



CHSI

Center for Health Services, Inc.

***APE RESULTS SUMMARY
DEMOGRAPHICS and
PROFILING***



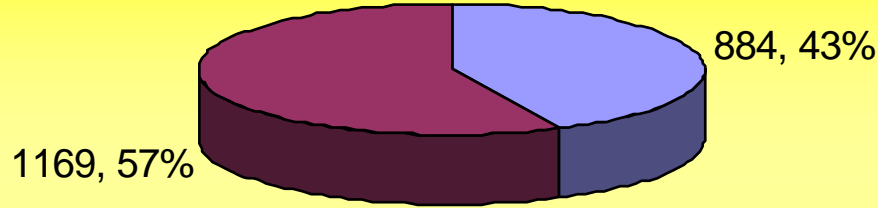
HSBC

May 25 to June 5, 2009



Total number of Examinees per Masterlist	2053
Total number of Examined during APE	884
Compliance Percentage	43%

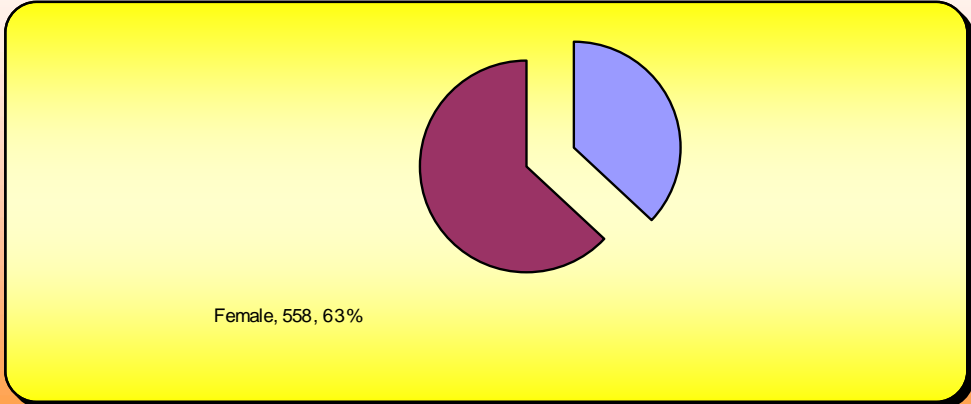
COMPLIANCE
 During the CHSI
 On-site Mobile
 ANNUAL PHYSICAL
 EXAMINATION
 (May 25-June 5, 2009)



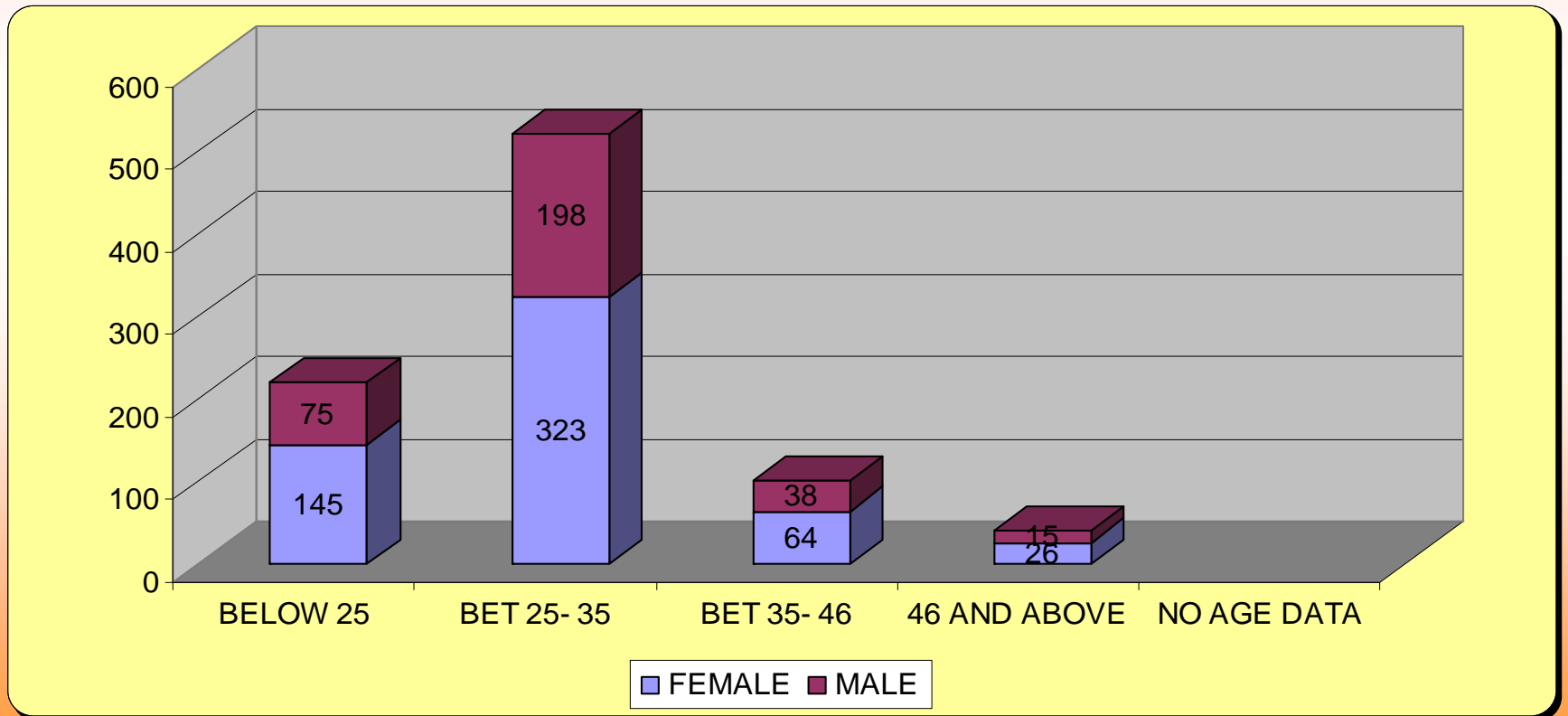
■ EMPLOYEES WHO AVAILED OF APE
■ EMPLOYEES WHO DID NOT AVAIL OF APE



Gender Breakdown	NUMBER	%
Male	326	36.88%
Female	558	63.12%
TOTAL	884	100.00%



EXAMINEES AGE GROUP	Female	Male	TOTAL	%
BELOW 25	145	75	220	24.89%
BET 25- 35	323	198	521	58.94%
BET 35- 46	64	38	102	11.54%
46 AND ABOVE	26	15	41	4.64%
NO AGE DATA				
TOTAL	558	326	884	100.00%



COMPLETE BLOOD COUNT (CBC)

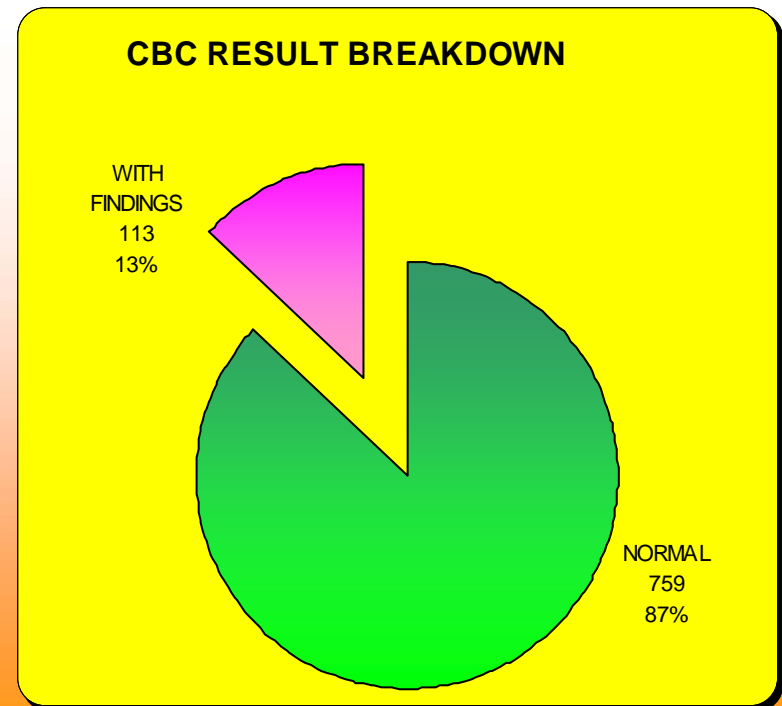
Total number of APE Examinees	884
Total number of CBC Performed	872
No Blood Specimen	12

	Female	%	Male	%	TOTAL	%
Total CBC Performed	550	63%	322	37%	872	100%
Result Breakdown						
Normal	470	54%	289	33%	759	87%
With Findings	80	9%	33	4%	113	13%

Some of the Findings

LOW HEMOGLOBIN	32
LOW HEMATOOCRIT	5
LEUKOCTOSIS	83

** combination of findings also exist*



Complete Blood Count (CBC)

- Complete blood count or CBC is the best and most convenient mechanism to detect abnormalities in a person's blood.
- It begins with the quantitative evaluation of erythrocytes, leukocytes, and platelets. It ends with the microscopic examination of the blood film to detect abnormalities
- Specific parameter being considered is the hemoglobin level to assess anemia and possible infection.
- Levels of below 120 g/L for females and below 130 g/L for males are considered to be anemics

Complete Blood Count (CBC)

FINDINGS	MOST COMMON DIAGNOSIS	RECOMMENDATIONS
LOW HEMATOCRIT and/or LOW HEMOGLOBIN	Anemia	Clinical Correlation, Iron rich food and/ or supplement
LEUKOCYTOSIS –Elevated White Blood Cell (WBC) Count	Bacterial Infection	Clinical correlation and treatment with antibiotics if indicated
LEUKOPENIA – Decreased White Blood Cell (WBC) Count	Viral Infection, Leukemia, Auto-Immune Diseases	Clinical correlation, further evaluation
THROMBOCYTOSIS – Elevated Platelet Count	Chronic Leukemia, Polycythemia, Infection, Trauma, Strenuous Exercise	Clinical correlation, further evaluation
THROMBOCYTOPENIA – Decreased Platelet Count	Viral Infection (Dengue H-Fever), Blood Dyscrasias, Carcinomas	Further work-up
NEUTROPENIA- low neutrophils/ segmenters in the diff. count NEUTROPHILIA – high neutrophils/ segmenters	Viral infection, Typhoid, Hepatitis, Tuberculosis, Blood Disorders Bacterial Infection, Inflammation	Clinical correlation, further evaluation Clinical correlation, antibiotic treatment if indicated
EOSINOPHILIA – high level of eosinophils	Allergy, Asthma, Parasitism	Treatment if indicated Correlate with Fecalalysis
LYMPHOCYTOSIS – high level of Lymphocytes LYMPHOCYTOPENIA – low level of lymphocytes	Chronic Infection, Typhoid, Lymphocytic Leukemia, Stress, Trauma, elderly	Clinical correlation and treatment Correlation

URINALYSIS (U/A)

Total number of APE Examinees	884
Total number of U/A Performed	764
No Urine Specimen	120

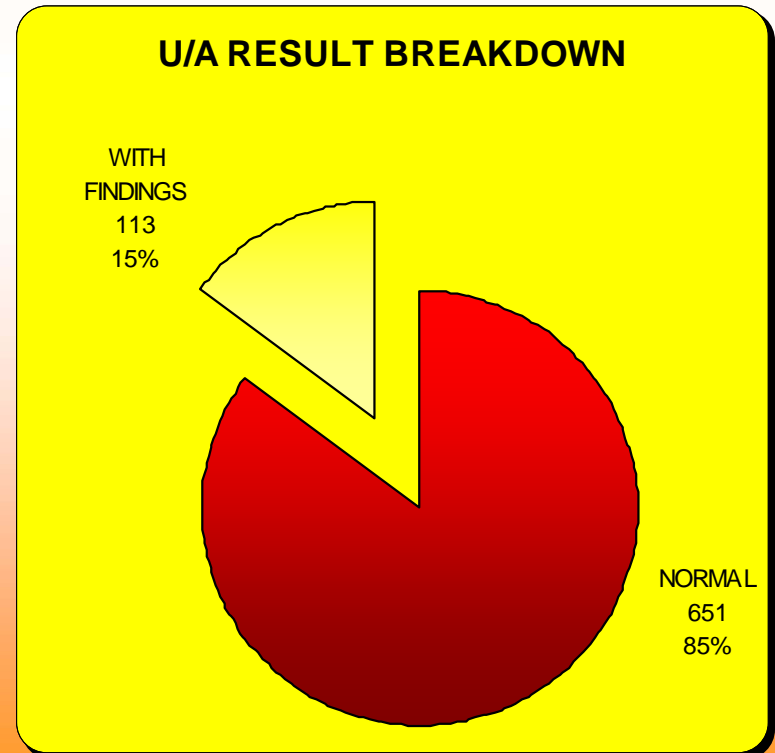
	Female	%	Male	%	TOTAL	%
Total U/A Performed	453	59%	311	41%	764	100%
Result Breakdown						
Normal	374	49%	277	36%	651	85%
With Findings	79	10%	34	5%	113	15%



Some of the Findings

PYURIA - evaluate for possible infection	77
HEMATURIA - evaluate further for presence of blood	10
GLUCOSURIA - evaluate further for presence of sugar	12
PROTEINURIA - evaluate further for presence of protein	36

**combination of findings also exist*



URINALYSIS (U/A)

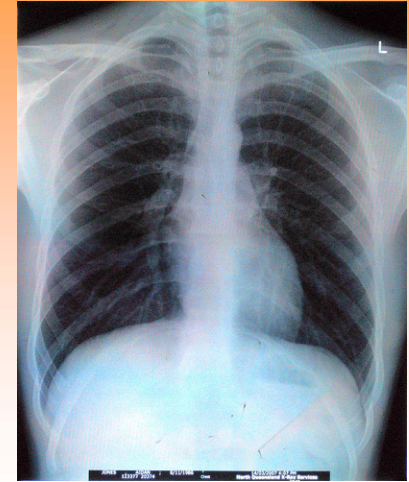
- Urinalysis is a diagnostic physical, chemical and microscopic examination of a urine sample. It is performed by collecting a urine sample from the patient in a sterile specimen cup/container
- It is important for general evaluation of health, diagnosis of metabolic, endocrine or systemic diseases that may affect kidney function (eg. Diabetes, Hypertension, Heart Disease), Urinary Tract Infection (UTI), Kidney Stones, pregnancy, monitoring of diabetes and use to screen for drug abuse.
- Suspected patients with UTI findings are advised to increase oral fluid intake and to consult a physician. Those with blood seen, are advised to be worked up for kidney stones. For those with proteins, referred to cardiologist for possible heart or circulation problems. For those with sugar, for fasting blood sugar determination to rule out diabetes mellitus.

URINALYSIS (U/A)

FINDINGS	POSSIBLE DIAGNOSIS	RECOMMENDATIONS
PYURIA – indicates presence of pus cells	Urinary Tract Infection	Increase oral fluid intake; Suggest repeat urinalysis
CRYSTALLURIA – presence of Uric Acid Crystals	Gout/ Gouty Arthritis, Urinary Tract Stones	Increase oral fluid intake, Blood Uric Acid determination
GLUCOSURIA – presence of Sugar	Diabetes Mellitus	For FBS determination; Check up with physician for further evaluation
HEMATURIA – presence of red blood cells	Urinary Tract Stones, Urinary Tract Infection	Increase Oral fluid intake; check up with physician for clinical correlation and treatment; suggest repeat urinalysis after 1 week
OXALURIA – presence of Calcium Oxalate	Recurrent Kidney Stones	For diagnostic ultrasound if indicated after clinical correlation

CHEST X-RAY (CXR)

Total number of APE Examinees	884
Total number of CXR Performed	736
No CXR	148
For RECALL	0

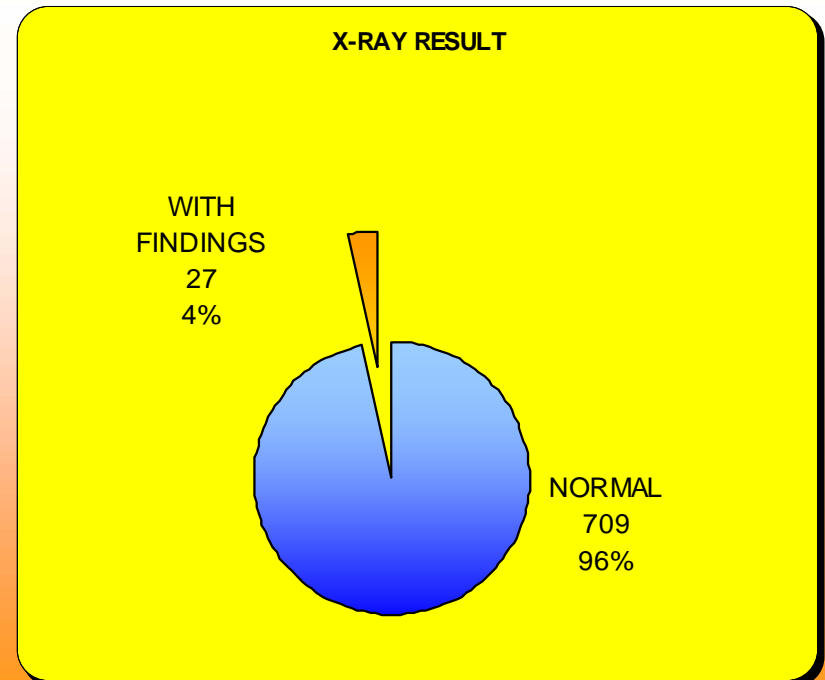


	Female	%	Male	%	TOTAL	%
Total CXR Performed	446	61%	290	39%	736	100%
Result Breakdown						
Normal	429	58%	280	38%	709	96%
With Findings	17	3%	10	1%	27	4%

Some of the Findings

DENSITY RELATED, OPACITY RELATED, CARDIOMEGALLY
 SUGGESTION OF GRANULOMA, RIGHT UPPER LOBE
 ELEVATED LEFT HEMIDIAPHRAGM
 ELEVATED COSTOPHRENIC RIGHT ANGLE
 HYPERAERATED LUNG FIELDS; ILL- DEFINED IN THE LOWER LOBE

**combination of findings also exist*



CHEST XRAY (CXR)

- Chest X-ray shows the heart, lungs, airway, blood vessels and lymph nodes. It also shows the bones of the spine and chest, including the breastbone, ribs and collarbone.
- This diagnostic modality can help detect some problems with the organs and structures inside the chest.
- Usually, the picture taken is from the back of the chest. If the results from a chest x-ray are not normal or do not give enough information about the chest problem, more specific X-rays are requested like apico-lordotic view, lateral view and spot film or other tests may be done such as CT Scan (Computed Tomography), ultrasound, ECG or MRI.
- The chest X-ray is done to find lung conditions like pneumonia, tuberculosis and other related lung problems.
- The chest X-ray will also show if the heart is enlarged (cardiomegaly) or if there is atherosclerotic aorta especially in the elderly; or if there is a nodule, mass or newgrowth ; lymph nodes, and other findings that may refer to pre-cancerous or cancerous conditions.

CHEST XRAY (CXR)

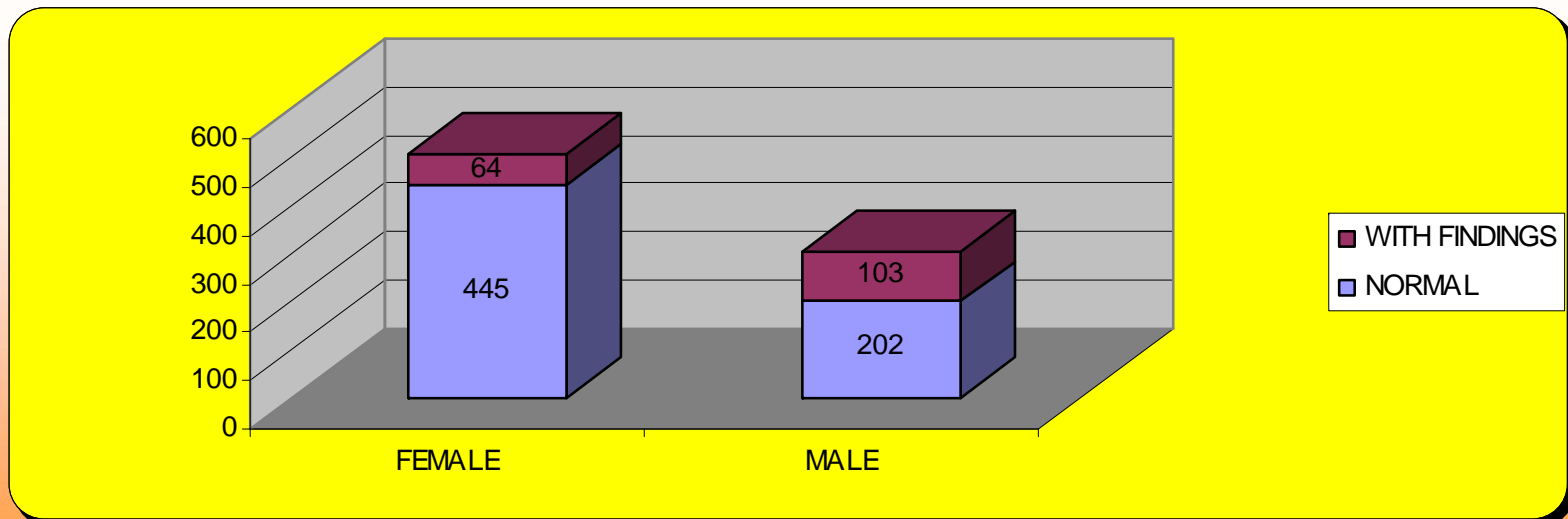
FINDINGS	POSSIBLE DIAGNOSIS	RECOMMENDATIONS
INFILTRATES	Pneumonia	For pulmonologist evaluation and treatment
DENSITIES	Pulmonary Tuberculosis	For pulmonologist evaluation and treatment.
CARDIOMEGALLY	Hypertension, Cardiomyopathy	For Cardiologist evaluation, further work up and treatment.
NODES	Lung Cancer	For evaluation and further work-up by pulmonary specialist.
OPACITIES	Pulmonary Tuberculosis	For Apicolordotic View For pulmonologist evaluation and treatment

BLOOD PRESSURE (BP)



Total number of APE Examinees	884
Total number of BP Performed	814
No BP Data	70

	Female	%	Male	%	TOTAL	%
Total BP Performed	509	63%	305	37%	814	100%
Result Breakdown						
Normal	445	55%	202	24%	647	79%
With Fin (Elev BP/HPN)	64	8%	103	13%	167	21%



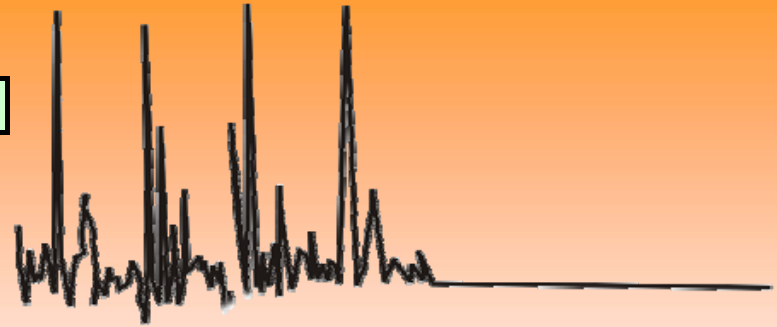
ECG (Electrocardiogram)

Total number of ECG Examinees

145

Result Breakdown

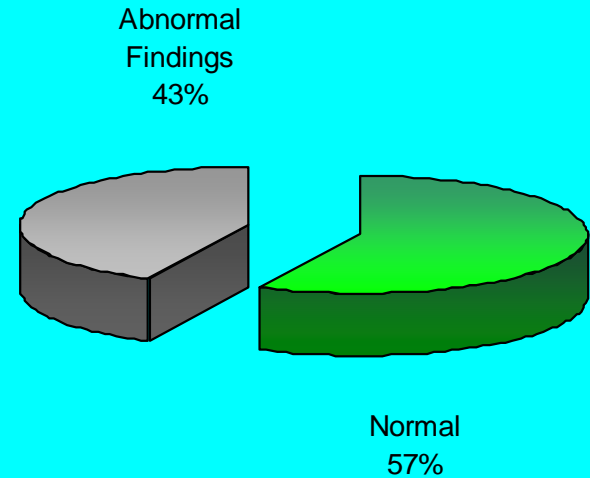
Normal	83	57%
With Abnormal	62	43%
TOTAL	145	100%



Some Findings

SB, NSTWC
LVH BY VOLTAGE; NSSTWC
SINUS BRADYCARDIA
NSR IRBBB
LVH BY VOLTAGE
SR WITH IRBBB
NSR WITH FREQUENT PVC's, NSTWC
NSR, LVH BY VOLTAGE
SINUS BRADYCARDIA WITH EARLY REPOLARIZATION PATTERN
SR, LAD, NSSTWC
SR PRWP V1-V3
ICRBBB

ECG RESULT BREAKDOWN



ELECTROCARDIOGRAM (ECG)

- The electrocardiogram or ECG (sometimes called EKG) is today used worldwide as a relatively simple way of diagnosing heart conditions.
- An electrocardiogram is a recording of the small electric waves being generated during heart activity.
- By detecting irregularities in rate and rhythm and abnormalities in the ECG tracing, the clinician will have a strong basis for confirming his diagnosis of a specific heart ailment or combination of heart problems thereby leading to early and accurate treatment and timely prevention of complications including sudden heart attack.
- Common heart problems easily detected by ECG include enlargement in heart size (hypertrophy), irregularities in rate and rhythm (arrhythmias), insufficiency in coronary blood flow due to blocks or obstruction in the vessels (coronary artery disease), myocardial ischemia (insufficient oxygenation of heart muscles predisposing to heart attack) and myocardial infarction (acute heart attack).
- Correlating the ECG with the clinical manifestations of the patient leads to a more precise diagnosis of heart diseases.

ELECTROCARDIOGRAM (ECG)

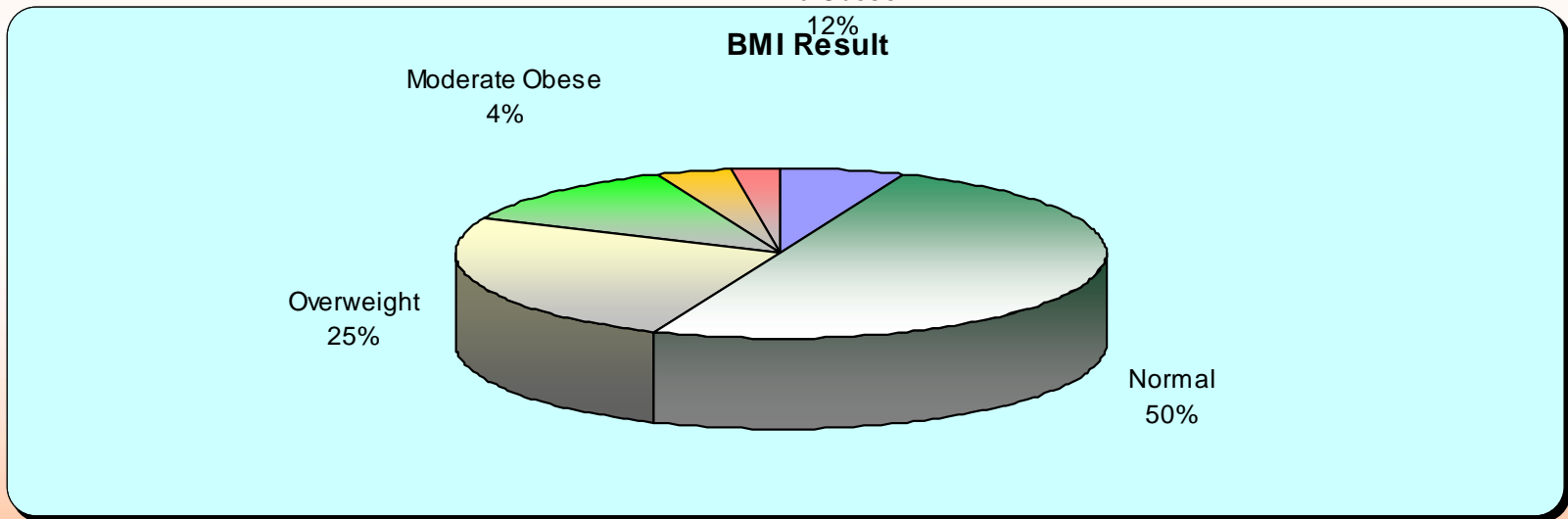
NON SIGNIFICANT FINDINGS	SIGNIFICANT FINDING
Tachycardia and Bradycardia	Premature Atrial Contraction
Poor R-wave Progression	Premature Ventricular Contraction
Early Repolarization Pattern	Right or Left Atrial Hyperthrophy
Left or Right Axis Deviation (LAD or RAD)	Right or Left Ventricular Hyperthrophy
non-specific ST-T wave changes	Left or Right Atrila Hemiblock
non-specific T wave changes	Left or Right Ventricular Hemiblock
non-specific ST wave changes	Atrial Fibrillation
Intraventricular Conduction Delay	Myocardial Ischemia
Complete or Incomplete Bundle Bunch Block	Myocardia Infarction

For Clinical Correlation	For Clinical Correlation, For Cardio Referral Requires further evaluation and examination
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Body Mass Index Result Summary

Number of Employees w/ BMI data 835

Results:		Total	%	Recommendations
Underweight	below 18.5 kg/m ²	52	6%	Increase Caloric Diet
Normal	18.5-24.9.0 kg/m ²	418	50%	
Overweight	25.0-29.9 kg/m ²	212	25%	Low Fat and Caloric Diet, Exercise
Mild Obese	30.0-34.9 kg/m ²	101	12%	Low Fat and Caloric Diet, Exercise
Moderate Obese	35.0-39.9 kg/m ²	31	4%	Low Fat and Caloric Diet, Regular Exercise
Morbidly Obese	above 40.0 kg/m ²	21	3%	Low Fat and Caloric Diet, Reg. Exercise, Weight Management
Total		835	100%	



Summary of FINDINGS

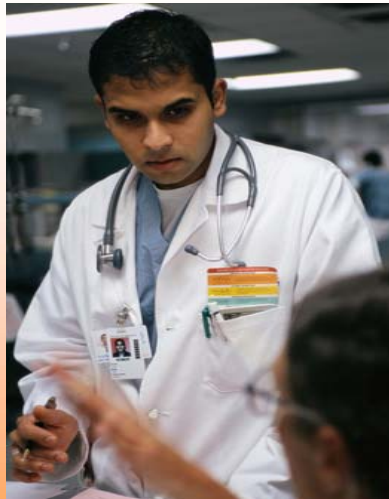
PAP SMEAR FINDINGS	13	87%
WEIGHT ABNORMALITIES	365	44%
ECG FINDINGS	62	43%
DENTAL FINDINGS	290	35%
ELEVATED BP/HPN	165	20%
PRESENCE OF PUS IN URINE (PYURIA)	77	10%
PRESENCE OF PROTEIN IN URINE (PROTEINURIA)	36	5%
LOW HEMOGLOBIN / LOW HEMATOCRIT	32	4%
XRAY FINDINGS	27	4%
PRESENCE OF SUGAR IN URINE (GLUCOSURIA)	12	2%
PRESENCE OF BLOOD IN URINE (HEMATURIA)	10	1%
LEUKOCYTOSIS	5	1%

Summary of Recommendation

OB-GYNE REFERRAL
DIET MODIFICATION, REGULAR EXERCISE
ECG FOR CLINICAL CORRELATION (CARDIO REFERRAL FOR SIGNIFICANT FINDINGS
DENTAL REFERRAL
FOR BP MONITORING, LOW SALT DIET, (CARDIO REFERRAL FOR HYPERTENSIVE)
INCREASE ORAL FLUID INTAKE, REPEAT URINALYSIS
INCREASE ORAL FLUID INTAKE, REPEAT URINALYSIS
IRON RICH FOOD DIET, DAILY IRON SUPPLEMENT
FOR APL VIEW, SPOT VIEW, FOR CLINICAL CORRELATION
INCREASE ORAL FLUID INTAKE, REPEAT URINALYSIS
INCREASE ORAL FLUID INTAKE, REPEAT URINALYSIS
CBC FOR CLINICAL CORRELATION, REPEAT CBC

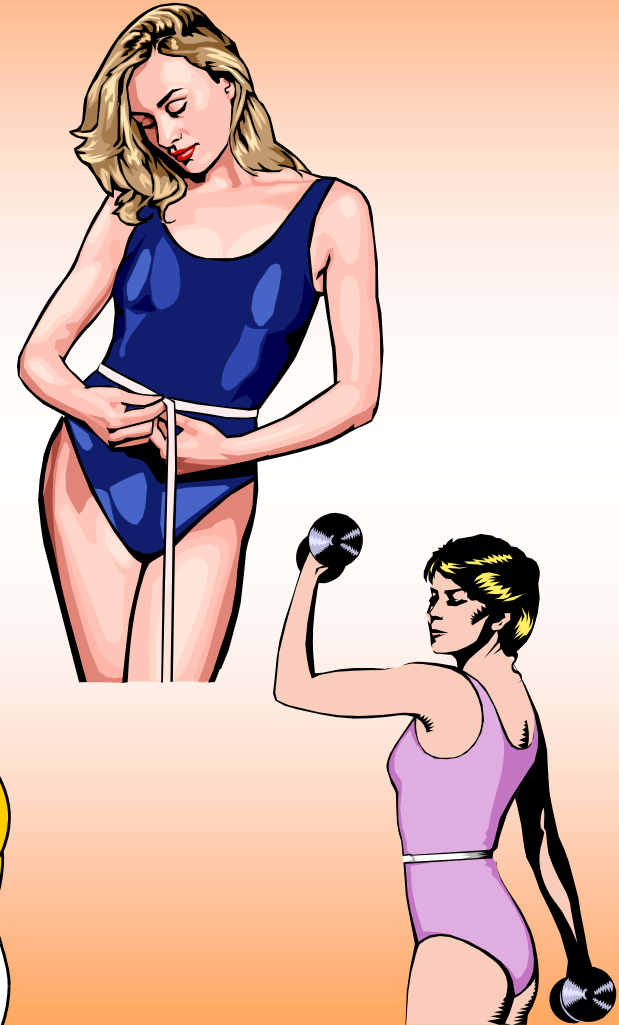
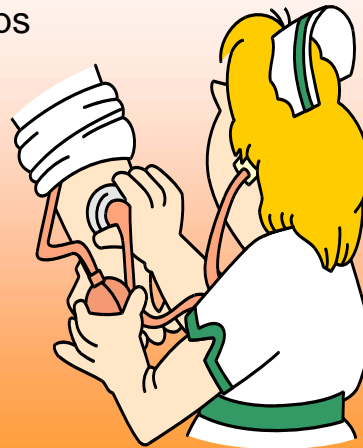
GENERAL RECOMMENDATIONS

- RECOMMENDED ACTIONS:
 - Disseminate APE Results per employee and those with FINDINGS be asked to report to clinic or consult physician for fup checkup, corrective actions, health counselling



GENERAL RECOMMENDATIONS

- RECOMMENDED WELLNESS PROGRAMS
 - Implement **WEIGHT MANAGEMENT** awareness programs focused on behavioural modification towards regular exercise, healthy diet and lifestyle
 - Implement **HYPERTENSION PREVENTION** Programs through regular Blood Pressure check ups and monitoring
 - Conduct **STRESS MANAGEMENT, EXERCISE** and **FITNESS** Programs and workshops



Thank You!

