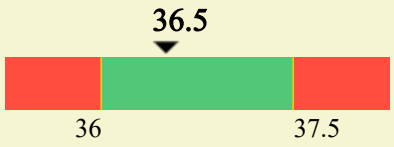
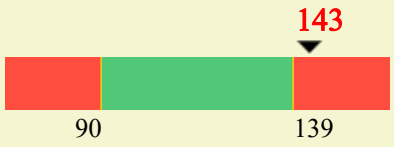
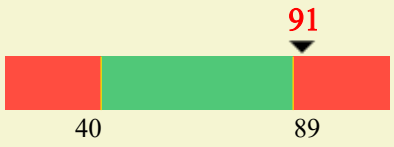
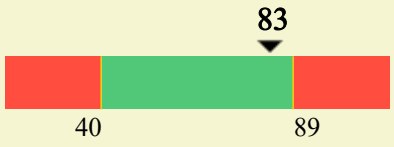
Average weekly working hours in the past six months: 48

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

Weekday sleep duration: Average daily sleep hours: 7

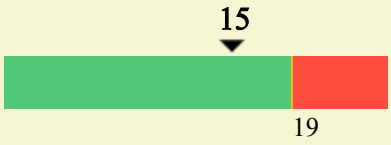
Physical Analysis

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.		

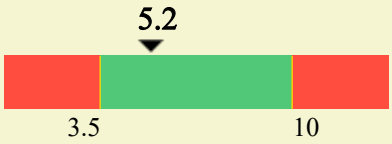
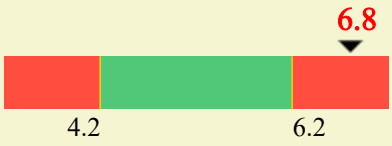
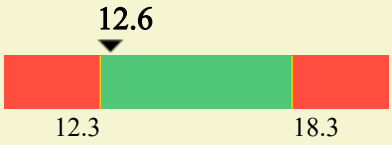
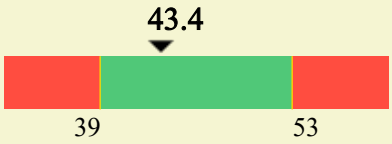
Physical Examination			
Exam Item	Result	Unit	Range Ref.
Physical Exam - Skin	Normal		Normal
Physical Exam - HEENT	Normal		Normal
Physical Exam - Neck	Normal		Normal
Physical Exam - Chest/Lungs	Normal		Normal
Physical Exam - Breast	Normal		Normal
Physical Exam - Heart/Vascular	Normal		Normal
Physical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

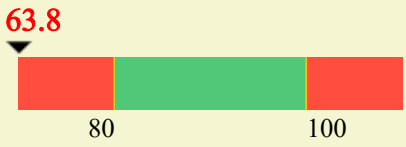
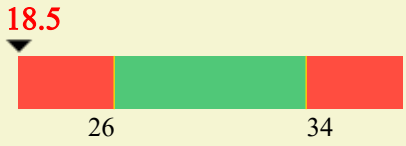
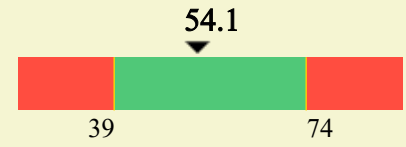
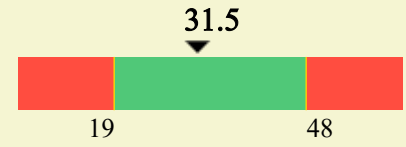
Vision & Hearing Screen

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

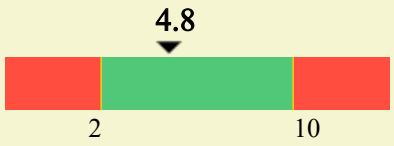
Hematology Screening

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.		

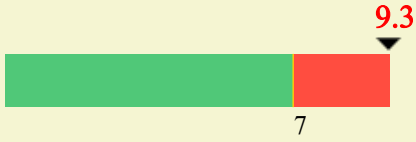
Complete Blood Count

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



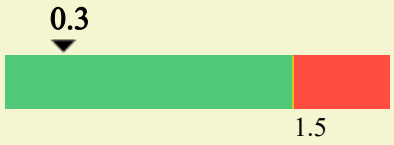
The Monocyte count test is crucial for identifying various infectious and inflammatory conditions. Elevated monocyte levels can be indicative of acute tuberculosis, protozoal infections, subacute bacterial endocarditis, and monocytosis, and are often seen during the resolution phase of infections. Conversely,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

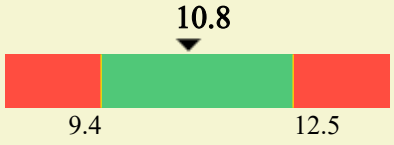
Item	Result	Range Ref.	Unit
Basophils	0.3	0~1.5	%



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



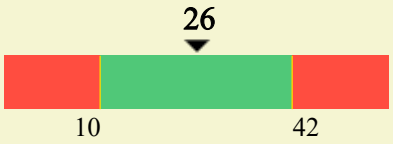
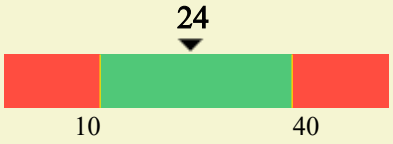
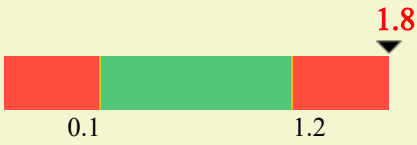
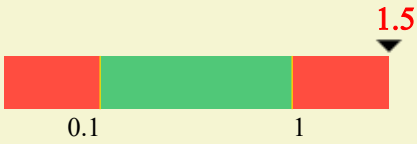
The Prothrombin Time (PT) test is crucial for evaluating the extrinsic coagulation system, particularly in detecting deficiencies in coagulation factors II, V, VII, X, and fibrinogen. High PT values may indicate a bleeding tendency, severe liver disease, deficiency in certain coagulation factors, or 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.

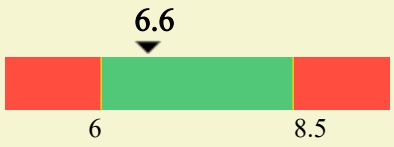
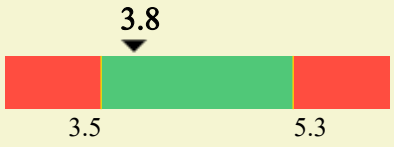
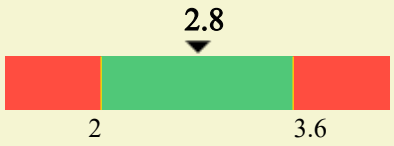
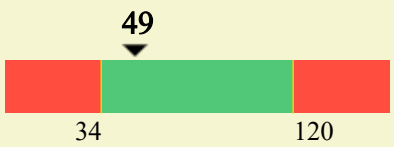
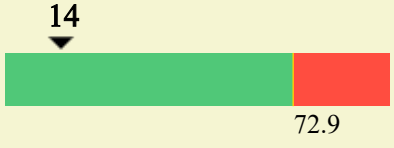
Coagulation Profile			
Item	Result	Range Ref.	Unit
APTT	33.0	28.0~40.0	Sec

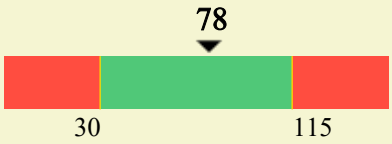
The Activated Partial Thromboplastin Time (aPTT) test is an important measure of the intrinsic and common pathways of coagulation, indicating use of anticoagulants, and deficiencies in coagulation factors. Elevated aPTT can point to conditions such as coagulation factor deficiencies, liver disease, and 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.

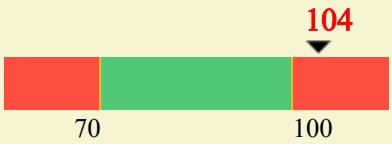
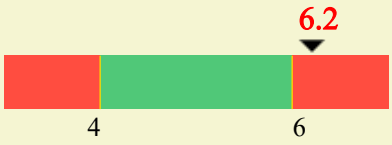
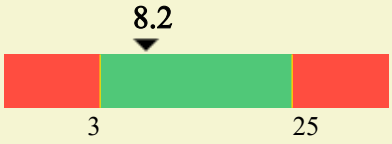
Biochemistry Examination

Liver Function Test

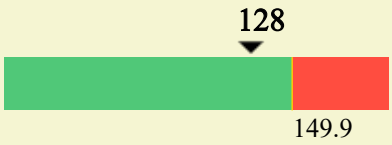
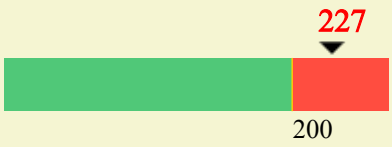
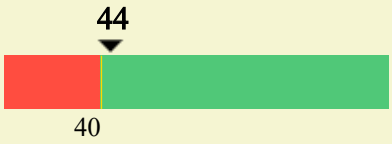
Item	Result	Range Ref.	Unit
SGOT	26	10~42	U/L
	Serum Glutamic-Oxaloacetic Transaminase (SGOT), also known as Aspartate Aminotransferase (AST), is an enzyme that, when elevated, suggests potential damage to organs such as the liver or heart. Conditions such as hepatitis, liver cirrhosis, hepatoma, and 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.		

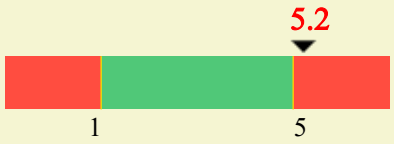
Liver Function Test			
Item	Result	Range Ref.	Unit
Total Protein	6.6	6.0~8.5	g/dl
	Total Protein tests are essential for evaluating nutritional status and investigating causes of edema. Elevated levels may indicate dehydration, hyperproteinemia, or conditions like multiple myeloma, whereas low levels 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.		

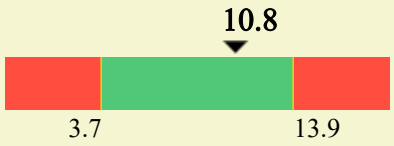
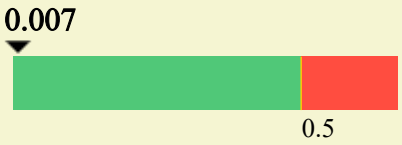
Pancreatic Function Test			
Item	Result	Range Ref.	Unit
Amylase	78	30~115	U/L
	Amylase testing is essential for diagnosing and managing acute or chronic pancreatitis, pancreatic cancer, and other gastrointestinal disorders. Elevated levels typically indicate acute pancreatitis, pancreatic trauma, or obstruction in the pancreatic or salivary ducts. Amylase is used in differentiating causes of abdominal pain, including acute pancreatitis and surgical emergencies like gastrointestinal perforation. However, its specificity is limited: factors like oxalate, citrate, and hypertriglyceridemia can affect results. Notably, about 20% of acute pancreatitis cases may not show elevated amylase. Also, serum amylase can be elevated in conditions like renal failure, alcoholism, pregnancy, and diabetic ketoacidosis without indicating pancreatic pathology. Urinary amylase levels may persist longer than serum levels and can be a more reliable indicator in some cases.		

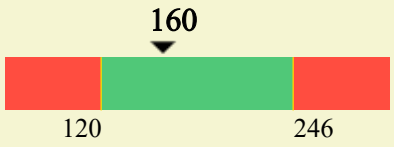
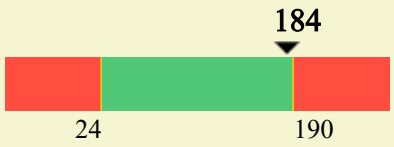
Diabetes Screening			
Item	Result	Range Ref.	Unit
Glucose AC	104	70~100	mg/dl
	Fasting blood glucose (Glucose AC) testing is crucial for diagnosing diabetes mellitus and evaluating carbohydrate metabolism disorders. Elevated levels can indicate diabetes, chronic pancreatitis, or vitamin B1 deficiency, 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.		

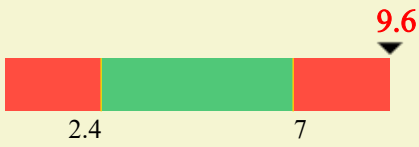
Lipid Disorder Screening

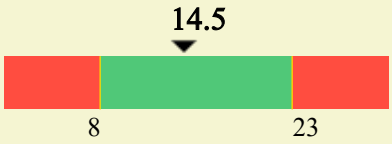
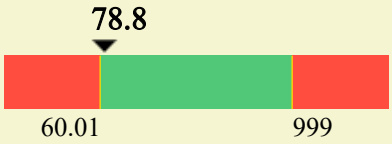
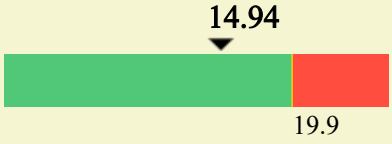
Item	Result	Range Ref.	Unit
Triglyceride	128	<150	mg/dl
	Triglyceride testing is essential in evaluating lipid metabolism and identifying risk factors for atherosclerotic disease. Elevated levels may indicate hyperlipidemia, alcoholism, biliary tract obstruction, diabetes mellitus, pancreatitis, arteriosclerosis, 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.		

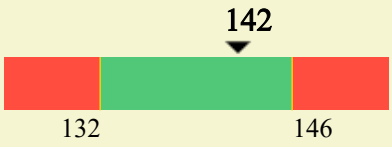
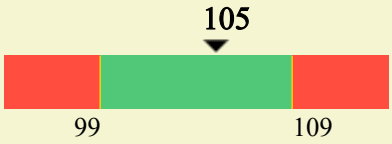
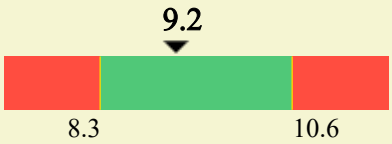
Lipid Disorder Screening			
Item	Result	Range Ref.	Unit
T-Chol/HDL-Chol	5.2	1~5.0	
	The Total Cholesterol to High-Density Lipoprotein Cholesterol (T-Chol/HDL-Chol) ratio is an important indicator in evaluating the risk of coronary artery disease (CAD). A high ratio suggests a higher risk of CAD and is 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.		

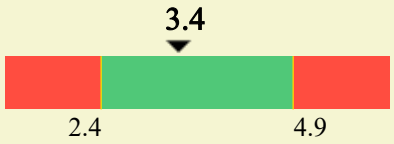
Cardiac Enzymes			
Item	Result	Range Ref.	Unit
LDH	160	120~246	U/L
	The Lactate Dehydrogenase (LDH) test is a general indicator of cellular damage, as LDH is released into the bloodstream when cells are injured or destroyed. It's particularly useful in diagnosing conditions like acute myocardial infarction, hemolytic anemia, renal disease, and lymphoma. However, its effectiveness depends on timely testing during an acute myocardial infarction, and it's important to note that the expected LD1:LD2 flip may not occur in all patients, sometimes just showing an increase in LD1.		
CPK	184	M:24~190; F:24~170	U/L
	The Creatine Phosphokinase (CPK) test is essential for diagnosing acute myocardial infarction, muscle damage, and conditions like hypothyroidism, malignant hyperthermia syndrome, muscular dystrophy, myocarditis, and rhabdomyolysis. CPK levels can significantly elevate in Duchenne muscular dystrophy and in muscular stress-related conditions such as polymyositis and dermatomyositis. However, its reliability is influenced by several factors: intramuscular injections and physical exercise can increase CPK levels; levels may not elevate until 6 hours post-acute myocardial infarction and return to normal within 48-72 hours. Low CPK might indicate decreased muscle mass or be affected by factors like pregnancy, steroid therapy, and alcoholic liver disease.		

Gout Screening			
Item	Result	Range Ref.	Unit
Uric acid	9.6	M:2.4~7.0; F:2.0~6.0	mg/dl
	Uric acid testing is key in diagnosing and managing gout, renal failure, leukemia, psoriasis, starvation, and other wasting conditions. It's also used to monitor patients on cytotoxic drugs. While elevated uric acid levels are a common marker for these conditions, not all individuals with hyperuricemia develop gout. Thus, an increased uric acid level alone doesn't confirm a gout diagnosis. In treatment, the goal is to maintain uric acid levels below 6 mg/dL to dissolve existing crystals and prevent new ones from forming, essential in managing conditions related to uric acid imbalances.		

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.		
eGFR	78.80	>60	mL/min/1.73m²
	The estimated Glomerular Filtration Rate (eGFR) is a critical measure for assessing kidney function, particularly in diagnosing and managing renal insufficiency, uremia, and renal failure. It's calculated using the CKD-EPI 2021cr equation without a race coefficient, aligning with recommendations for a more inclusive and accurate assessment. eGFR is more precise than 24-hour urine collections for creatinine clearance and is instrumental in staging chronic kidney disease (CKD) according to the K/DOQI classification. However, its accuracy diminishes in patients with extreme muscle mass variations, unusual diets, or conditions affecting creatinine secretion or elimination. In such cases, additional tests like cystatin C are recommended for a more accurate evaluation of kidney function.		
Microalbumin	14.94	<20	mg/L
			

Electrolytes			
Item	Result	Range Ref.	Unit
Na	142	132~146	meq/L
	Sodium (Na) levels are essential for assessing electrolyte and acid-base balance, as well as water balance in the body. High sodium levels may indicate dehydration, nephritis, or the use of certain cathartics like Fleet. On the other hand, low sodium can be seen in conditions like liver cirrhosis, syndrome of inappropriate antidiuretic hormone secretion (SIADH), congestive heart failure, and diarrhea. This makes the sodium test crucial for diagnosing dehydration and monitoring water intoxication.		
K	3.9	3.5~5.5	meq/L
	Potassium (K) testing is crucial for evaluating electrolyte balance, acid-base balance, and managing conditions like renal diseases, acidosis, cardiac arrhythmias, and diabetes mellitus ketoacidosis. Elevated potassium levels can indicate hemolysis, uremia, acidosis, renal failure, or dehydration, while low levels may occur in chronic nephritis, prolonged vomiting or diarrhea, alkalosis, or due to certain medications. It's essential in monitoring diuretic therapy, intravenous therapy, and conditions like alcoholism with delirium tremens, muscular weakness, and gastrointestinal diseases. However, potassium levels can be affected by factors like dietary intake, loss due to diarrhea or vomiting, or cell uptake in alkalosis.		
Cl	105	99~109	meq/L
	Chloride (Cl) testing is vital for assessing electrolyte balance, acid-base balance, and water balance in the body. High chloride levels are often associated with conditions like nephritis syndrome, hypernatremia, dehydration, renal tubular acidosis, and excessive saline infusion. Conversely, low chloride levels may indicate issues like diarrhea, vomiting, inadequate salt intake, overhydration, congestive heart failure, syndrome of inappropriate ADH secretion, and certain diuretic therapies. While chloride levels generally parallel sodium levels, they can provide specific insights in differential diagnoses of acidemias and alkalemias, and in conditions like hyperparathyroidism and metabolic alkalosis.		
Ca	9.2	8.3~10.6	mg/dl
	Calcium (Ca) testing is essential in diagnosing and managing conditions such as hyperparathyroidism, vitamin D intoxication, renal failure, renal stones, hypoparathyroidism, osteomalacia, and nephrotic syndrome. It's particularly useful in evaluating patients with symptoms like coma, pancreatitis, gastrointestinal issues, nephrolithiasis, polydipsia, polyuria, and azotemia, and in cases of multiple endocrine adenomatosis. However, the accuracy of calcium measurements can be compromised by anticoagulants like sodium citrate, EDTA, and NaF potassium oxalate, which need to be considered when interpreting results.		

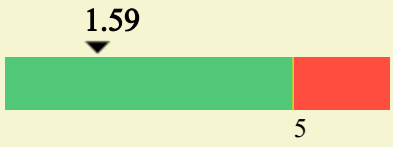
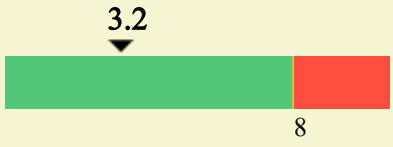
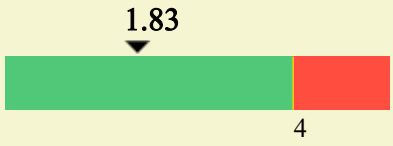
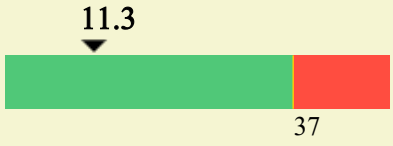
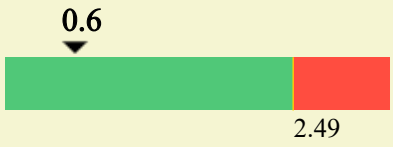
Electrolytes			
Item	Result	Range Ref.	Unit
P	3.4	2.4~4.9	mg/dl

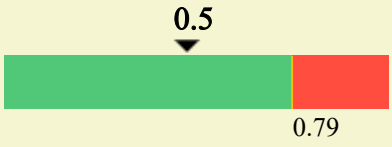
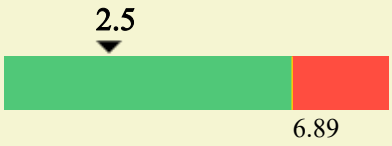
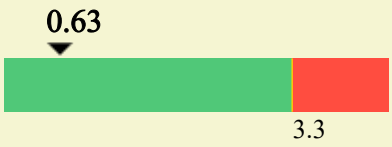
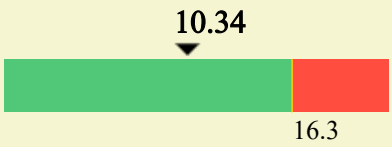


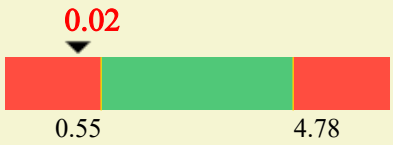
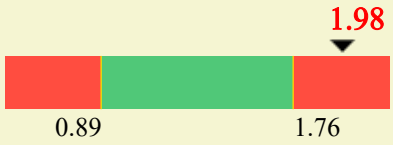
Phosphorus (P) testing is crucial for diagnosing and managing conditions like hypoparathyroidism, vitamin D intoxication, renal failure, and the effects of certain cathartics. Low phosphorus levels, which can be seen in osteomalacia, malnutrition, nephrotic syndrome, and vitamin D deficiency, have significant clinical implications. Hypophosphatemia can affect red blood cells, heart function, respiratory muscles, immune responses, and central nervous system, leading to symptoms like weakness, tremors, coma, and even seizures. It can also cause joint stiffness, myopathy, renal stones, and glucose metabolism issues. Severe hypophosphatemia has a notable mortality rate, highlighting the importance of prompt diagnosis and management.

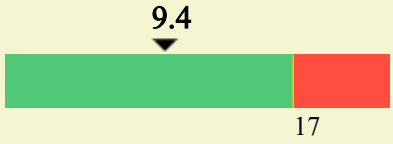
Serology and Immunology Examination

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.		

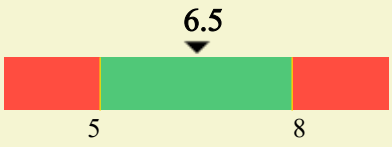
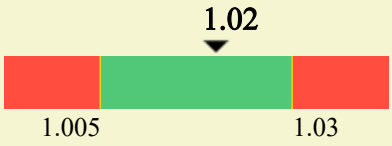
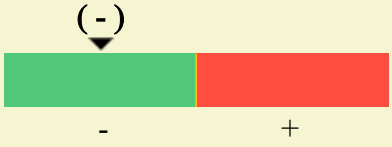
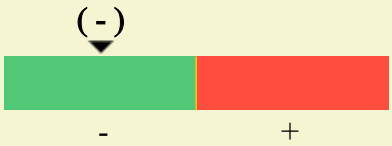
Tumor Marker Screening			
Item	Result	Range Ref.	Unit
CEA	1.59	<5.0	ng/ml
	Carcinoembryonic Antigen (CEA) testing is primarily used for monitoring and managing cancer, especially colorectal carcinoma. Elevated CEA levels may suggest colorectal, gastric, pancreatic, lung cancers, or liver cirrhosis, and can also be influenced by smoking. However, it's not recommended for general cancer screening, as normal CEA levels don't rule out malignancy. Additionally, false readings may occur in patients treated with monoclonal mouse antibodies or those with rare immunoassay interferences.		
α-FP	3.2	<8.1	ng/ml
	Alpha-Fetoprotein (α-FP) testing is crucial in the management of testicular cancer, particularly nonseminomatous types. Elevated α-FP levels are associated with liver conditions (like chronic hepatitis, cirrhosis, and cancer) and germ cell tumors. In testicular cancer, it's used alongside serum hCG for monitoring and determining treatment effectiveness, with changes in α-FP levels indicating therapy response or cancer progression. Additionally, false results may occur in patients treated with monoclonal mouse antibodies.		
PSA	1.83	<4.0	ng/ml
	Prostate-Specific Antigen (PSA) is a key marker in prostate cancer screening and management. Elevated PSA levels can indicate prostate cancer or benign prostatic hyperplasia, while a negative result typically suggests the absence of significant prostate disease. PSA is produced by normal, hyperplastic, and cancerous prostate tissue. It aids in assessing prostate cancer risk, staging, post-treatment monitoring, and managing recurrence. Additionally, PSA levels alone cannot definitively confirm or exclude prostate cancer.		
CA199	11.3	<37	U/ml
	CA 19-9 is a tumor marker primarily used to monitor gastrointestinal, pancreatic, liver, and colorectal malignancies. Elevated levels may indicate pancreatic, biliary tract, colorectal, gastric cancers, or conditions like chronic hepatitis and endometriosis. However, its use in early detection of pancreatic carcinoma is limited. Elevated CA 19-9 can also result from cholestasis. False results may occur in patients treated with monoclonal mouse antibodies.		
SCC	0.6	<2.5	ng/ml
	Squamous Cell Carcinoma Antigen (SCC) testing is primarily used in the monitoring and management of squamous cell carcinomas, especially in cancers of the lung, esophagus, anus, and head and neck. Elevated levels of SCC antigen are often indicative of these cancers, aiding in the diagnosis, treatment monitoring, and detection of recurrence. However, a negative result does not conclusively rule out these cancers.		

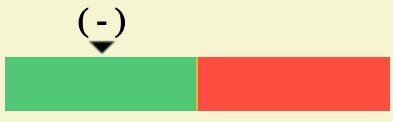
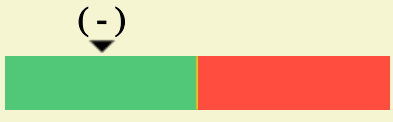
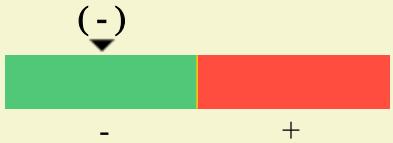
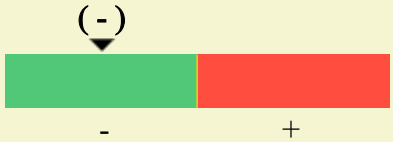
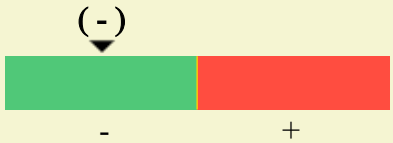
Tumor Marker Screening			
Item	Result	Range Ref.	Unit
EB VCA IgA	0.5	Negative < 0.8 0.8 Borderline < 1.1 Positive 1.1	Ratio
	The Epstein-Barr Virus IgA (EBV-IgA) test is useful in detecting past or present infections with EBV, commonly associated with conditions like nasopharyngeal carcinoma and infectious mononucleosis. A positive result indicates exposure to EBV, but it's important to note that the test is qualitative, not quantitative; the level of antibodies doesn't correspond to the severity or stage of the disease. Interpretation of EBV-IgA results should not be done in isolation but rather in conjunction with other clinical data and patient symptoms for an accurate diagnosis.		
CA72-4	2.5	<6.9	U/ml
	CA72-4 is a tumor marker primarily used in the detection and monitoring of various cancers, including gastric, colorectal, pancreatic, lung, ovarian, and breast cancer. Elevated levels of CA72-4 can indicate the presence of these malignancies. However, it's important to note that a negative result doesn't conclusively rule out cancer. The use of CA72-4 as a sole diagnostic tool is limited; it should be interpreted in conjunction with other diagnostic procedures and clinical assessments for a more accurate evaluation of the presence and progression of cancer.		
CYFRA 21-1	0.63	<3.3	ng/ml
	CYFRA 21-1 is a tumor marker predominantly associated with non-small cell lung cancer, including lung adenocarcinoma, large cell lung cancer, and squamous cell lung cancer. Elevated levels of CYFRA 21-1 can suggest the presence or progression of these lung cancer subtypes. However, a negative result does not definitively exclude lung cancer. The test's utility primarily lies in its role in monitoring disease progression and response to therapy rather than as a standalone diagnostic tool.		
NSE	10.34	<16.3	ng/ml
	Neuron-Specific Enolase (NSE) is a valuable marker for detecting and monitoring neuroendocrine tumors (NETs), especially in cases of small cell lung cancer (SCLC), neuroblastoma, pheochromocytoma, and certain epithelial cancers. Elevated NSE levels suggest the presence or progression of these tumors. However, it's important to note that the FDA has not cleared or approved NSE for these diagnostic purposes. Moreover, hemolysis can lead to falsely elevated NSE levels due to its high concentration in erythrocytes, necessitating careful interpretation of results, especially in the presence of blood sample hemolysis.		

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.		

Immunology Screening			
Item	Result	Range Ref.	Unit
RA Factor	9.4	<17.0	IU/ml
	The Rheumatoid Factor (RA Factor) test is primarily used in the differential diagnosis and prognosis of arthritic disorders, particularly rheumatoid arthritis. It can also indicate other autoimmune conditions like systemic lupus erythematosus and immune system diseases such as tuberculosis. A positive RA Factor is typically associated with these conditions, while a negative result generally indicates their absence. However, the test's accuracy can be compromised by markedly lipemic or contaminated specimens, which may lead to false-positive results.		

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

Pharyngorhinoscopy

Nasopharyngoscope:

Symmetric of the nasopharynx cavity is noted and no bulging mass or ulcerative mucosa is found under the white light view nasopharyngoscope.

NBI nasopharyngoscope:

Reticular subepithelial capillary network is noted under the NBI nasopharyngoscope. No brownish spot or irregular microvascular pattern is neither found. There is no significant sign for the nasopharyngeal carcinoma.

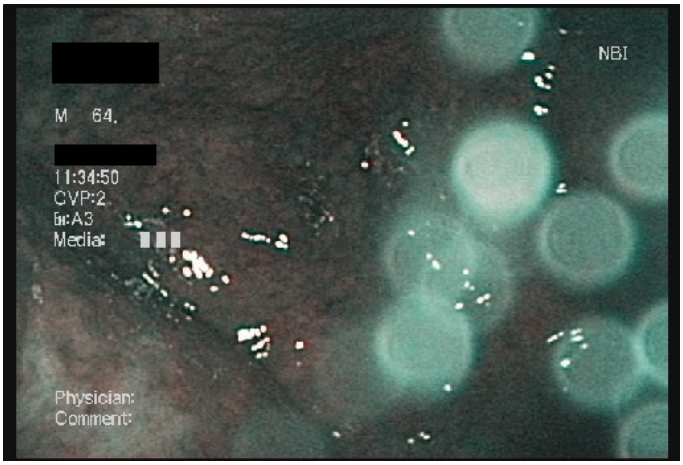
Laryngoscope:

No bulging mass or ulcerative mucosa is found on the tongue base, vallecular cyst , epiglottic cartilage and arytenoid-epiglottic fold under the white light view laryngoscope. Bilateral vocal cord movement is freely.

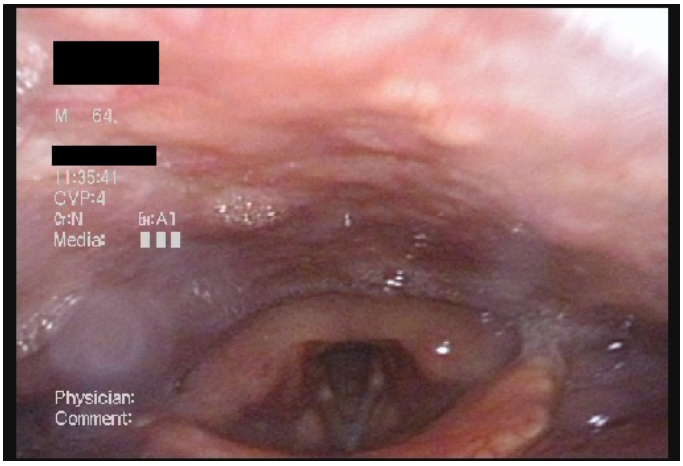
NBI laryngoscope:

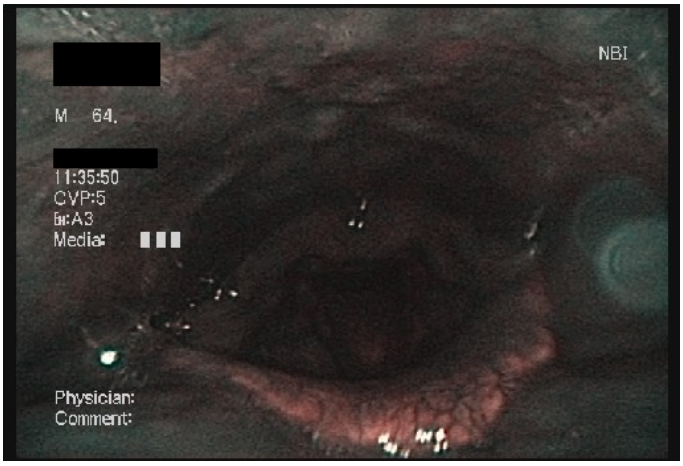
Reticular subepithelial capillary network and normal appearance of the vessel growth are noted under the NBI laryngoscope view. No significant sign of tumor is noted.

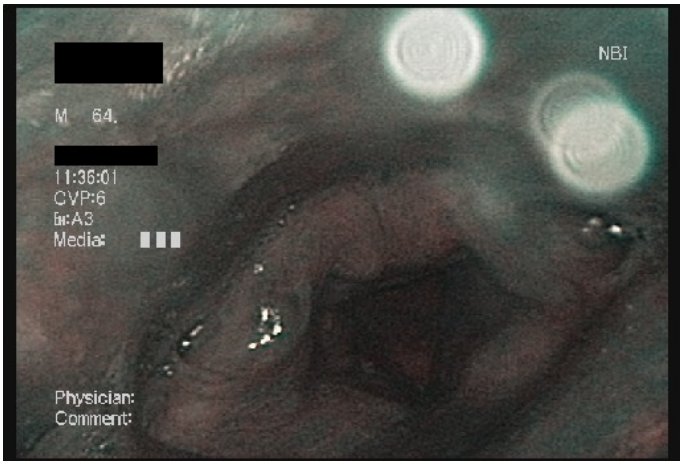
Bilateral vocal cord movement is freely.

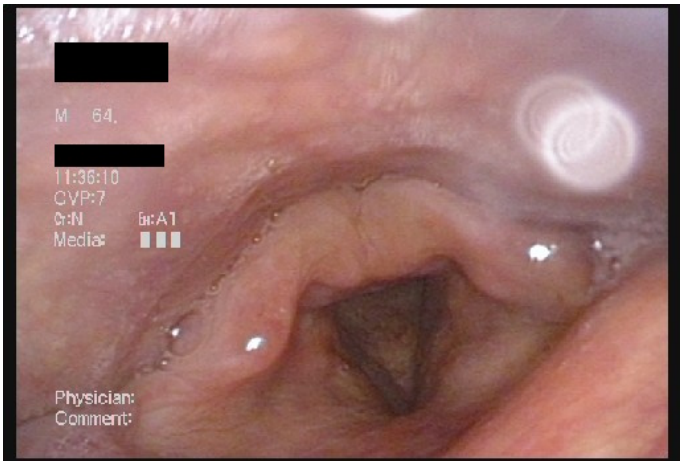

NBI
M 64.
11:34:50
CVP:2
Br:A3
Media:
Physician:
Comment:


M 64.
11:34:56
CVP:3
Cr:N Br:A1
Media:
Physician:
Comment:

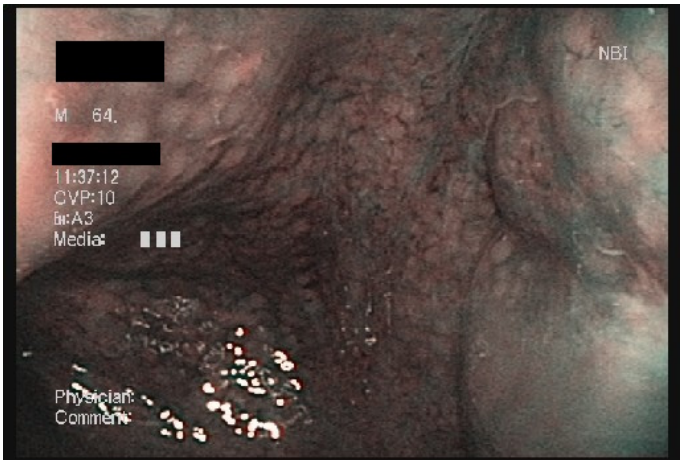

M 64.
11:35:41
CVP:4
Cr:N Br:A1
Media:
Physician:
Comment:


NBI
M 64.
11:35:50
CVP:5
Br:A3
Media:
Physician:
Comment:


NBI
M 64.
11:36:01
CVP:6
Br:A3
Media:
Physician:
Comment:


M 64.
11:36:10
CVP:7
Cr:N Br:A1
Media:
Physician:
Comment:


M 64.
11:37:08
CVP:9
Cr:N Br:A1
Media:
Physician:
Comment:


NBI
M 64.
11:37:12
CVP:10
Br:A3
Media:
Physician:
Comment:

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:

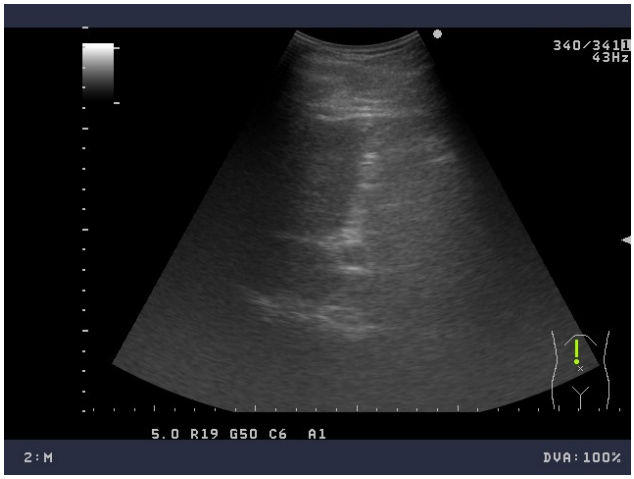
Normal size.

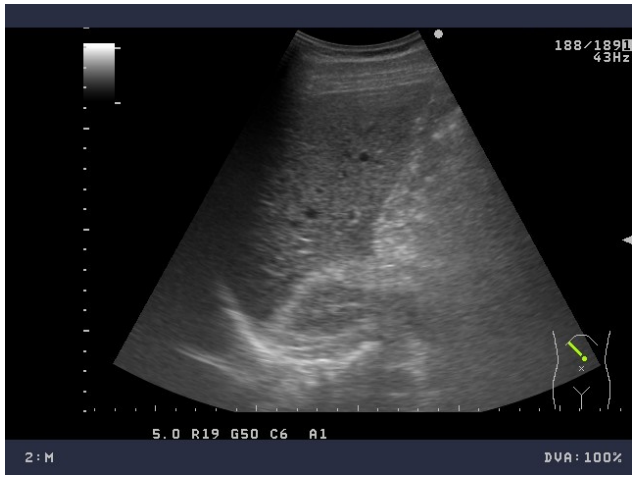
Kidneys:

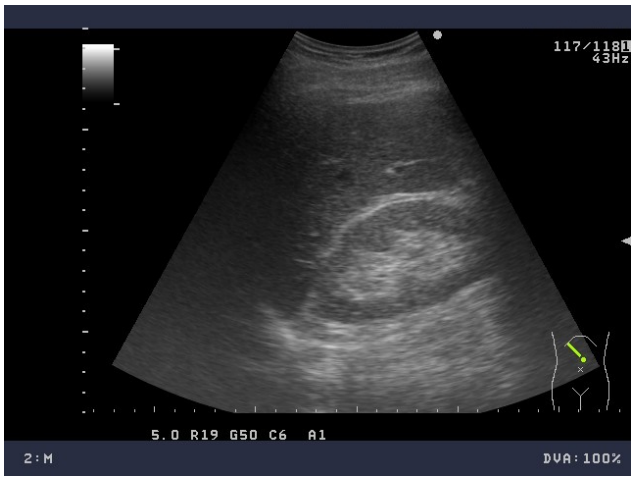
There is a 0.3cm calcification spot in left kidney.

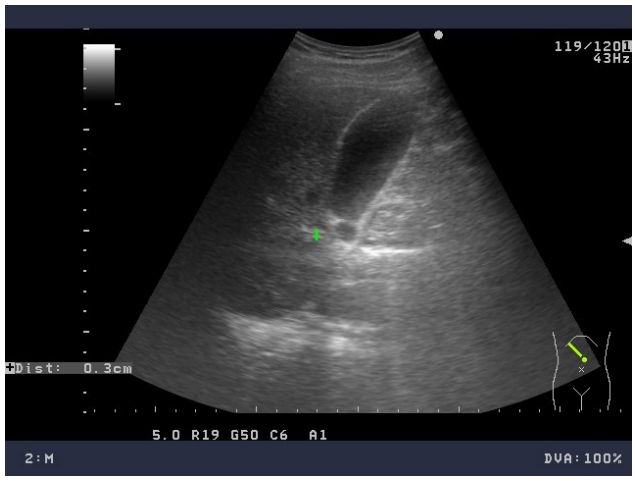
Diagnosis:

Left renal calcification spot

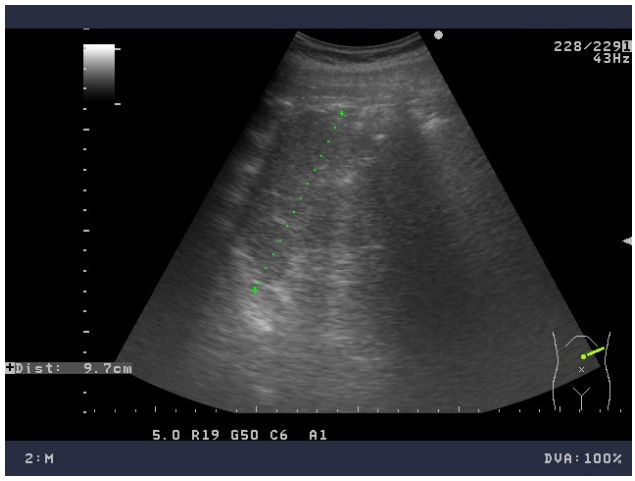

340/341
43Hz
5.0 R19 G50 C6 A1
2:M
DVA:100%


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%

Echocardiography Ultrasound

Heart

Left Ventricular Diastolic Dysfunction

Heart Valves

Minimal Mitral Valve, Pulmonary Valve Regurgitation, and Mild Tricuspid Valve Regurgitation

Cardiac Function

Normal Left Ventricular Systolic and Diastolic Function, Normal Left Ventricular Ejection Fraction 77%

Echocardiogram Report

Name:DEMO ID: Age:64 Sex:M Date:20240519

Basic Data:

IVSt:	9	mm(6-12)	LVEDD:	49	mm(36-52)	EF:	77	%(49-76)
LVPWt:	9	mm(5-11)	LVESD:	26	mm(20-36)	FS:	46	%(28-44)
AO Root:	31	mm(23-37)	LVEDV:	112	ml(96-157)	SV:	87	ml(32-95)
LAD:	37	mm(18-38)	LVESV:	25	ml(33-68)	Echo window:	■good □fair □poor	

Clinical Impression:

ASSESSMENT:

1. **Heart size:** ■normal; □dilatation of_____; □thickening of_____
2. **Pericardial Effusion:** ■nil;□small(<100ml); □mod(100-300ml); □large(300ml); □tamponade
3. **LV systolic function:** ■good; □fair; □boderline; □slightly impaired; □poor
4. **LV diastolic function:** □normal; ■impaired relaxation; □restrictive
5. **Valvular lesion:**

   MS: □trivial; □mild; □mod; □severe; Vmax_____m/sec; PG max_____mmHg; PG mean_____mmHg; Amv (Doppler):_____cm2; Amv (2D):_____cm2

   MR: ■trivial; □mild; □mod; □severe; MR-Vmax_____m/sec; PG_____mmHg

   AS: □trivial; □mild; □mod; □severe; Vav:____m/s; Vlvot:____m/s; Alvot:____;Aav:____

   AR: □trivial; □mild; □mod; □severe; Vmax_____ m/sec; PG_____mmHg; LVEDP_____mmHg

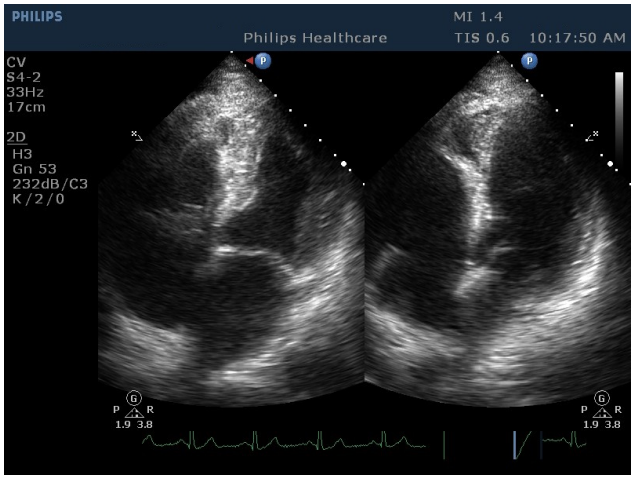
   TS: □trivial; □mild; □mod; □severe

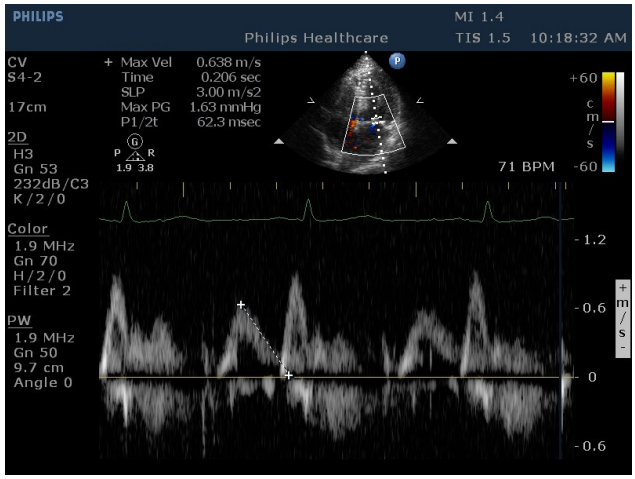
   TR: □trivial; ■mild; □mod; □severe; Vmax _____m/sec; PG__24___mmHg; RVSP__29mmHg

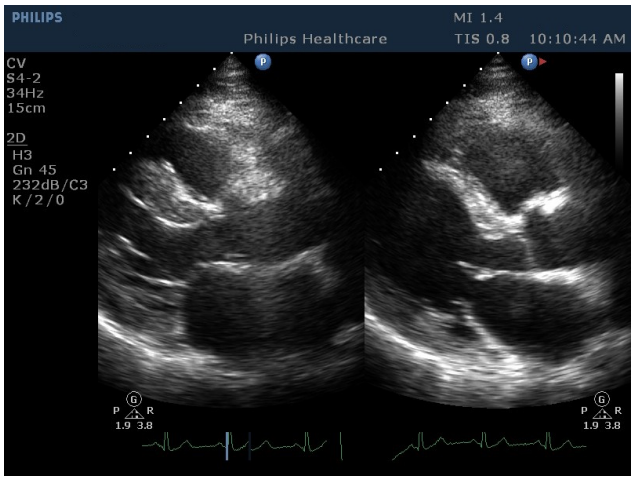
   PR: ■trivial; □mild; □mod; □severe; Vmax _____m/sec; PG_____mmHg
6. **Congenital:** ■nil; □ASD; □VSD; □PDA; □T/F ; □Others
7. **Asynergy:** ■nil; □hypokinesis or □akinesis of segments _____
   □dyskinesis of segments _____

8. **Additional findings:** IVC___16_____mm

1. **No chamber dilation, no regional wall motion abnormality, estimate LVEF about 77%**
2. **Impaired LV relaxation**
3. **Trivial MR, trivial PR**
4. **Mild TR, PG: 24 mmHg, estimate RVSP about 29 mmHg**


PHILIPS
MI 1.4
Philips Healthcare
TIS 0.6
10:17:50 AM
CV
S4-2
33Hz
17cm
2D
H3
Gn 53
232dB/C3
K/2/0


PHILIPS
MI 1.4
Philips Healthcare
TIS 1.5
10:18:32 AM
CV
S4-2
17cm
+ Max Vel 0.638 m/s
Time 0.206 sec
SLP 3.00 m/s2
Max PG 1.63 mmHg
P1/2t 62.3 msec
2D
H3
Gn 53
232dB/C3
K/2/0
Color
1.9 MHz
Gn 70
H/2/0
Filter 2
PW
1.9 MHz
Gn 50
9.7 cm
Angle 0
71 BPM
+60
-60
-1.2
-0.6
0
-0.6


PHILIPS
MI 1.4
Philips Healthcare
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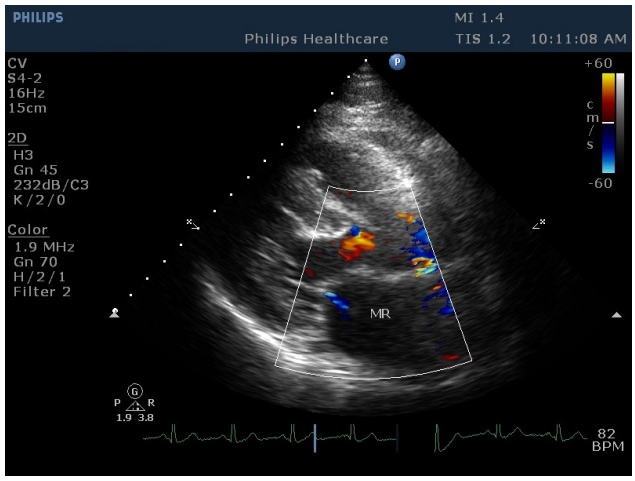
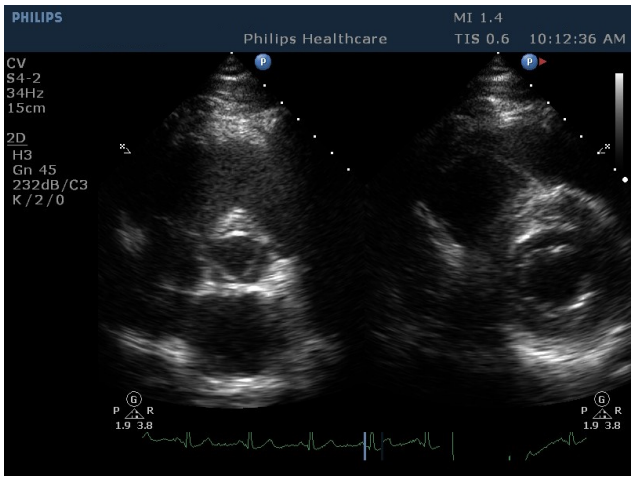
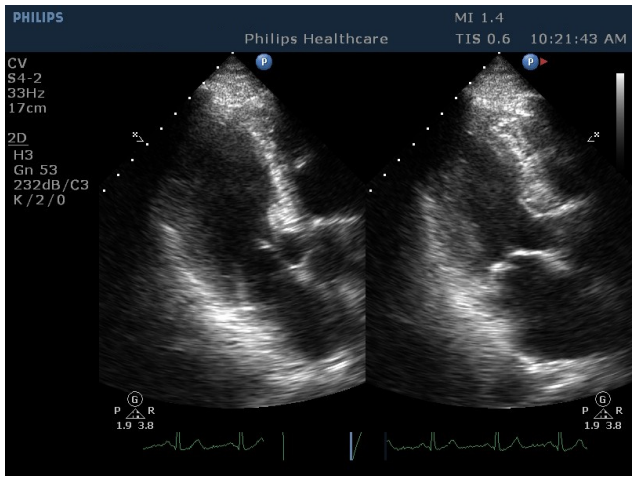
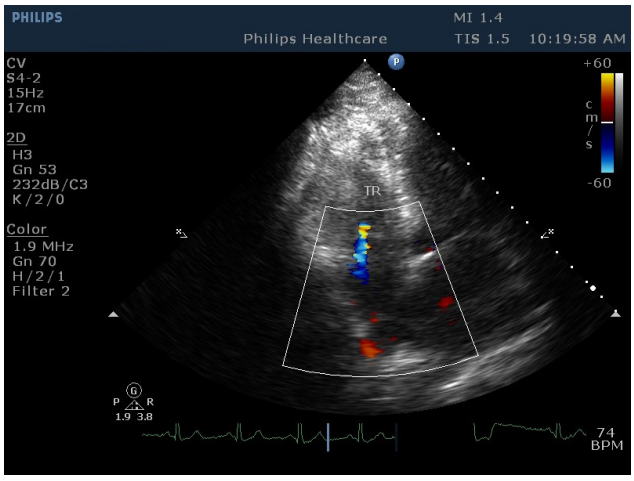
CV
S4-2
34Hz
15cm
2D
H3
Gn 45
232dB/C3
K/2/0


PHILIPS
MI 1.4
Philips Healthcare
TIS 1.2
10:11:08 AM
CV
S4-2
16Hz
15cm
2D
H3
Gn 45
232dB/C3
K/2/0
Color
1.9 MHz
Gn 70
H/2/1
Filter 2
+60
-60
MR
82
BPM


PHILIPS
MI 1.4
Philips Healthcare
TIS 0.6
10:12:36 AM
CV
S4-2
34Hz
15cm
2D
H3
Gn 45
232dB/C3
K/2/0


PHILIPS
MI 1.4
Philips Healthcare
TIS 0.6
10:21:43 AM
CV
S4-2
33Hz
17cm
2D
H3
Gn 53
232dB/C3
K/2/0


PHILIPS
MI 1.4
Philips Healthcare
TIS 1.5
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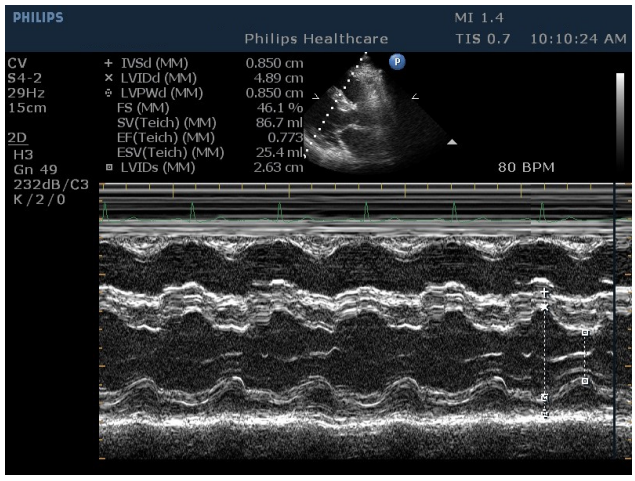
CV
S4-2
15Hz
17cm
2D
H3
Gn 53
232dB/C3
K/2/0
Color
1.9 MHz
Gn 70
H/2/1
Filter 2
+60
-60
TR
74
BPM


PHILIPS
MI 1.4
Philips Healthcare
TIS 0.7
10:10:24 AM
CV
S4-2
29Hz
15cm
2D
H3
Gn 49
232dB/C3
K/2/0
+ IVSd (MM) 0.850 cm
× LVIDd (MM) 4.89 cm
LVPWd (MM) 0.850 cm
FS (MM) 46.1 %
SV(Teich) (MM) 86.7 ml
EF(Teich) (MM) 0.773
ESV(Teich) (MM) 25.4 ml
LVIDs (MM) 2.63 cm
80 BPM

Carotid Duplex Ultrasound

Left Common Carotid Artery
No Abnormality

Right Common Carotid Artery
No Abnormality

Left Common Carotid Bifurcation
No Abnormality

Right Common Carotid Bifurcation
No Abnormality

Left Internal Carotid Artery
No Abnormality

Right Internal Carotid Artery
No Abnormality

Left External Carotid Artery
No Abnormality

Right External Carotid Artery
No Abnormality

Left Vertebral Artery
No Abnormality

Right Vertebral Artery
No Abnormality

Carotid Ultrasound Report

Name:DEMO ID: Age:64 Sex:M Date:20240519

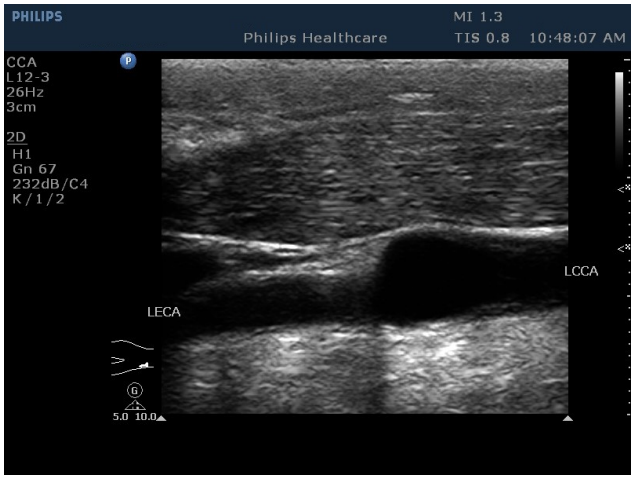
	LEFT	RIGHT
CCA1	90.1/30.0	98.9/28.8
CCA2	71.1/25.0	84.5/30.7
Diam of CCA(mm)	5.16	5.58
IMT(mm)	0.86/0.86	0.73/0.73
BIF	91.3/29.8	72.6/25.1
ICA1	71.1/33.6	79.5/30.3
ICA2	63.4/32.7	61.4/32.0
ICA3	74.0/35.5	75.2/32.9
ECA1	97.0/20.2	83.9/17.3
ECA2	104/21.1	113/26.9
VA	67.2/20.2	62.4/21.1
Diam of VA (mm)	4.30	3.72
other		

Findings:

Color duplex: No stenosis of the extracranial carotid and vertebral arteries.

Conclusion:

Normal vascular ultrasonology study of the extracranial arteries.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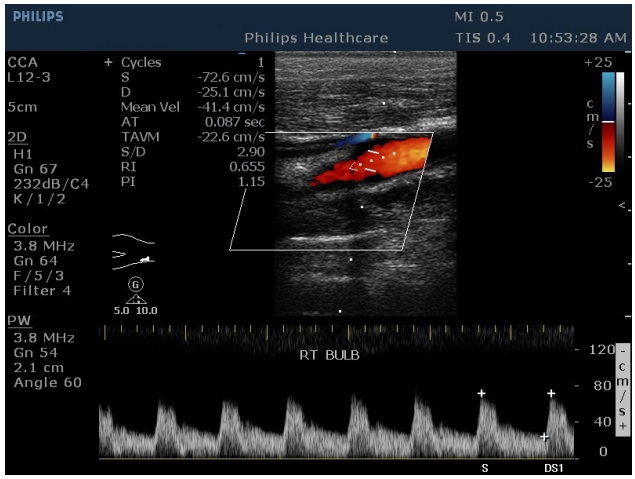
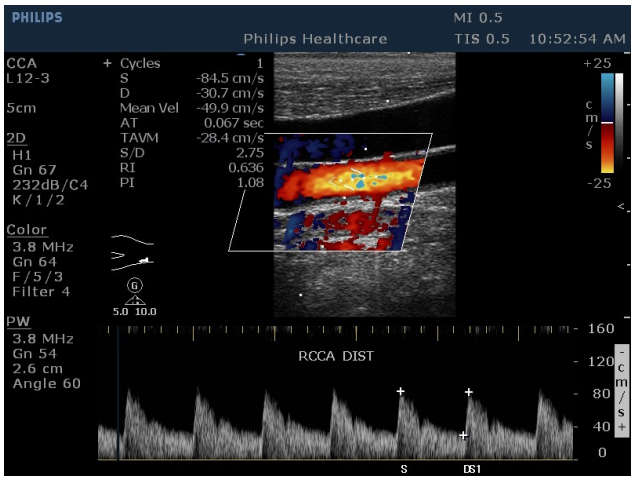
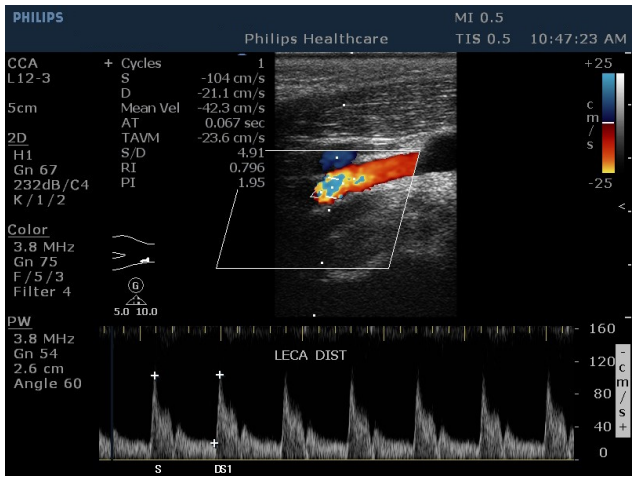
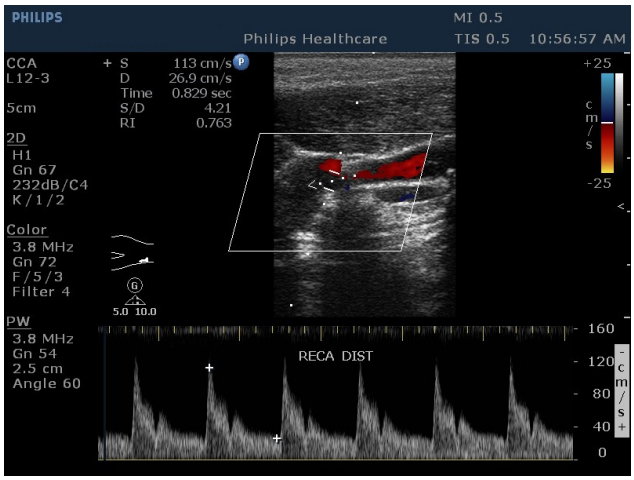
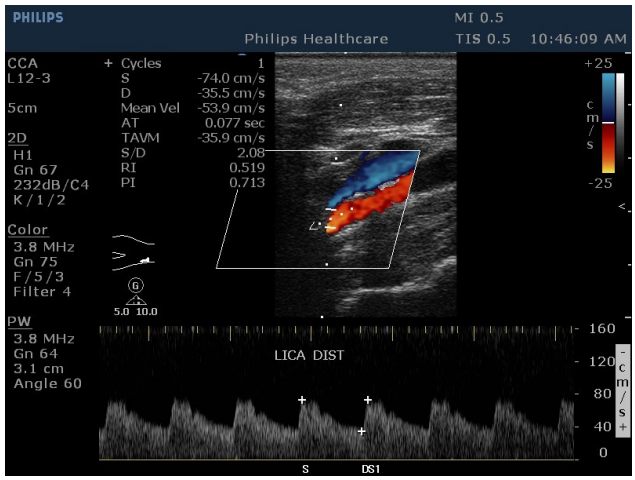
MI 1.3
Philips Healthcare
TIS 0.8
10:48:07 AM
CCA
L12-3
26Hz
3cm
2D
H1
Gn 67
232dB/C4
K/1/2
LCCA
LECA
5.0 10.0

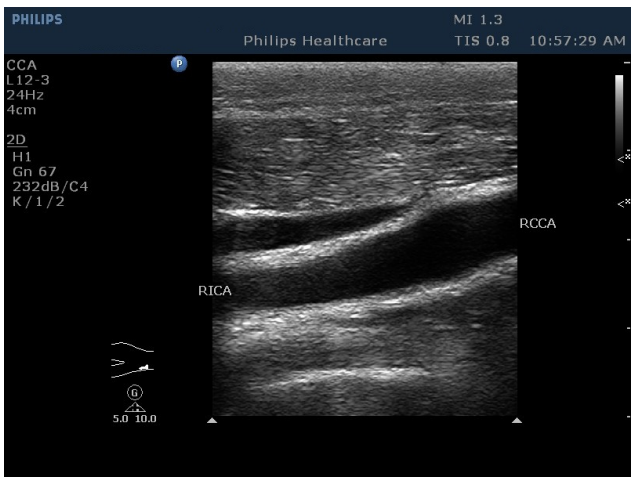

PHILIPS
MI 0.5
Philips Healthcare
TIS 0.4
10:53:28 AM
CCA
L12-3
5cm
2D
H1
Gn 67
232dB/C4
K/1/2
+ Cycles 1
S -72.6 cm/s
D -25.1 cm/s
Mean Vel -41.4 cm/s
AT 0.087 sec
TAVM -22.6 cm/s
S/D 2.90
RI 0.655
PI 1.15
Color
3.8 MHz
Gn 64
F/5/3
Filter 4
PW
3.8 MHz
Gn 54
2.1 cm
Angle 60
RT BULB
+25
-25
120
80
40
0
S
DS1

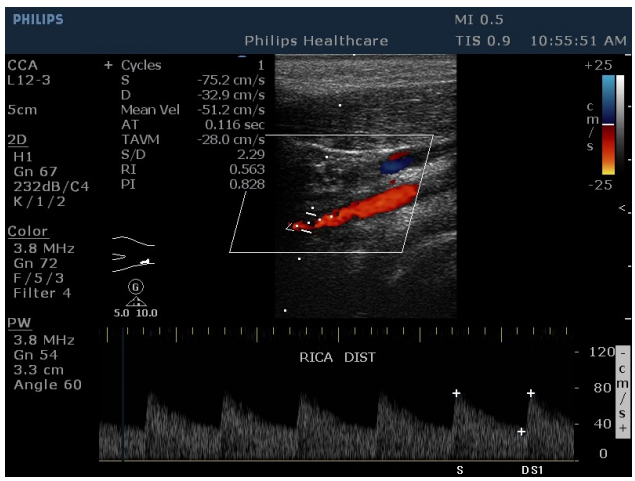

PHILIPS
MI 0.5
Philips Healthcare
TIS 0.5
10:52:54 AM
CCA
L12-3
5cm
2D
H1
Gn 67
232dB/C4
K/1/2
+ Cycles 1
S -84.5 cm/s
D -30.7 cm/s
Mean Vel -49.9 cm/s
AT 0.067 sec
TAVM -28.4 cm/s
S/D 2.75
RI 0.636
PI 1.08
Color
3.8 MHz
Gn 64
F/5/3
Filter 4
PW
3.8 MHz
Gn 54
2.6 cm
Angle 60
RCCA DIST
+25
-25
160
120
80
40
0
S
DS1

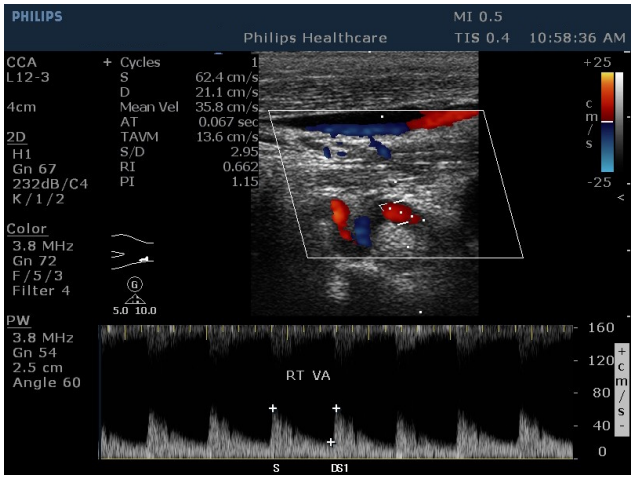

PHILIPS
MI 0.5
Philips Healthcare
TIS 0.5
10:47:23 AM
CCA
L12-3
5cm
2D
H1
Gn 67
232dB/C4
K/1/2
+ Cycles 1
S -104 cm/s
D -21.1 cm/s
Mean Vel -42.3 cm/s
AT 0.067 sec
TAVM -23.6 cm/s
S/D 4.91
RI 0.796
PI 1.95
Color
3.8 MHz
Gn 75
F/5/3
Filter 4
PW
3.8 MHz
Gn 54
2.6 cm
Angle 60
LECA DIST
+25
-25
160
120
80
40
0
S
DS1

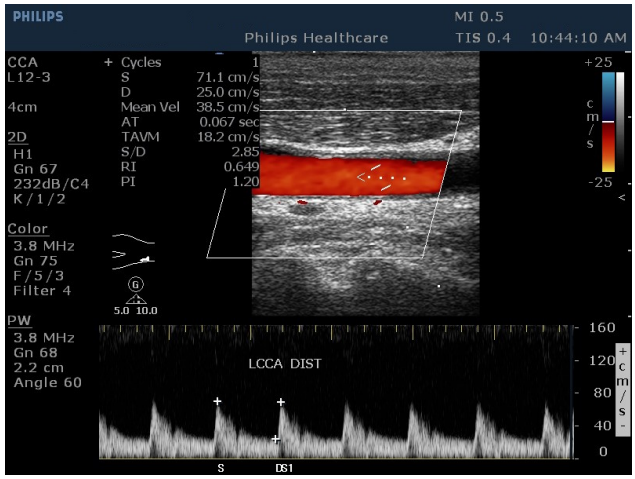

PHILIPS
MI 0.5
Philips Healthcare
TIS 0.5
10:56:57 AM
CCA
L12-3
5cm
2D
H1
Gn 67
232dB/C4
K/1/2
+ S 113 cm/s
D 26.9 cm/s
Time 0.829 sec
S/D 4.21
RI 0.763
Color
3.8 MHz
Gn 72
F/5/3
Filter 4
PW
3.8 MHz
Gn 54
2.5 cm
Angle 60
RECA DIST
+25
-25
160
120
80
40
0

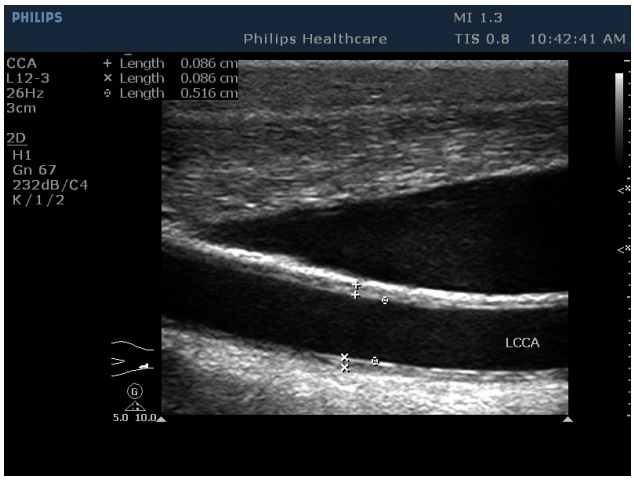

PHILIPS
MI 0.5
Philips Healthcare
TIS 0.5
10:46:09 AM
CCA
L12-3
5cm
2D
H1
Gn 67
232dB/C4
K/1/2
+ Cycles 1
S -74.0 cm/s
D -35.5 cm/s
Mean Vel -53.9 cm/s
AT 0.077 sec
TAVM -35.9 cm/s
S/D 2.08
RI 0.519
PI 0.713
Color
3.8 MHz
Gn 75
F/5/3
Filter 4
PW
3.8 MHz
Gn 64
3.1 cm
Angle 60
LICA DIST
+25
-25
160
120
80
40
0
S
DS1

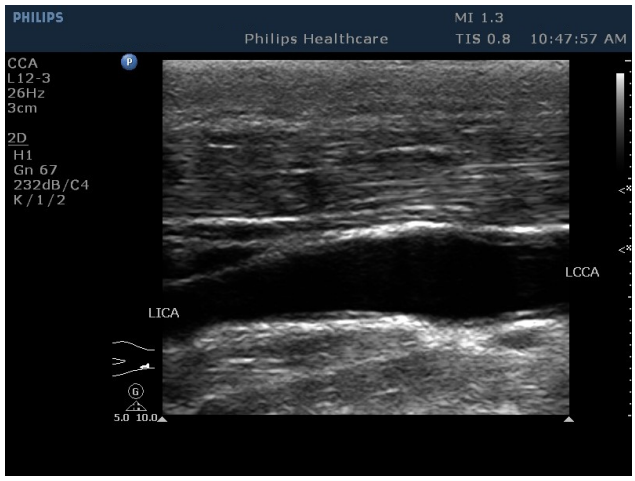

PHILIPS
MI 1.3
Philips Healthcare
TIS 0.8
10:57:29 AM
CCA
L12-3
24Hz
4cm
2D
H1
Gn 67
232dB/C4
K/1/2
RCCA
RICA
5.0 10.0

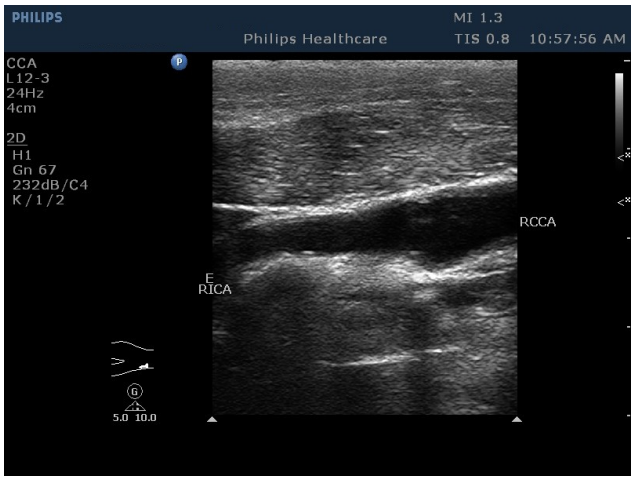

PHILIPS
MI 0.5
Philips Healthcare
TIS 0.9
10:55:51 AM
CCA
L12-3
5cm
2D
H1
Gn 67
232dB/C4
K/1/2
+ Cycles 1
S -75.2 cm/s
D -32.9 cm/s
Mean Vel -51.2 cm/s
AT 0.116 sec
TAVM -28.0 cm/s
S/D 2.29
RI 0.563
PI 0.828
Color
3.8 MHz
Gn 72
F/5/3
Filter 4
PW
3.8 MHz
Gn 54
3.3 cm
Angle 60
RICA DIST
+25
-25
120
80
40
0
S
DS1

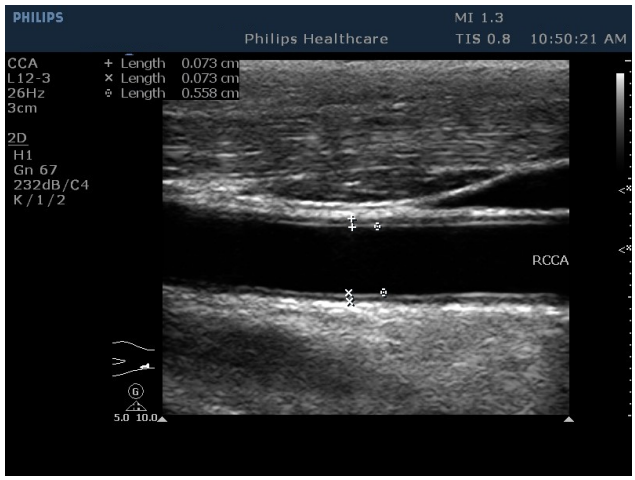

PHILIPS
MI 0.5
Philips Healthcare
TIS 0.4
10:58:36 AM
CCA
L12-3
4cm
2D
H1
Gn 67
232dB/C4
K/1/2
Color
3.8 MHz
Gn 72
F/5/3
Filter 4
PW
3.8 MHz
Gn 54
2.5 cm
Angle 60
+ Cycles 1
S 62.4 cm/s
D 21.1 cm/s
Mean Vel 35.8 cm/s
AT 0.067 sec
TAVM 13.6 cm/s
S/D 2.95
RI 0.662
PI 1.15
RT VA
+25
-25
160
120
80
40
0
S
DS1

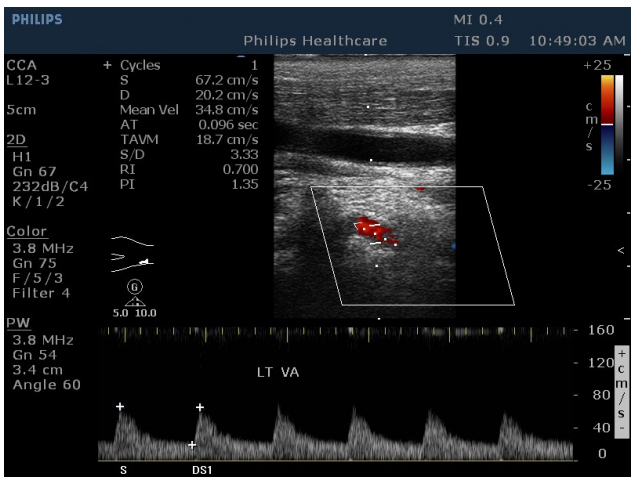

PHILIPS
MI 0.5
Philips Healthcare
TIS 0.4
10:44:10 AM
CCA
L12-3
4cm
2D
H1
Gn 67
232dB/C4
K/1/2
Color
3.8 MHz
Gn 75
F/5/3
Filter 4
PW
3.8 MHz
Gn 68
2.2 cm
Angle 60
+ Cycles 1
S 71.1 cm/s
D 25.0 cm/s
Mean Vel 38.5 cm/s
AT 0.067 sec
TAVM 18.2 cm/s
S/D 2.85
RI 0.649
PI 1.20
LCCA DIST
+25
-25
160
120
80
40
0
S
DS1

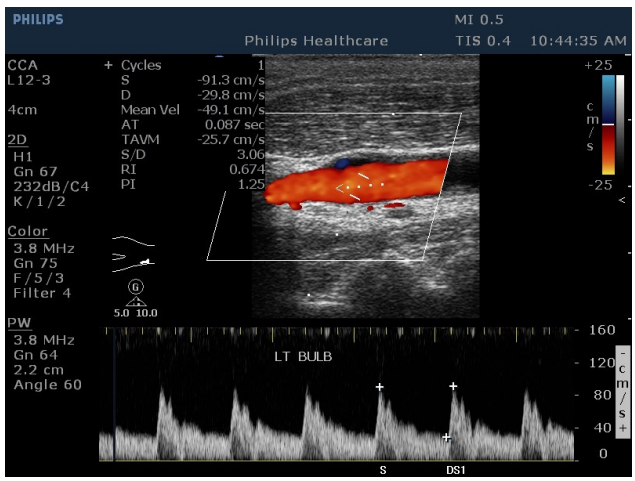

PHILIPS
MI 1.3
Philips Healthcare
TIS 0.8
10:42:41 AM
CCA
L12-3
26Hz
3cm
2D
H1
Gn 67
232dB/C4
K/1/2
+ Length 0.086 cm
× Length 0.086 cm
Length 0.516 cm
LCCA


PHILIPS
MI 1.3
Philips Healthcare
TIS 0.8
10:47:57 AM
CCA
L12-3
26Hz
3cm
2D
H1
Gn 67
232dB/C4
K/1/2
LCCA
LICA


PHILIPS
MI 1.3
Philips Healthcare
TIS 0.8
10:57:56 AM
CCA
L12-3
24Hz
4cm
2D
H1
Gn 67
232dB/C4
K/1/2
RCCA
E
RICA


PHILIPS
MI 1.3
Philips Healthcare
TIS 0.8
10:50:21 AM
CCA
L12-3
26Hz
3cm
2D
H1
Gn 67
232dB/C4
K/1/2
+ Length 0.073 cm
× Length 0.073 cm
Length 0.558 cm
RCCA


PHILIPS
MI 0.4
Philips Healthcare
TIS 0.9
10:49:03 AM
CCA
L12-3
5cm
2D
H1
Gn 67
232dB/C4
K/1/2
Color
3.8 MHz
Gn 75
F/5/3
Filter 4
PW
3.8 MHz
Gn 54
3.4 cm
Angle 60
+ Cycles 1
S 67.2 cm/s
D 20.2 cm/s
Mean Vel 34.8 cm/s
AT 0.096 sec
TAVM 18.7 cm/s
S/D 3.33
RI 0.700
PI 1.35
LT VA
+25
-25
160
120
80
40
0
S
DS1


PHILIPS
MI 0.5
Philips Healthcare
TIS 0.4
10:44:35 AM
CCA
L12-3
4cm
2D
H1
Gn 67
232dB/C4
K/1/2
Color
3.8 MHz
Gn 75
F/5/3
Filter 4
PW
3.8 MHz
Gn 64
2.2 cm
Angle 60
+ Cycles 1
S -91.3 cm/s
D -29.8 cm/s
Mean Vel -49.1 cm/s
AT 0.087 sec
TAVM -25.7 cm/s
S/D 3.06
RI 0.674
PI 1.25
LT BULB
+25
-25
160
120
80
40
0
S
DS1

Thyroid Ultrasound

Left Thyroid

Multinodular Goiter with Cystic Changes

Right Thyroid

Nodular Goiter

Thyroid Ultrasound Report

Name:DEMO ID: Age:64 Sex :M Date:20240519

1.	L	W	T
Right:	cm	1.79cm	1.21cm
Left:	cm	2.05cm	1.65cm

2. Nodularity of the thyroid: ☐NO ☐single ■Multiple

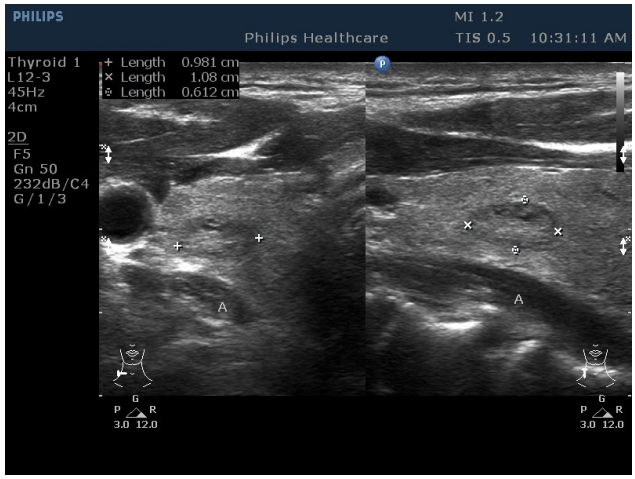
3. Echo pattern of the thyroid:

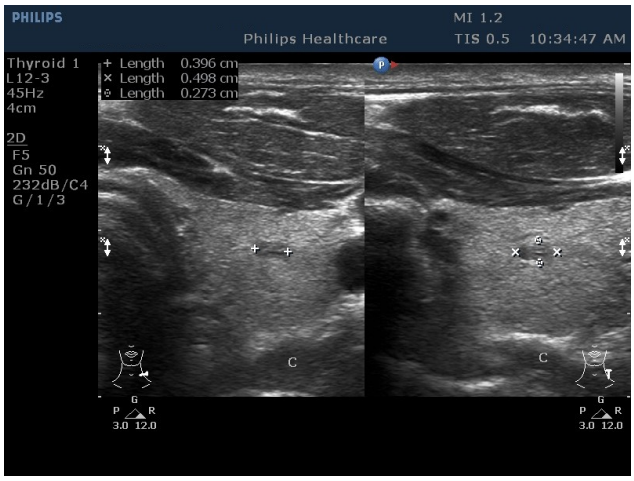
	General	A	B	C	D
Right Lobe	■☐	■	☐	☐	☐
Left Lobe	☐■	☐	■	■	■
size(cm)		1.08x0.98x0.61	1.10x1.02x0.74	0.50x0.40x0.27	0.37x0.36x0.23
Hyper-echoic	☐☐	☐	☐	☐	☐
Iso-echoic	■■	☐	☐	☐	☐
Hypo-echoic	☐☐	■	■	■	■
Echo-free	☐☐	☐	■	☐	■
Smooth margin	■■	■	■	■	■
Uneven margin	☐☐	☐	☐	☐	☐
Clear margin	■■	■	■	■	■
Unclear margin	☐☐	☐	☐	☐	☐
Halo	☐☐	☐	☐	☐	☐
Homogeneous	☐☐	☐	☐	☐	☐
Heterogeneous	■■	■	■	■	■
Sparse	☐☐	☐	☐	☐	☐
Compact	■■	■	■	■	■
Calcification	☐☐	☐	☐	☐	☐
Other:	L,t side:	E:0.29x0.27x0.18			

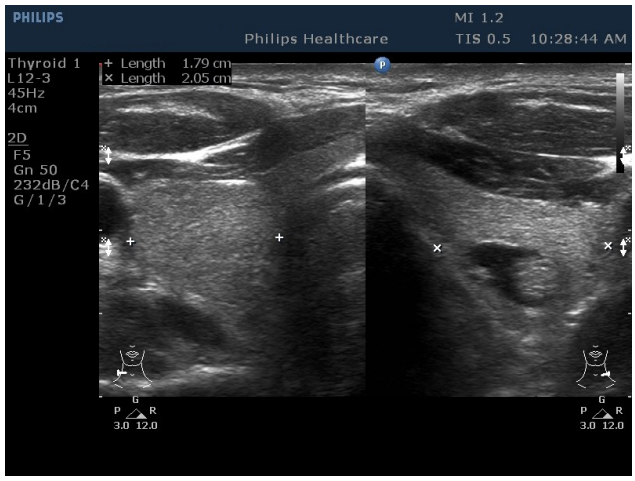
Impression : Multinodular goiter with cystic change

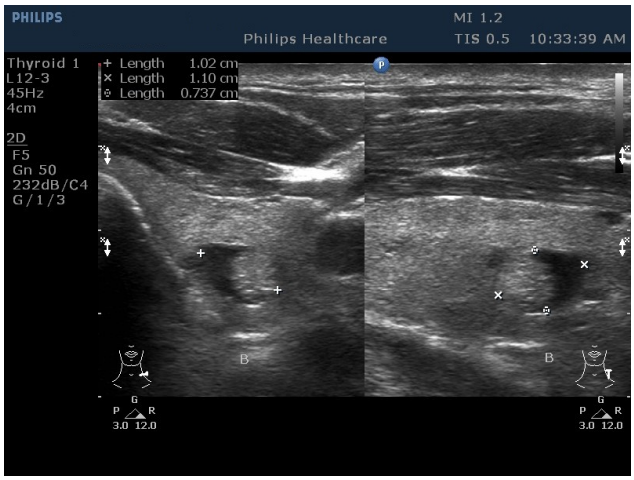
Suggest : Echo-guided aspiration and cytology

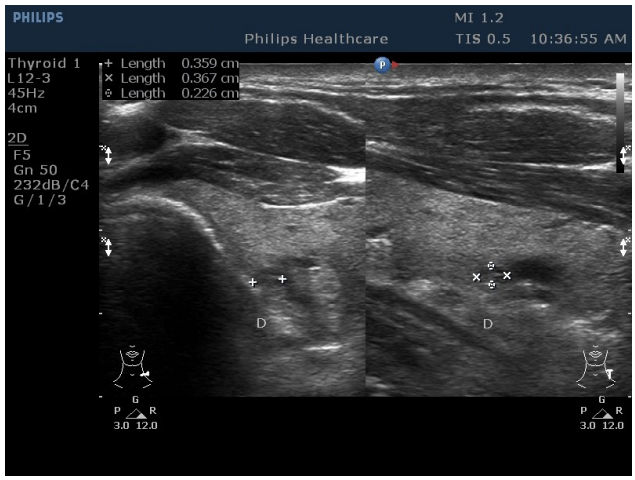

PHILIPS
MI 1.2
Philips Healthcare
TIS 0.5
10:30:05 AM
Thyroid 1
L12-3
45Hz
4cm
2D
F5
Gn 50
232dB/C4
G/1/3
+ Length 1.21 cm
× Length 1.65 cm

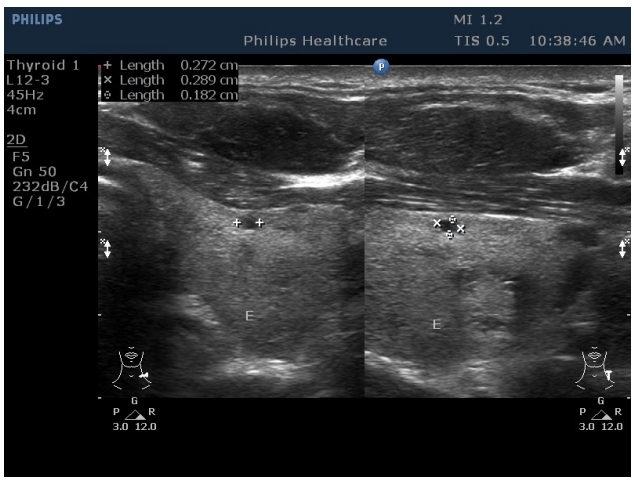

PHILIPS
MI 1.2
Philips Healthcare
TIS 0.5
10:31:11 AM
Thyroid 1
L12-3
45Hz
4cm
2D
F5
Gn 50
232dB/C4
G/1/3
+ Length 0.981 cm
× Length 1.08 cm
Length 0.612 cm
A


PHILIPS
MI 1.2
Philips Healthcare
TIS 0.5
10:34:47 AM
Thyroid 1
L12-3
45Hz
4cm
2D
F5
Gn 50
232dB/C4
G/1/3
+ Length 0.396 cm
× Length 0.498 cm
Length 0.273 cm
C


PHILIPS
MI 1.2
Philips Healthcare
TIS 0.5
10:28:44 AM
Thyroid 1
L12-3
45Hz
4cm
2D
F5
Gn 50
232dB/C4
G/1/3
+ Length 1.79 cm
× Length 2.05 cm


PHILIPS
MI 1.2
Philips Healthcare
TIS 0.5
10:33:39 AM
Thyroid 1
L12-3
45Hz
4cm
2D
F5
Gn 50
232dB/C4
G/1/3
+ Length 1.02 cm
× Length 1.10 cm
Length 0.737 cm
B


PHILIPS
MI 1.2
Philips Healthcare
TIS 0.5
10:36:55 AM
Thyroid 1
L12-3
45Hz
4cm
2D
F5
Gn 50
232dB/C4
G/1/3
+ Length 0.359 cm
× Length 0.367 cm
Length 0.226 cm
D


PHILIPS
MI 1.2
Philips Healthcare
TIS 0.5
10:38:46 AM
Thyroid 1
L12-3
45Hz
4cm
2D
F5
Gn 50
232dB/C4
G/1/3
+ Length 0.272 cm
× Length 0.289 cm
Length 0.182 cm
E

Electrocardiogram

Pulmonary Function:

No Abnormality

Blood Oxygen Saturation:

No Abnormality

Resting ECG:

No Abnormality

Pulmonary Function Test Results

Visit date 2013/9/6

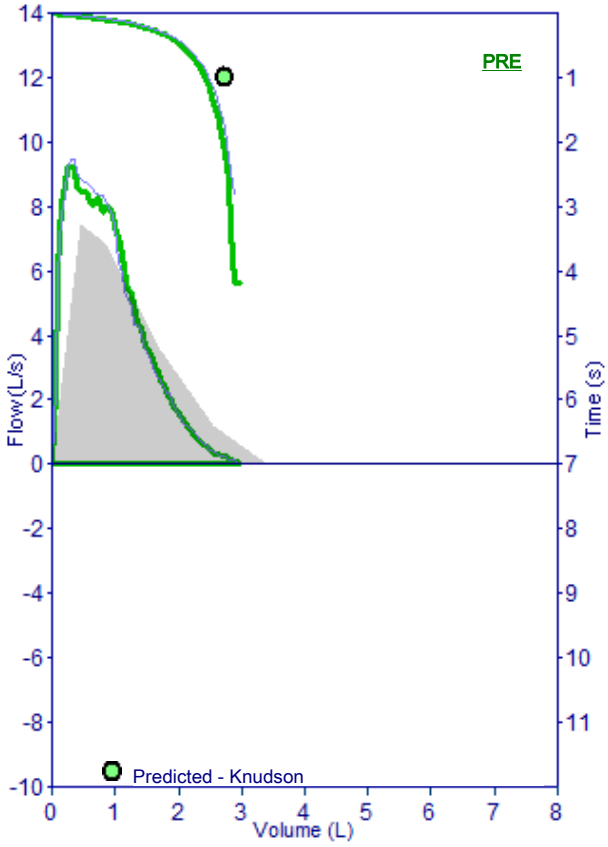
Patient code			
Surname		Age	64
Name	DEMO	Gender:	Male
Date of birth	1958/7/10	Height, cm	167
Ethnic group	Chinese	Weight, kg	78
Smoke		Pack-Year	
Patient group			

Interpretation

Normal Spirometry

Conclusion / Medical report

Flow / Volume and Volume / Time Loops



printed by winspiroPRO 4.3.0 - 2019/4/11 上午 09:40:22 - Mod.C11

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							

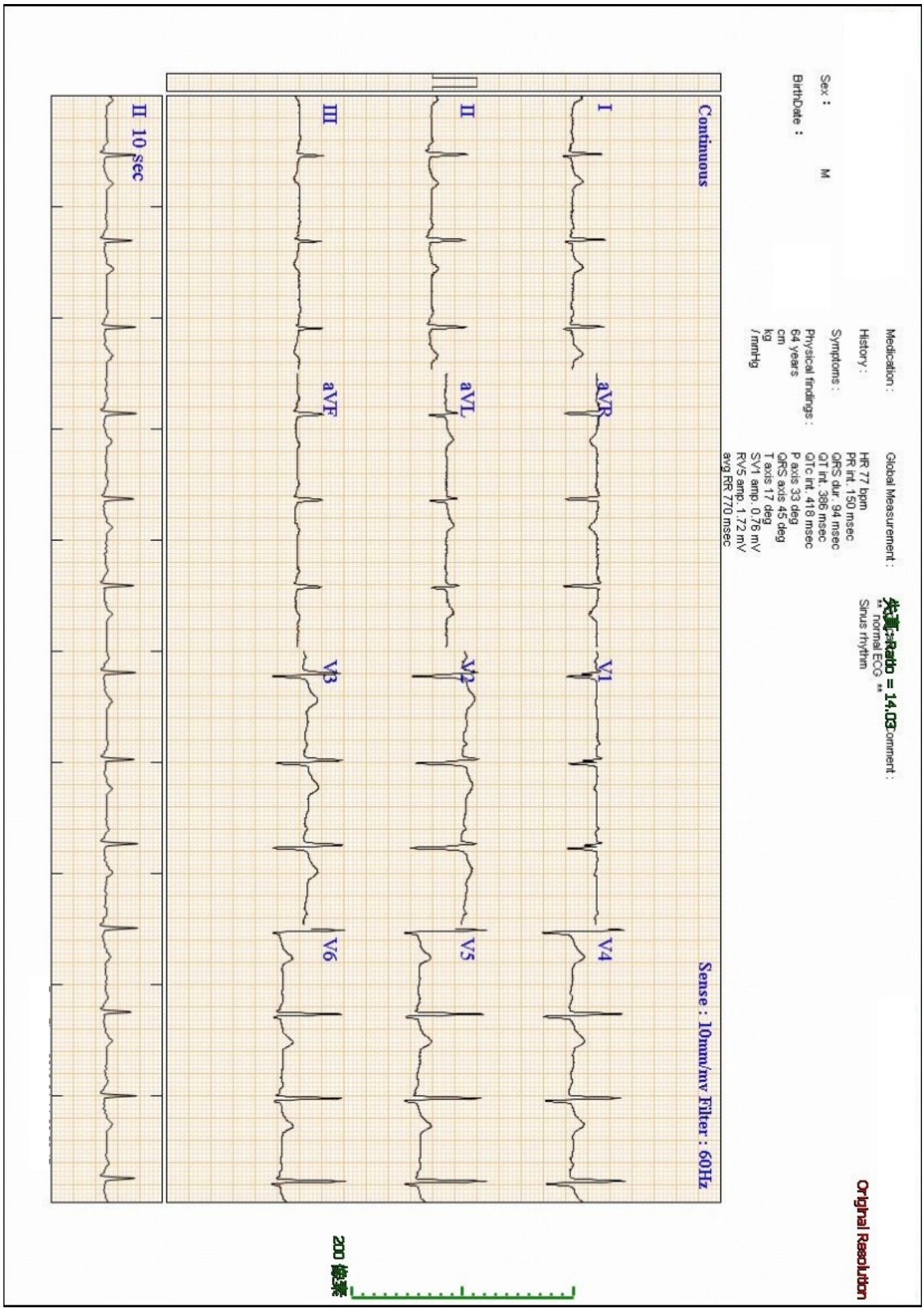
Quality Report: A

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
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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

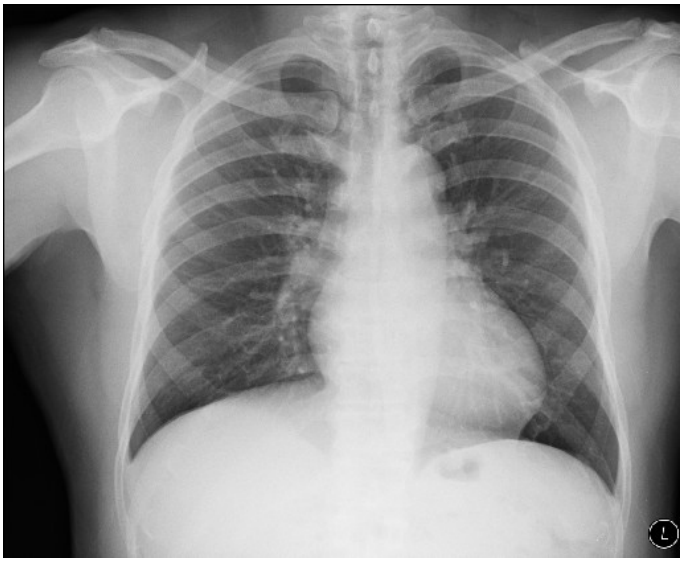
Estimates the risk score and risk of CHD occurrence within the next 10 years			
Risk Score	< 10 %	10 ~ 20 %	> 20 %
Risk	Low	Moderate	High

Chest X-Ray Examination

1. Atherosclerosis of aortic arch

2. Thoracic spondylosis

3. No obvious active pulmonary lesion



Cervical Spine X-Ray Examination

1. Cervical spondylosis with C3 to C7 spurs formation

2. Grade I retrolisthesis of C4 on C5 and C5 on C6

3. Narrowing disc space at C4 C5 and C5 C6 levels

4. Nuchal ligament calcifications

L-S Spine X-Ray Examination

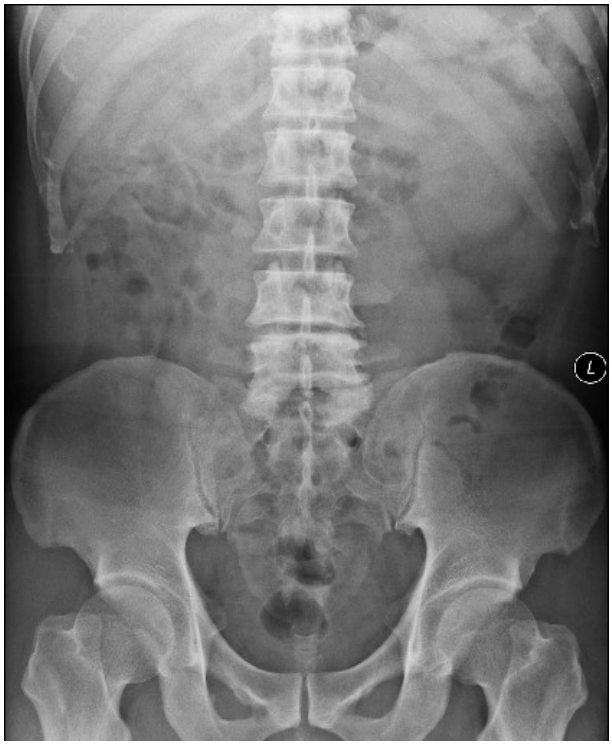
1. Grade I retrolisthesis of L4 on L5
2. Grade I anterolisthesis of L5 on S1
3. L5 pars fracture
4. Narrowing of L4 L5 disc
5. L4 and L5 bony spurs formation

Abdominal X-Ray Examination

1. Lumbar spondylosis with spurs formation

2. Normal intestinal gas pattern

3. No abnormal density



ENT Examination

Ear:

Normal appearance.

Nose:

Normal appearance.

Nasopharynx:

Too narrow to exam.

Pharynx:

Normal appearance.

Larynx:

Bilateral vocal cord movement freely.

Head and Neck:

Normal appearance, no palpable mass.

CT Scan - Heart Calcium Score

Heart Calcium Score

Left Main Artery, LMA 0

Left Anterior Descending, LAD 129

Left Circumflex, LCX 66

Right Coronary Artery, RCA 0

Posterior Descending Artery, PDA 0

Heart Calcium Score

Total Score 195

CT Scan - Coronary Artery CTA

Coronary Artery CTA Finding

Main Blood Supply: Rt-dominant

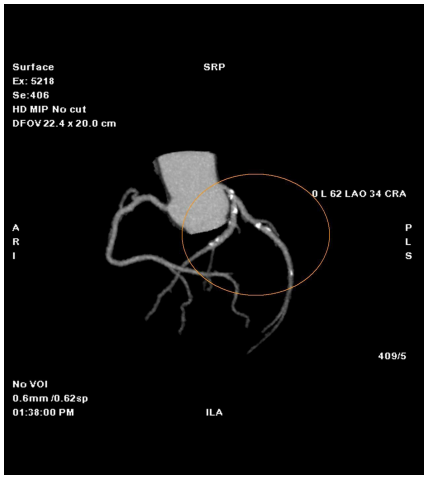
Coronary Artery CTA Finding

Atherosclerotic change of 2 major coronary arteries with mild degree luminal stenosis (30%-50%).

Abnormal : LAD,LCX

Coronary Artery CTA Finding

LV Ejection Fraction 62.8 %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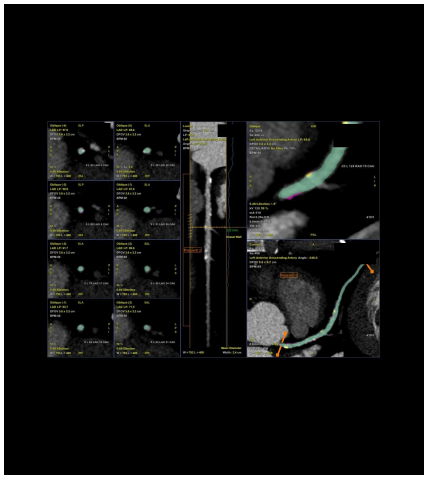

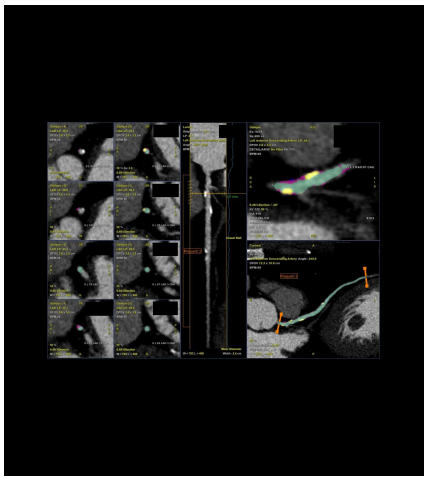

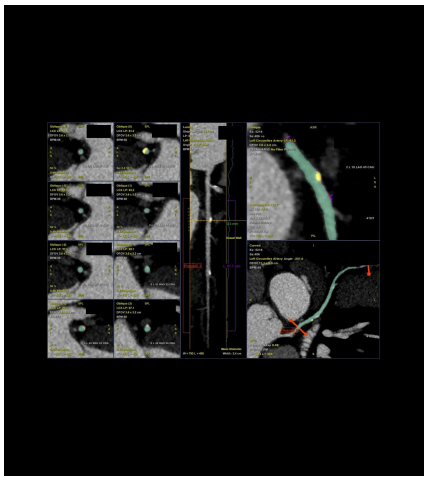

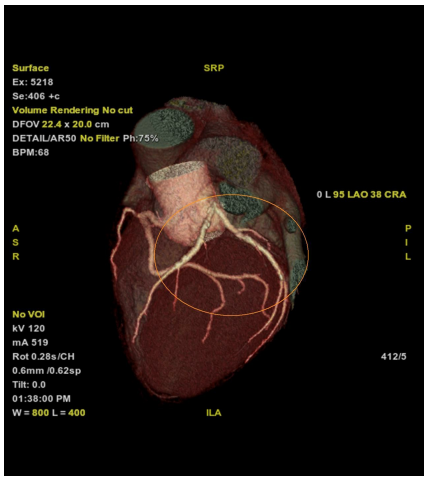
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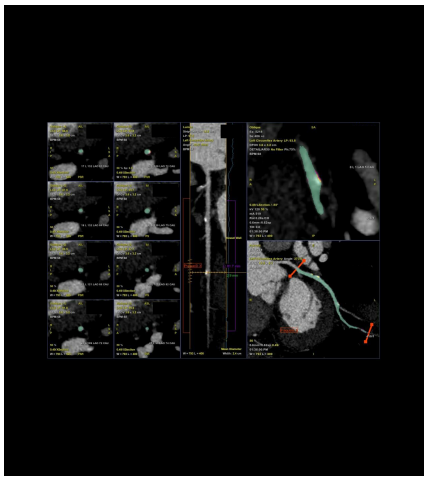


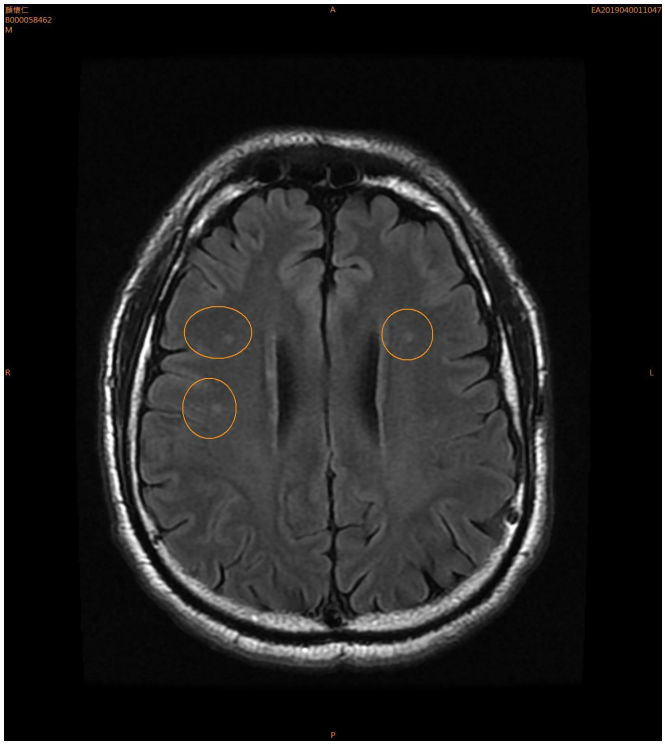
MRI Scan - Brain Imaging

Brain Imaging Finding

- Cerebral Hemisphere Abnormal
- Cerebellar Hemisphere Normal
- Mid Brain Normal
- Pons Normal
- Medulla Oblongate Normal
- Pituitary Gland Normal
- Sella Turcica Normal
- Pineal Gland Normal
- Skull Normal
- Eye And Orbit Normal
- Optic Nerve Normal
- Meninges Normal
- Ventricular System Normal
- Corpus Callosum Normal
- Others Normal

Brain Imaging Finding

Small vessel disease of brain, 1 stage



MRI Scan - Head Imaging

Head Imaging Finding

- Nasal Cavity Normal
- Paranasanl Sinus Normal
- Frontal Sinus Normal
- Sphenoid Sinus Normal
- Ethmoid Sinus Normal
- Maxillary Sinus Normal
- Nasopharynx Normal
- Esterna Ear Normal
- Middle Ear Normal
- Inner Ear Normal
- Mastoids Of Temporal Bone Normal
- TM Joint Normal
- Others Normal

Head Imaging Finding

No definite imaging abnormality in this study.

MRI Scan - Neck Imaging

Neck Imaging Finding

- Larynx Normal
- Hypopharynx Normal
- Trachea Normal
- Thyroid Gland Normal
- Parathyroid Gland Normal
- Carotid Space Normal
- Prevertebral Space Normal
- Parapharyngeal Space Normal
- Tonsil Normal
- Masticator Space Normal
- Oropharynx Normal
- Oral Cavity Normal
- Salivary Gland Normal
- Parotid Gland Normal
- Sumbmandibular Gland Normal
- Subligular Gland Normal
- Others Normal

Neck Imaging Finding

No definite imaging abnormality in this study.

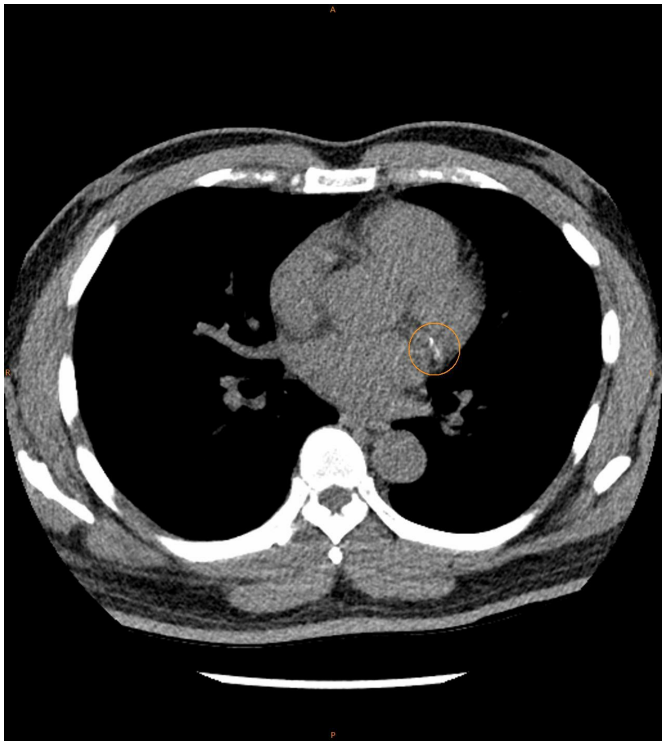
CT Scan - Thoracic And Lung Imaging

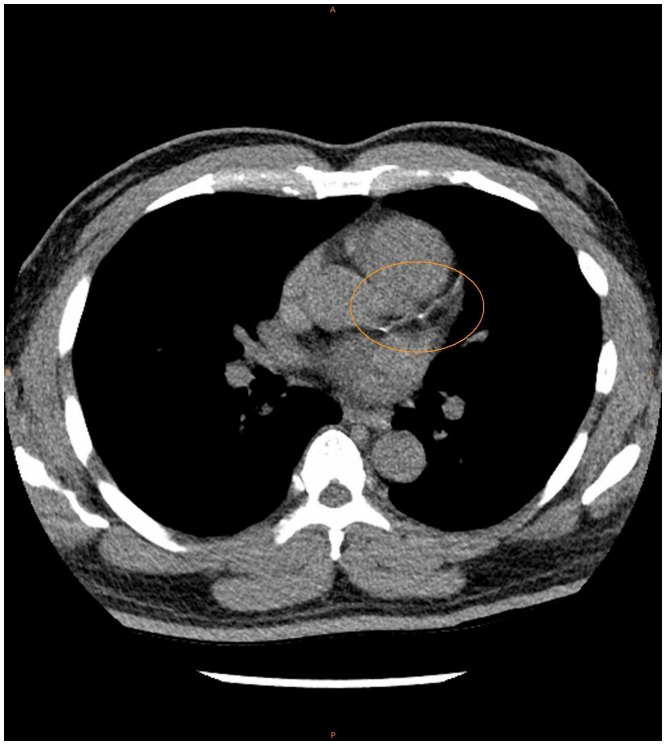
Thoracic And Lung Imaging Finding

- Lung Normal
- Hilum Normal
- Esophagus Normal
- Great Vessels Abnormal
- Mediastinum Normal
- Pleura Normal
- Ribs Normal
- Chest Wall Normal
- Axilla Normal
- Supraclavicular Fossa Normal
- Bronchus Normal
- Sternum Normal
- Diaphragm Normal
- Others Normal

Thoracic And Lung Imaging Finding

There is calcification in the coronary arteries. Suggest further risk evaluation.





MRI Scan - Upper Abdomen Imaging

Upper Abdomen Imaging Finding

Liver Normal

Spleen Normal

Pancreas Normal

Kidney Abnormal

Adrenal Gland Normal

Retroperitoneum Normal

Ureter Normal

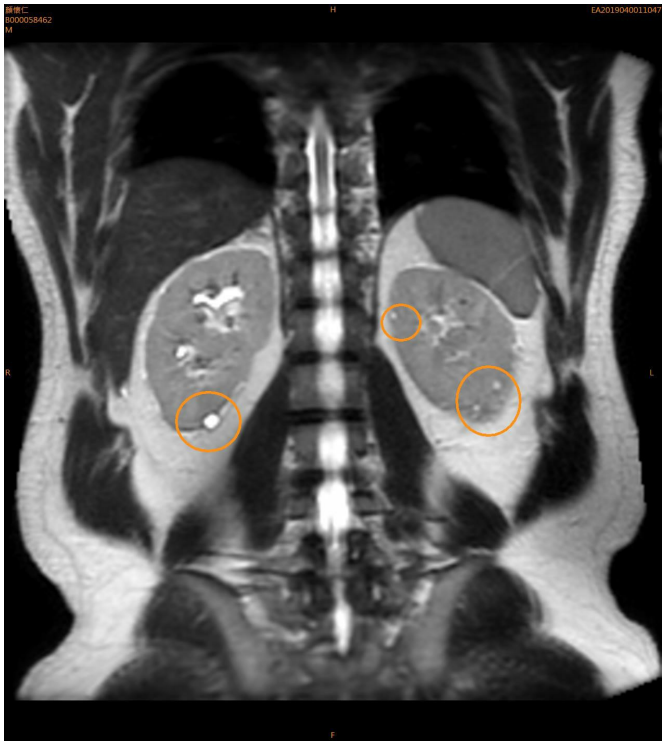
Biliary Tract Normal

Gall Bladder Normal

Others Normal

Upper Abdomen Imaging Finding

There are several cysts in bilateral kidney, up to 1.1 cm.



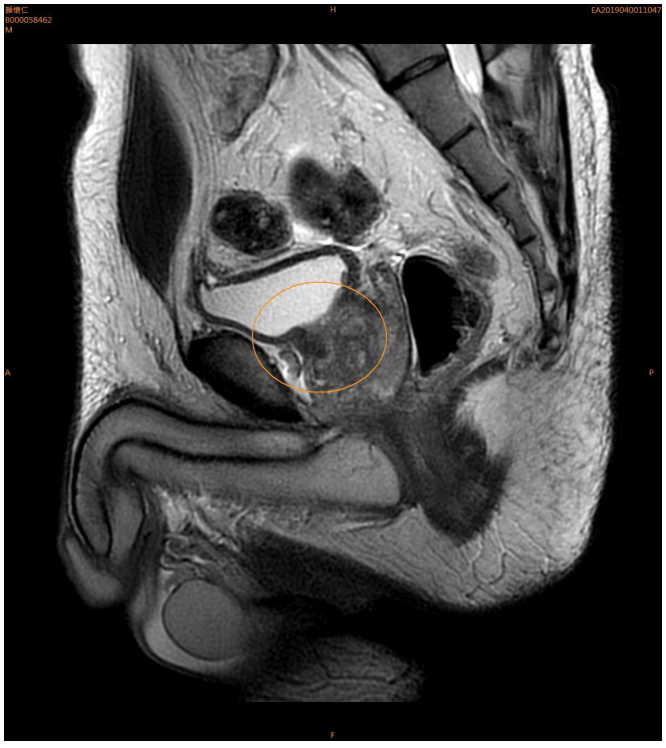
MRI Scan - Male Pelvis Imaging

Male Pelvis Imaging Finding

- Urinary Bladder Normal
- Prostate Gland Abnormal
- Seminal Vesicle Normal
- Urethra Normal
- Scrotum Normal
- Testis Normal
- Epididymus Normal
- Inguinal Canal Normal
- Spermatic Cord Normal
- Pelvic Muscle Normal
- Pelvic Bone Normal
- Pelvic Lymph Node Normal
- Others Normal

Male Pelvis Imaging Finding

There is mild BPH of prostate gland. Recommend consultation with urologist, if there is any obstructive symptom.



MRI Scan - Spine And Musculoskeletal Imaging

Spine And Musculoskeletal Imaging Finding

- Vertebrae Normal
- Spinal Alignment Normal
- Spine Cord Normal
- Ligament Normal
- Nerve Root Normal
- Neural Foraminal Abnormal
- Paravertebral Soft Tissue Normal
- Intervertebral Disc Abnormal
- C1 Normal
- C2-3 Normal
- C3-4 Normal
- C4-5 Abnormal
- C5-6 Abnormal
- C6-7 Abnormal
- T1-7 Normal
- T7-8 Normal
- T8-9 Normal
- T9-10 Normal
- T10-11 Normal
- T11-12 Normal
- T12-L1 Normal
- L1-2 Normal
- L2-3 Normal
- L3-4 Normal
- L4-5 Abnormal
- L5-S1 Abnormal
- Others Normal

Spine And Musculoskeletal Imaging Finding

There is disc bulging at L45/S1 levels.

Spine And Musculoskeletal Imaging Finding

Herniated Intervertebral Disc, HIVD at C4-C7 to posterior side causing spinal stenosis.