The Health Equation

Health Screen

www.thehealthequation.co.uk

Patient Name 2023

The Health Equation
White Horse Cottage
Alton Barnes
Marlborough
SN8 4LB
020 7631 1414
www.thehealthequation.co.uk

The Health Equation's core values are caring, excellence and partnership. We aim to integrate conventional and complementary medicine to deliver individual patient healthcare strategies. We have a superb connection to many of the specialists in London's medical district, having been in the West End for over 30 years, should referral to a medical specialist be necessary.

Health Screen

Name
DOB
AGE:

2023

Conducted by Mr Gerry Gajadharsingh DO
Osteopath
Diagnostic Consultant- Complementary Medicine
Metabolic Balance Nutritional Coach
Advanced Breath Practitioner

Dear Patient Name

Thank for you attending The Health Equation for your

Health Screen on Date

This report has been based on your consultation, clinical examination and laboratory test results.

It has been broken down into several subsections to make it easier to understand.

My recommendations have been highlighted but you are invited back to discuss this report, if you so wish, with me during a standard 45-minute consultation, charged at our usual fee basis. This can be done over the phone, Skype or booked in for you to attend The Health Equation.

Please call my office if you wish to book your follow up consultation on

020 7631 1414 or email on info@thehealthequation.co.uk

THE HEALTH EQUATION

With best wishes

Mr Gajadharsingh DO
Osteopath
Diagnostic Consultant- Complementary Medicine

Presenting Complaints

Past Medical History

General Health

Family History

Social History/ Work/Sports/Hobbies

Dietary Recall

Breakfast:

Lunch:

Dinner:

Snacks/Sweets:

Hydration:

Caffeine

WHO guidelines are <150mg of caffeine a day, this equates to
Black Tea 237ml 14-70mg
Green Tea 237l 24-45mg
Espresso 30ml 47-75mg
Latte 237ml 63-175mg

Alcohol

UK Government guidelines are
Women <14 units per week
Men <14 units per week
(1 unit = 10ml or 8g of pure alcohol, this equates to 2 units for a 175ml glass of wine, 2 units for a pint of normal lager and 2 units for a 25ml shot of spirits)

Nicotine

There is no safe limit for smoking nicotine

Recreational Drugs

Medication

Nutritional Supplements

Clinical Examination

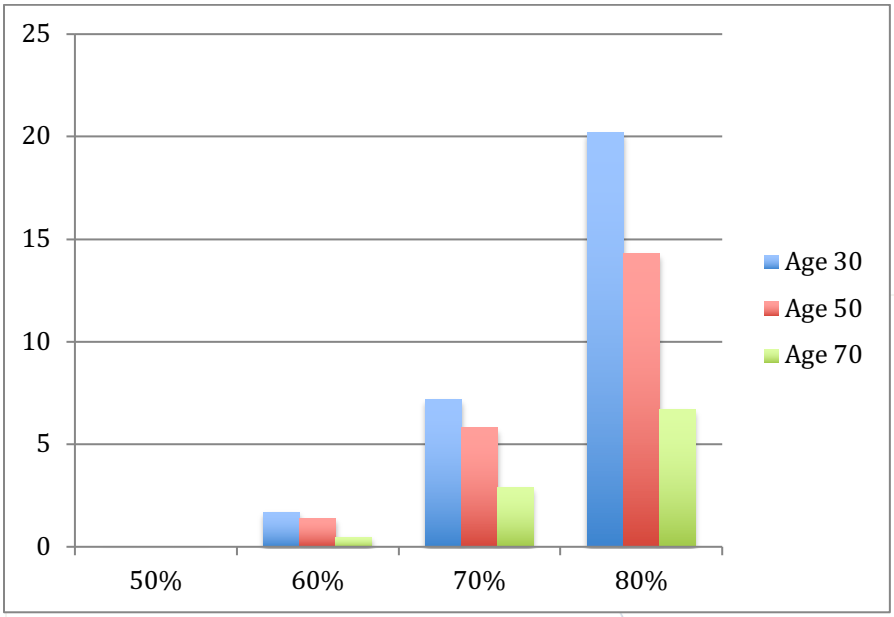
Your Age	Height (cm)	Weight (kg)	BMI	Body Fat%	Waist (cm)	Waist/Height Ratio
50	**165**	**63**	**23.16**	**30%**	**90**	**55%**
Range for Male			**20-25**	**11-22%**		**<50%**
Female			**18.5-25**	**23-35%**		**<50%**

Waist Measurement
Hips Measurement
Thigh Measurement
Waist /Height Ratio:

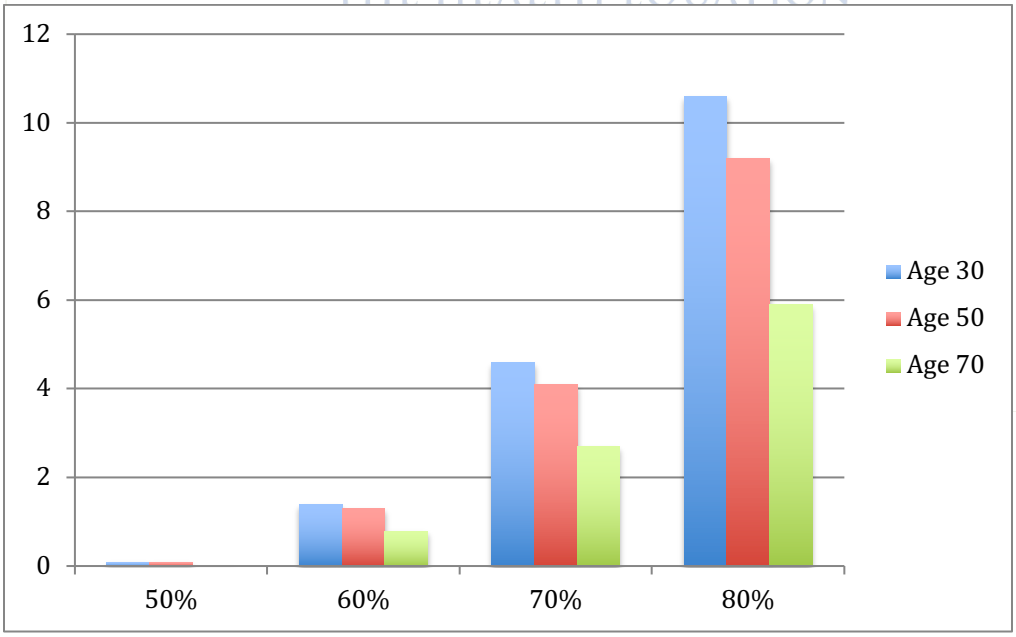
Action: **BMI: Non-Required**
Body Fat: Could develop more muscle tissue and reduce fat %
Waist/Height Ratio: Reduction in Central fat deposition

High levels of stress elevate the hormone cortisol, cortisol is closely related to insulin therefore affecting glucose management and also increases central fat deposition.
Based on research by Dr Margaret Ashwell, Cass Business School, City University, London 2014.

Male, number of years lost from average lifespan if Waist/Height Ratio is > 50%



Female, number of years lost from average lifespan if Waist/Height Ratio is >50%



General Observation

Respiratory Function

Lung Auscultation/chest sounds:
Nothing abnormal noted

Lung Function via Spirometry reveals
FEV1 equals 2.4
FVC equals 2.99
FEV1/FVC Ratio 80%
PEF 358

This tool is for **Medical Professionals**

Professional Reference tools are designed for health professionals to use. They are written by UK doctors and based on research evidence, UK and European Guidelines, so you may find the language more technical than the **condition leaflets**.

See also separate article Spirometry.

Spirometry Calculator			
Age	74	Sex Male	Calculate
Height (cm)	174	Predicted	Reset
FEV1 (L)	2.4	3.1	77 % (Normal)
FVC (L)	2.99	3.89	76 % (Normal)
FEV1/FVC Ratio	80%	77%	(Normal)
PEFR (L/min)	358	495	72 %

The EMIS predicted peak flow calculation used within its clinical systems is based on a published revision to the original Nunn and Gregg equation in 1973. The revised Nunn and Gregg equation is as below and applies

Breathing Behaviour via Capnometry and Heart Rate variability revealed:

Baseline

ETCO2: xxx mmHg (optimum greater than 35)
Breathing rate: xxx cycles per minute (optimum 6 to 8 cycles per minute)
Pulse xxxx bpm (normal 60-80bpm)
Heart rate variability: xxx, low, some of this is age related and some of it to do with autonomic dysregulation
Oxygen saturation xxx% adequate

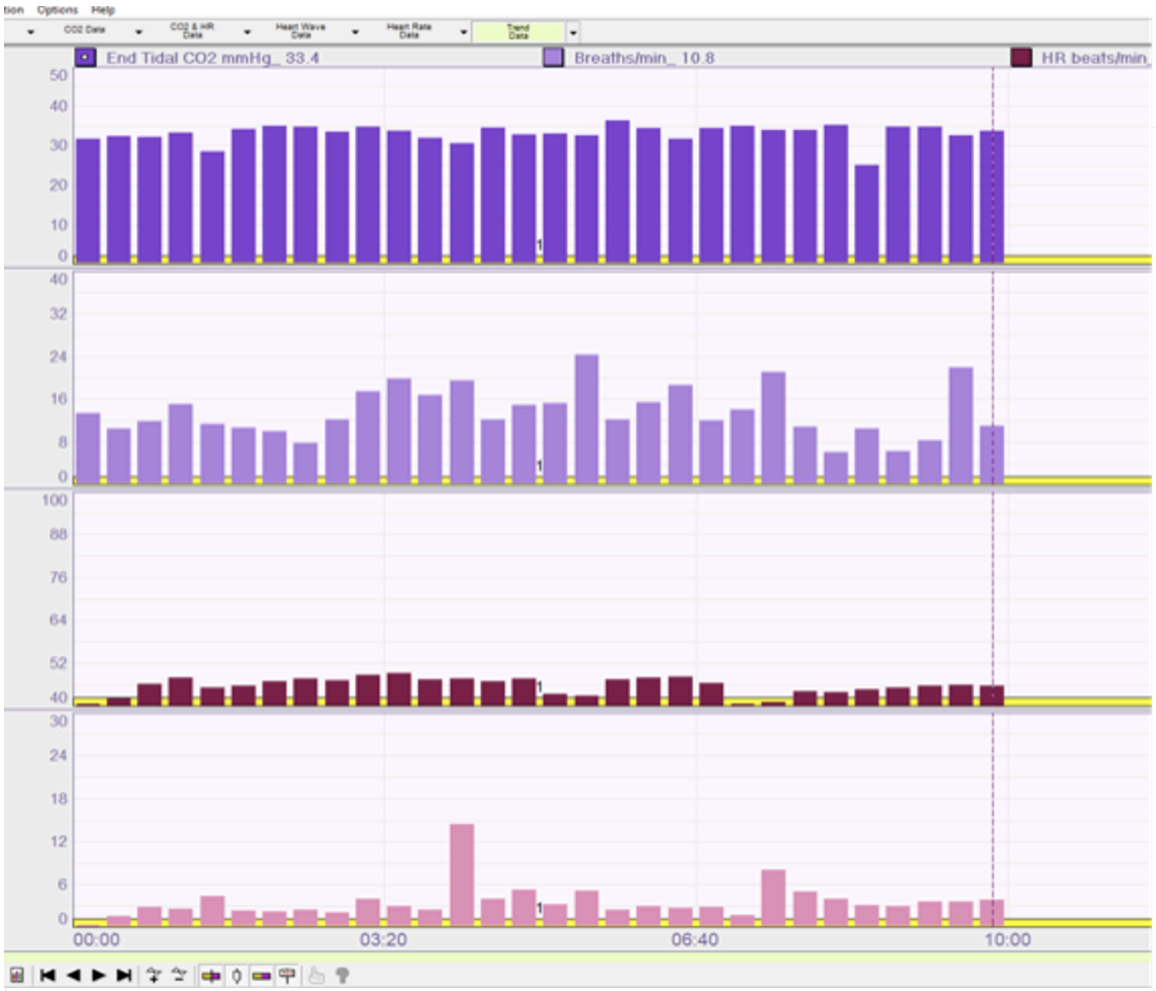
Your version of **Relaxed** Breathing
ETCO2: xxx mmHg, xxxx
Breathing rate: xxx cycles per minute, xxxx
Pulse xxxx bpm
Heart rate variability: xxxx

Anxiety Challenge
ETCO2: xxx mmHg
Breathing rate: xxx cycles per minute
Pulse xxx bpm
Heart rate variability: xxxx

Biofeedback
ETCO2: xxx mmHg
Breathing rate: xxx cycles per minute
Pulse xxx bpm
Heart rate variability, xxxx

Heart rate variability is a non-invasive way of assessing your autonomic nervous system functioning. Breathing in is a sympathetic nervous system response, heart rate goes up, breathing out is a parasympathetic nervous system response, heart rate goes down, this difference is called Heart Rate Variability, specifically Breathing Heart Wave.
Low heart rate variability (HRV) s associated with reduced lifespan, cardiovascular diseases (CVD), diabetes, several mental health diseases and a growing list of other conditions, people with a higher rate of variability are considered healthier.

Up regulation of the sympathetic (stress) part of the autonomic, nervous system, targets, heart, lungs, liver, and muscles, conversely, the parasympathetic (relaxation) part of the autonomic, nervous system targets, digestive function, hormones of reproduction, and the immune system.

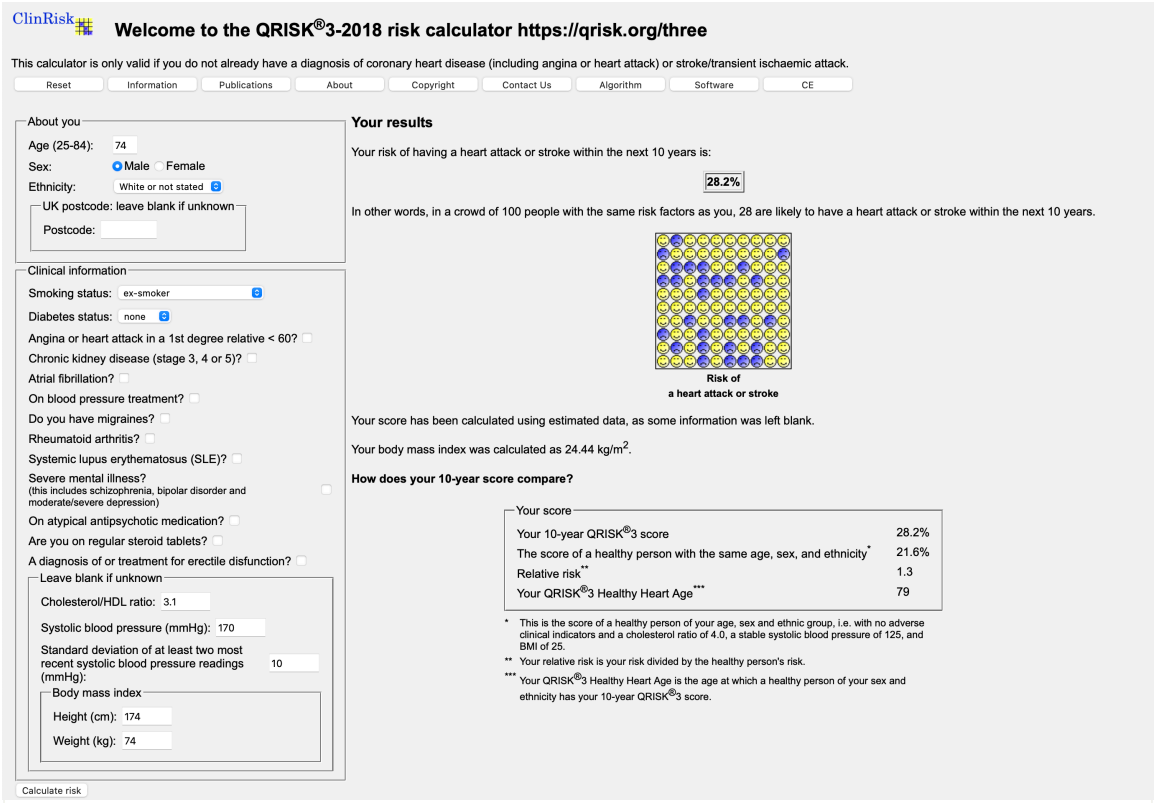

End Tidal CO2 mmHg_ 33.4
Breaths/min_ 10.8
HR beats/min
50
40
30
20
10
0
40
32
24
16
8
0
100
88
76
64
52
40
30
24
18
12
6
0
00:00
03:20
06:40
10:00

Action:

Cardiovascular Function

No abnormality detected
BP xxxx
Pulse xxxx bpm and regular, normal sinus rhythm
Heart auscultation, xxxx

Cardiovascular risk Assessment via QRISK 3 2018



ClinRisk

Welcome to the QRISK®3-2018 risk calculator https://qrisk.org/three

This calculator is only valid if you do not already have a diagnosis of coronary heart disease (including angina or heart attack) or stroke/transient ischaemic attack.

Reset | Information | Publications | About | Copyright | Contact Us | Algorithm | Software | CE

About you
Age (25-84): 74
Sex: Male Female
Ethnicity: White or not stated
UK postcode: leave blank if unknown
Postcode:

Clinical information
Smoking status: ex-smoker
Diabetes status: none
Angina or heart attack in a 1st degree relative < 60?
Chronic kidney disease (stage 3, 4 or 5)?
Atrial fibrillation?
On blood pressure treatment?
Do you have migraines?
Rheumatoid arthritis?
Systemic lupus erythematosus (SLE)?
Severe mental illness? (this includes schizophrenia, bipolar disorder and moderate/severe depression)
On atypical antipsychotic medication?
Are you on regular steroid tablets?
A diagnosis of or treatment for erectile disfunction?
Leave blank if unknown
Cholesterol/HDL ratio: 3.1
Systolic blood pressure (mmHg): 170
Standard deviation of at least two most recent systolic blood pressure readings (mmHg): 10
Body mass index
Height (cm): 174
Weight (kg): 74

Calculate risk

Your results

Your risk of having a heart attack or stroke within the next 10 years is:

28.2%

In other words, in a crowd of 100 people with the same risk factors as you, 28 are likely to have a heart attack or stroke within the next 10 years.

Risk of a heart attack or stroke

Your score has been calculated using estimated data, as some information was left blank.

Your body mass index was calculated as 24.44 kg/m^2.

How does your 10-year score compare?

Your score	
Your 10-year QRISK®3 score	28.2%
The score of a healthy person with the same age, sex, and ethnicity*	21.6%
Relative risk**	1.3
Your QRISK®3 Healthy Heart Age***	79

* This is the score of a healthy person of your age, sex and ethnic group, i.e. with no adverse clinical indicators and a cholesterol ratio of 4.0, a stable systolic blood pressure of 125, and BMI of 25.
** Your relative risk is your risk divided by the healthy person's risk.
*** Your QRISK®3 Healthy Heart Age is the age at which a healthy person of your sex and ethnicity has your 10-year QRISK®3 score.

Action: QRISK is xxxxx

For completeness sake, I can arrange a Carotid Doppler Ultrasound or Coronary Calcium CT scan, when people have elevated cholesterol. These investigations give information as to the state of plaque build-up in either the carotid artery of the neck (stroke risk) or coronary arteries. However, I don't think there is an immediate need to do this.

Holter 24 hr ECG Analysis

This reveals xxxxx

The PR interval is the time from the onset of the P-wave to the start of the QRS complex on the ECG. It reflects conduction through the AV node. The normal PR interval is between 120 and 200 ms in duration. If the PR interval is greater than 200 ms First-degree heart block is said to be present.
Normal QRS width is 70 to 100 ms.
Essentially the electrical conductivity in the heart via the atrioventricular node is delayed. First-degree heart block (a misnomer as electrical messages are not blocked; they are simply delayed) it's not normally considered to be serious problem and many patients have no symptoms.
There is a xxxx burden of atrial ectopics (PSVC), and a xxxxx burden of ventricular ectopics (PVC). Both are within acceptable limits.

Action:

The ECG report is attached at the end of this document.

Neurological Function

xxxx

Action: Non-Required

Abdominal Examination and other systems

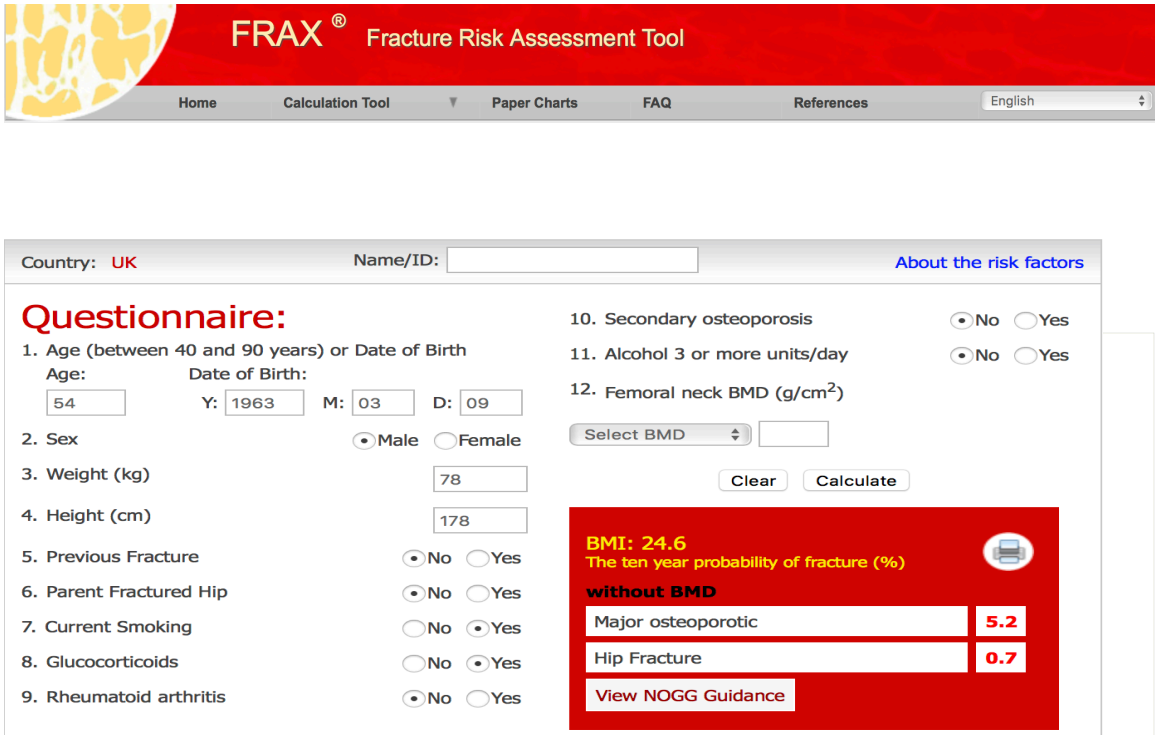
xxxx

Action: Non-Required

Musculoskeletal system

Action: Osteopathic Manual Treatment and a structured rehabilitation/exercise programme

Bone Density Risk



Risk factors

For the clinical risk factors a yes or no response is asked for. If the field is left blank, then a "no" response is assumed. See also notes on risk factors.

The risk factors used are the following:

Age	The model accepts ages between 40 and 90 years. If ages below or above are entered, the programme will compute probabilities at 40 and 90 year, respectively.
Sex	Male or female. Enter as appropriate.
Weight	This should be entered in kg.
Height	This should be entered in cm.
Previous fracture	A previous fracture denotes more accurately a previous fracture in adult life occurring spontaneously, or a fracture arising from trauma which, in a healthy individual, would not have resulted in a fracture. Enter yes or no (see also notes on risk factors).
Parent fractured hip	This enquires for a history of hip fracture in the patient's mother or father. Enter yes or no.
Current smoking	Enter yes or no depending on whether the patient currently smokes tobacco (see also notes on risk factors).
Glucocorticoids	Enter yes if the patient is currently exposed to oral glucocorticoids or has been exposed to oral glucocorticoids for more than 3 months at a dose of prednisolone of 5mg daily or more (or equivalent doses of other glucocorticoids) (see also notes on risk factors).
Rheumatoid arthritis	Enter yes where the patient has a confirmed diagnosis of rheumatoid arthritis. Otherwise enter no (see also notes on risk factors).
Secondary osteoporosis	Enter yes if the patient has a disorder strongly associated with osteoporosis. These include type I (insulin dependent) diabetes, osteogenesis imperfecta in adults, untreated long-standing hyperthyroidism, hypogonadism or premature menopause (<45 years), chronic malnutrition, or malabsorption and chronic liver disease
Alcohol 3 or more units/day	Enter yes if the patient takes 3 or more units of alcohol daily. A unit of alcohol varies slightly in different countries from 8-10g of alcohol. This is equivalent to a standard glass of beer (285ml), a single measure of spirits (30ml), a medium-sized glass of wine (120ml), or 1 measure of an aperitif (60ml) (see also notes on risk factors).
Bone mineral density (BMD)	(BMD) Please select the make of DXA scanning equipment used and then enter the actual femoral neck BMD (in g/cm2). Alternatively, enter the T-score based on the NHANES III female reference data. In patients without a BMD test, the field should be left blank (see also notes on risk factors) (provided by Oregon Osteoporosis Center).

Notes on risk factors

Previous fracture

A special situation pertains to a prior history of vertebral fracture. A fracture detected as a radiographic observation alone (a morphometric vertebral fracture) counts as a previous fracture. A prior clinical vertebral fracture or a hip fracture is an especially strong risk factor. The probability of fracture computed may therefore be underestimated. Fracture probability is also underestimated with multiple fractures.

Smoking, alcohol, glucocorticoids

These risk factors appear to have a dose-dependent effect, i.e. the higher the exposure, the greater the risk. This is not taken into account and the computations assume average exposure. Clinical judgment should be used for low or high exposures.

Rheumatoid arthritis (RA)

RA is a risk factor for fracture. However, osteoarthritis is, if anything, protective. For this reason reliance should not be placed on a patient's report of 'arthritis' unless there is clinical or laboratory evidence to support the diagnosis.

Bone mineral density (BMD)

The site and reference technology is DXA at the femoral neck. T-scores are based on the NHANES reference values for women aged 20-29 years. The same absolute values are used in men.

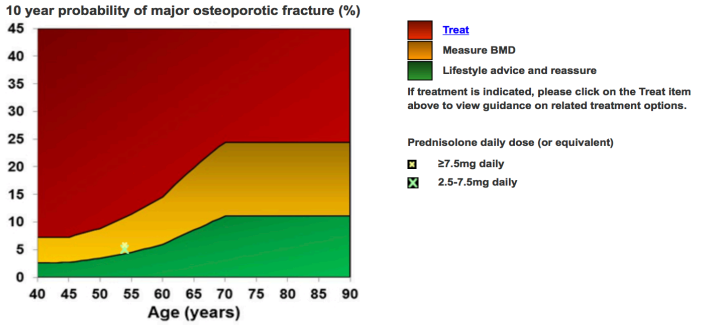
nogg NATIONAL OSTEOPOROSIS GUIDELINE GROUP

#NOGG2017 Updated 2017

Home | About NOGG | Main Recommendations | Manual Data Entry | FAQ | Information and Documents | FRAX

Welcome to the NOGG 2017 Guideline Update. These new thresholds ensure equality of access to treatment for older patients with and without fracture (for full details, see the Guideline document)

Assessment threshold - Major fracture



Interpretation

Following the assessment of fracture risk using FRAX® in the absence of BMD, the patient may be classified to be at low, intermediate or high risk.

- Low risk – reassure, give lifestyle advice, and reassess in 5 years or less depending on the clinical context.
- Intermediate risk - measure BMD and recalculate the fracture risk to determine whether an individual's risk lies above or below the intervention threshold.
- High risk - can be considered for treatment without the need for BMD, although BMD measurement may sometimes be appropriate, particularly in younger postmenopausal women.

NB - These thresholds are for guidance only and the final decision to assess BMD or to initiate therapeutic intervention lies with the individual clinician.

Management

- For a more detailed description of investigations, supportive measures and treatments, please refer to the full Guideline.
- No trials have been designed and powered to detect differences in the magnitude of fracture reduction between different treatments. Thus the choice of agent is determined by the spectrum of anti-fracture effects across skeletal sites, side effects and cost.
- Treatment review should be performed after 3 years of zoledronic acid therapy and 5 years of oral bisphosphonate treatment.
- Continuation of bisphosphonate treatment beyond 3-5 years can generally be recommended in individuals age >75 years, those with a history of hip or vertebral fracture, those who sustain a fracture while on treatment, and those taking oral glucocorticoids.
- If treatment is discontinued, fracture risk should be reassessed after a new fracture, regardless of when this occurs. If no new fracture occurs, assessment of fracture risk should be performed again after 18 months to 3 years.
- There is no evidence to guide decisions beyond 10 years of treatment and management options in such patients should be considered on an individual basis.

Action: Non-Required

General Practitioner Assessment of Cognition (GPCOG) Score

This tool is for **Medical Professionals**

Professional Reference tools are designed for health professionals to use. They are written by UK doctors and based on research evidence, UK and European Guidelines, so you may find the language more technical than the **condition leaflets**.

This test was designed as a GP screening tool for dementia.[1] See also separate Screening for Cognitive Impairment article.

There are two components: a cognitive assessment conducted with the patient, and an informant questionnaire (only considered necessary if the results of the cognitive section are equivocal, ie score 5-8 inclusive).

Results >8 or <5 on the GPCOG patient section were assumed to be cognitively intact or impaired, respectively. For patients requiring an informant questionnaire, a score of 3 or less out of 6 in this section indicates cognitive impairment.[2]

General Practitioner Assessment of Cognition (GPCOG)

GPCOG Patient Examination **Unless specified, each question should only be asked once.**
Name and address for subsequent recall *"I am going to give you a name and address. After I have said it, I want you to repeat it. Remember this name*

and address because I am going to ask you to tell it to me again in a few minutes: John Brown, 42 West Street, Kensington" *(Allow a maximum of 4 attempts but do not score yet)*	
Time Orientation	
What is the date? (accept exact only)	Correct - 1 point
Clock Drawing (visuospatial functioning) *use a paper with a printed circle.*	
Please mark in all the numbers to indicate the hours of a clock (correct spacing required).	Correct - 1 point
For a correct response (above), the numbers 12, 3, 6, and 9 should be in the correct quadrants of the circle and the other numbers should be approximately correctly placed.	
Please mark in hands to show 10 minutes past eleven o'clock (11:10).	Correct - 1 point
For a correct response (above), the hands should be pointing to the 11 and the 2, but do not penalise if the respondent fails to distinguish the long and short hands.	
Information	
Can you tell me something that happened in the news recently? (recently = in the last week)	Correct - 1 point
Respondents are not required to provide extensive details, as long as they demonstrate awareness of a recent news story. *If a general answer is given, such as "war", "a lot of rain", ask for details.* *If unable to give details, the answer should be scored as incorrect.*	
Recall	

General Practitioner Assessment of Cognition (GPCOG) Score | Doctor | Patient 15/11/2022, 11:33

What was the name and address I asked you to remember? *Score for each of the 5 components - John, Brown, 42, West Street, Kensington.*	All correct - 5 points
GPCOG Patient Score = 9 /9	Cognitively intact

Urine Analysis

	Leucocytes	Nitrites	Protein	pH	Blood	Specific Gravity	Ketones	Glucose
Your Result	Neg	Neg	Neg	7	Neg	1.101	Neg	Neg
Target	Neg	Neg	Neg	7	Neg	1.010	Neg	Neg

Action: Non-Required

Faecal occult blood/QFIT & Calprotectin

12/04/2023, 17:05

Name: [redacted]
DOB | Age: [redacted]
Gender: F
Lab Ref no.: [redacted]
Collected: 11/04/2023 08:00

THE HEALTH EQUATION
WHITE HORSE COTTAGE
ALTON BARNES
MARLBOROUGH WILTSHIRE
SN8 4LB
GERRY GAJADHARS

Report Produced by:
The Doctors Laboratory

Received: 12/04/2023 11:50
Hospital No.: [redacted]
Reference:

Report Date: 12 April 2023 16:51:40

BIOCHEMISTRY

Faecal Immunochemical Test	<4	ug/g
QFIT Comment	A quantitative faecal immunochemical test for haemoglobin result below 10 ug/g renders colorectal cancer unlikely. If symptomatic, consider other causes of clinical presentation. Please note change of platform to OC Sensor Pledia effective 04/10/21.	
Faecal Calprotectin	*** 78**	**ug/g (0 - 50)**

Calprotectin: <50 ug/g - Not indicative of GI inflammation. Consider IBS, or quiescent IBD if this is a known patient.
Calprotectin: 50-250 ug/g repeat calprotectin in 2 weeks (Also consider other potential causes (infection, NSAIDS, GI malignancy) depending on the magnitude of the result and clinical context.)
Repeated Calprotectin result: 100 - 250 ug/g routine referral to gastroenterology.
Calprotectin: >250 ug/g urgent referral to gastroenterology.
Note change in method and platform to OC-Sensor Pledia e/f 10/01/2023, UKAS accreditation pending

[redacted]

Result: Not-Detected

Action: Non-required

Blood Tests

Blood Tests

Xxxxx

The results are inserted below:

THE HEALTH EQUATION
4TH FLOOR NORTH
25 WIMPOLE STREET
LONDON
W1G 8GL

Hospital No.:
Reference:

Report Date: 07 February 2020 11:48:22

HAEMATOLOGY

HAEMOGLOBIN (g/L)	156	g/L	130 - 170
HCT	0.449		0.37 - 0.50
RED CELL COUNT	4.95	x10^12/L	4.40 - 5.80
MCV	90.7	fL	80 - 99
MCH	31.5	pg	26.0 - 33.5
MCHC (g/L)	347	g/L	300 - 350
RDW	12.7		11.5 - 15.0
PLATELET COUNT	295	x10^9/L	150 - 400
MPV	11.1	fL	7 - 13
WHITE CELL COUNT	8.55	x10^9/L	3.0 - 10.0
Neutrophils	53.3% 4.56	x10^9/L	2.0 - 7.5
Lymphocytes	34.6% 2.96	x10^9/L	1.2 - 3.65
Monocytes	9.9% 0.85	x10^9/L	0.2 - 1.0
Eosinophils	1.4% 0.12	x10^9/L	0.0 - 0.4
Basophils	0.8% 0.07	x10^9/L	0.0 - 0.1
ESR	5	mm/hr	1 - 20
	Note ref range raised in patients over 40		

BIOCHEMISTRY

SODIUM	141	mmol/L	135 - 145
POTASSIUM	4.4	mmol/L	3.5 - 5.1
CHLORIDE	105	mmol/L	98 - 107
BICARBONATE	26	mmol/l	22 - 29
UREA	4.8	mmol/L	1.7 - 8.3
CREATININE	82	umol/L	66 - 112
estimated GFR	89	.	
	For UK guidelines:		
	www.renal.org/information-resources		
BILIRUBIN	7	umol/L	0 - 20
ALKALINE PHOSPHATASE	65	IU/L	40 - 129
ASPARTATE TRANSFERASE	27	IU/L	0 - 37
ALANINE TRANSFERASE	42	IU/L	10 - 50
LDH	*** 227**	**IU/L**	**135 - 225**
CK	151	IU/L	38 - 204
GAMMA GT	40	IU/L	10 - 71
TOTAL PROTEIN	70	g/L	63 - 83
ALBUMIN	47	g/L	34 - 50
GLOBULIN	23	g/L	19 - 35
CALCIUM	2.40	mmol/L	2.20 - 2.60
Corrected Calcium	2.37	mmol/L	2.20 - 2.60
PHOSPHATE	0.89	mmol/L	0.87 - 1.45
URIC ACID	391	umol/L	266 - 474
RANDOM BLOOD GLUCOSE (FL)	5.0	mmol/L	3.5 - 7.9
AMYLASE	36	IU/L	28 - 100
TRIGLYCERIDES	1.8	mmol/L	< 2.3
CHOLESTEROL	3.9	mmol/L	Optimum <5.0
HDL CHOLESTEROL	1.3	mmol/L	0.9 - 1.5
HDL % of total	33	%	20 and over
LDL CHOLESTEROL	1.8	mmol/L	Up to 3.0
Non-HDL Cholesterol	2.6	mmol/L	< 3.9

IRON	13.0	umol/L	10.6 - 28.3
T.I.B.C	51	umol/L	41 - 77
TRANSFERRIN SATURATION	25	%	20 - 55
C Reactive protein	<0.6	mg/L	<5.0
Haemoglobin A1c	6.0	%	4.0 - 6.0
HbA1c (mmol/mol)	*** 42**	**mmol/mol**	**20 - 41**
Lipase	36.0	U/L	13 - 60
NTpro BNP	*** 438**	**ng/L**	**0 - 400**

Please note change of units from pg/mL to ng/L.
from 19/09/2016.
Heart Failure Unlikely <400 ng/L
Raised Levels 400 - 2000 ng/L
High Levels >2000 ng/L
For UK guidelines:
https://www.nice.org.uk/guidance/cg108

ENDOCRINOLOGY

THYROID STIMULATING HORMONE	1.50	mIU/L	0.27 - 4.2
FREE THYROXINE	12.9	pmol/l	12.0 - 22.0
25 OH Vitamin D	111	nmol/L	50 - 200

Interpretation of results:
Deficient <25 nmol/L
Insufficient 25 - 49 nmol/L
Normal Range 50 - 200 nmol/L
Consider reducing dose >200 nmol/L

16/11/2022, 10:35

Name: [redacted]
DOB | Age:
Gender:
Lab Ref no.
Collected: 15/11/2022 11:30
THE HEALTH EQUATION
WHITE HORSE COTTAGE
ALTON BARNES
MARLBOROUGH WILTSHIRE
SN8 4LB

Report Produced by:
The Doctors Laboratory

Received: 15/11/2022 18:58
Hospital No.:
Reference: 21612
Report Date: 15 November 2022 21:39:06

(Interim Report)

BIOCHEMISTRY			
FERRITIN	* 407	ug/L	30 - 400
ENDOCRINOLOGY			
Prostate Specific Ag(Total)	0.36	ug/l	0.00 - 4.99
	Agreed age-related thresholds in the United Kingdom for referral for specialist evaluation for prostate cancer (age 50 - 69 years as formally advocated by NICE) are: 40 - 49 years: >/= 2.5 50 - 69 years: >/= 3 >/= 70 years: >/= 5 Please note new reference range from 29/09/2021		
Prostate Specific Ag(Free)	0.20	ug/l	0 - 0.90
Free:Total ratio	0.56		
	>0.19 is normal		
FOLLICLE STIM. HORMONE	7.6	IU/L	1.5 - 12.4
LUTEINISING HORMONE	8.3	IU/L	1.7 - 8.6
TESTOSTERONE	28.0	nmol/L	7.6 - 31.4
	Reference Ranges apply to adults		
SEX HORMONE BINDING GLOB	81	nmol/L	19 - 83
Testosterone/SHBG Ratio	34.6		24 - 104
PROLACTIN	150	mIU/L	86 - 324

Prostate Profile

ENDOCRINOLOGY			
Prostate Specific Ag(Total)	<0.03	ug/l	0.00 - 2.99
	Agreed age-related thresholds in the United Kingdom for referral for specialist evaluation for prostate cancer (age 50 - 69 years as formally advocated by NICE) are: 40 - 49 years: >/= 2.5 50 - 69 years: >/= 3 >/= 70 years: >/= 5 Please note new reference range from 29/09/2021		
Prostate Specific Ag(Free)	<0.02	ug/l	0 - 0.90
Free:Total ratio	Unable to calculate.		
	>0.19 is normal		

Action: No medical suggestions but see Supplementation suggestions for functional improvement.

Laboratories always provide a standard medical reference range which is generally based on a normal distribution which tends to capture 95% of the patient population being tested. So, I make comments on the following especially on the markers that are outside of the standard medical range:

Functional Blood Analysis

Sent separately is a comprehensive Functional Blood Chemistry Analysis (FBA) & Functional Health report. This uses narrower reference ranges to the normal standard medical ranges that the lab uses. It gives us a much more detailed picture and the things to focus on and it also gives a very detailed understanding of the parameters and what they actually do.

The software algorithm is used to calculate the probability of various dysfunctions, and I tend to focus on anything >50%.

In your case, the things to focus on are:

Xxxx

Action: See recommendations and discussion at follow up.

Recommendations:

Xxxx

Additional Investigations Suggested:

Nutritional supplementation

Given your history, symptoms and blood results I would recommend the following:

Thank you for choosing The Health Equation

Mr Gerry Gajadharsingh DO
Osteopath
Diagnostic Consultant-Complementary Medicine

Holter 24 Hour ECG Report

Metrics

Duration of Recording		
Total monitoring time:		1d
Total time analysed:		23h 44m 20s
Noise burden:		1.09 %
Heart Rate		
Max:	16/11/2022 17:08:44	74 bpm
Min:	17/11/2022 05:53:12	37 bpm
Average:		49 bpm
Premature Supraventricular Complexes		
Total PSVC beats:		45 (0.06%)
No. of couplets:		0
Premature Ventricular Complexes		
Total PVC beats:		111 (0.16%)
No. of morphologies:		1
No. of couplets:		0
Total Bigeminy beats:		0
Total Trigeminy beats:		0

Episodes

Pauses		
No. of pauses:		0
Longest RR interval:		--
Atrioventricular block		
Type:		--
Atrial Fibrillation / Flutter		
Burden:		0%
Longest episode:		--
Max HR:		--
Ventricular Tachycardia		
No. of episodes:		0
Longest episode:		--
Other Supraventricular Tachycardia		
No. of episodes:		2
Longest episode:	16/11/2022 19:40:14	3 beats
Patient Notified Events		
Count:		0

Cardiac Physiologist Report

This is a 1 day holter recording.

Predominantly sinus bradycardia with intermittent first degree AV block.
PRi - 164-219 ms, QRSd - 102-109 ms.

Maximum sinus rate 74 bpm Day 1 / 17:08:44
Minimum sinus rate 37 bpm Day 2 / 05:53:12
Average sinus rate 49 bpm
Limited variation in heart rate across the recording period.

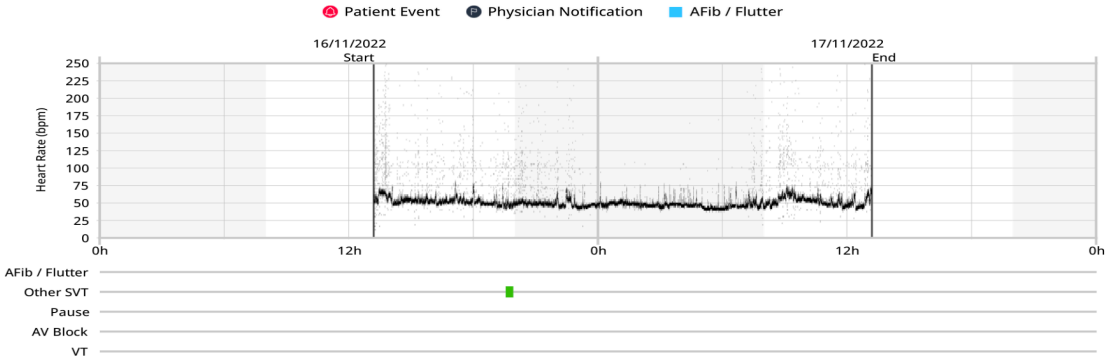
Rare atrial ectopy (PSVCs). 0.06 % burden presenting as 39 isolated beats and 2 triplets.

Rare (bifocal) ventricular ectopy (PVCs). 0.16 % burden presenting as 111 isolated beats.

No symptoms reported.

Heart Rate Trend

Min HR	Max HR	Avg HR	Bradycardia Episode Count	Tachycardia Episode Count
37bpm	**74bpm**	**49bpm**	**259 (65.13%)**	**--**

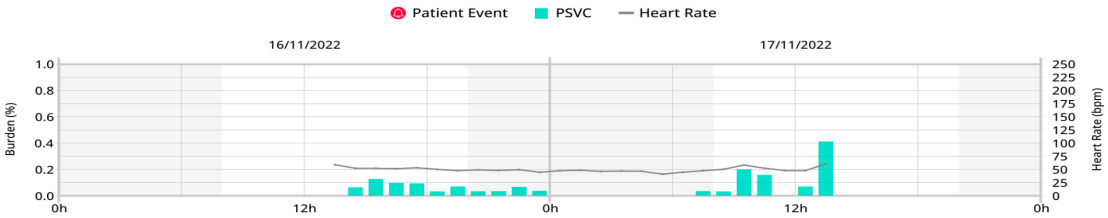


Atrial Fibrillation / Flutter Hourly Burden

No AFib found in the study

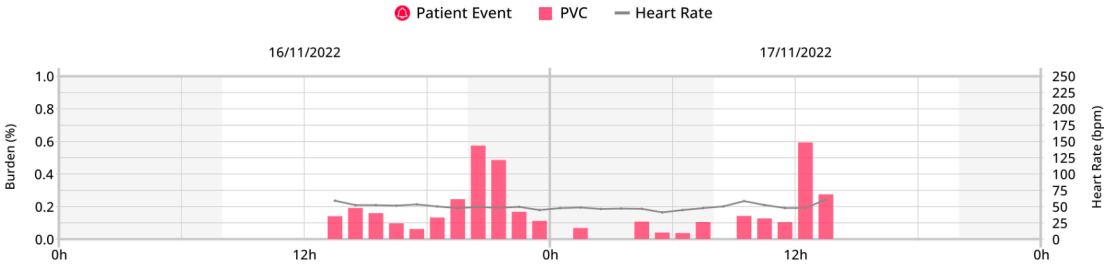
PSVC Hourly Burden

Count	Isolated Count	Couplets
45 (0.06%)	**39 (0.06%)**	**--**



PVC Hourly Burden

Count	Isolated Count	No. of Morphologies	Couplets	Bigeminy	Trigeminy
111 (0.16%)	**111 (0.16%)**	**1**	**--**	**--**	**--**

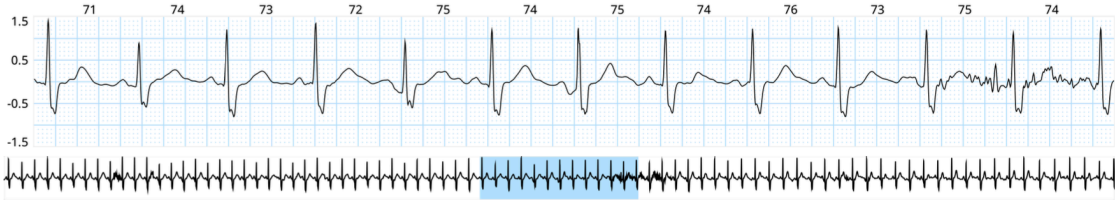


Strip Index

ID	Date & Time	Category	HR	Physician Notification	Association	Comments	Page
1	16/11/2022 17:08:44	Max HR	74bpm	--	--	Sinus rhythm. PRi - 164 ms, QRSd - 102 ms.	page 4
2	17/11/2022 05:53:12	Min HR	37bpm	--	--	Sinus bradycardia. PRi - 219 ms, QRSd - 109 ms.	page 4
3	16/11/2022 13:29:41	Sinus	74bpm	--	--		page 5
4	16/11/2022 17:08:45	Sinus	74bpm	--	--		page 5
5	16/11/2022 18:01:54	Sinus	64bpm	--	--		page 5
6	17/11/2022 09:22:07	Sinus	61bpm	--	--		page 5
7	17/11/2022 13:10:12	Sinus	64bpm	--	--		page 5
8	16/11/2022 19:48:36	Other SVT	105bpm	--	--		page 6
9	16/11/2022 18:36:01	PSVC	--	--	--		page 6
10	17/11/2022 12:25:23	PVC	--	--	--		page 6

Max HR

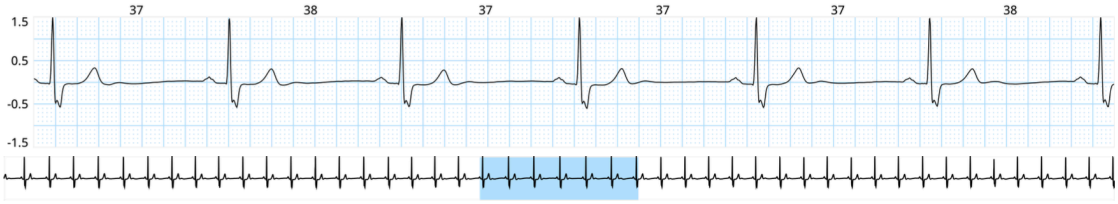
1. 16/11/2022 17:08:44 **HR:** 74bpm



Comment: Sinus rhythm. PRi - 164 ms, QRSd - 102 ms.

Min HR

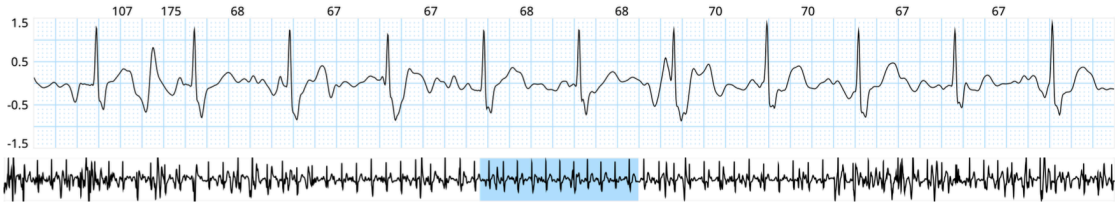
2. 17/11/2022 05:53:12 **HR:** 37bpm



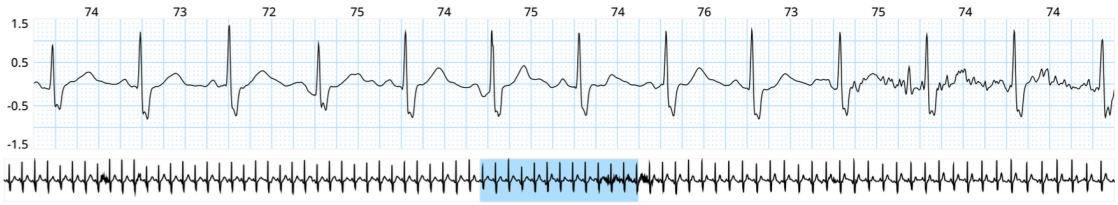
Comment: Sinus bradycardia. PRi - 219 ms, QRSd - 109 ms.

Sinus

3. 16/11/2022 13:29:41 **HR:** 74bpm

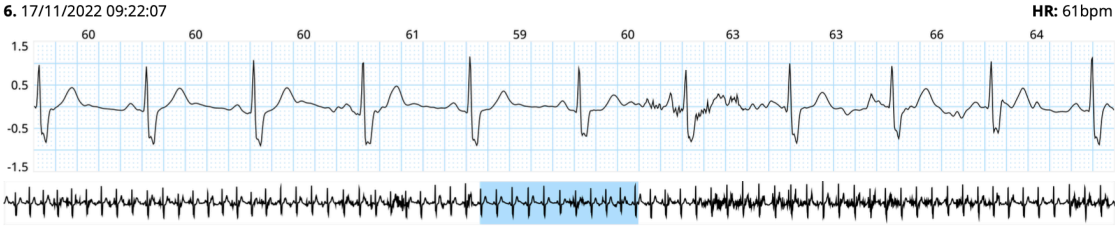


4. 16/11/2022 17:08:45 **HR:** 74bpm

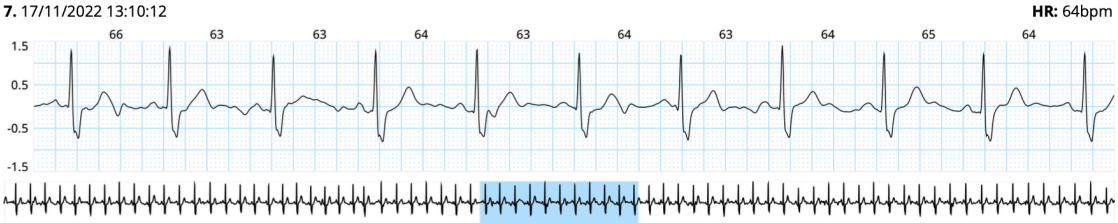


5. 16/11/2022 18:01:54 **HR:** 64bpm

6. 17/11/2022 09:22:07 **HR:** 61bpm



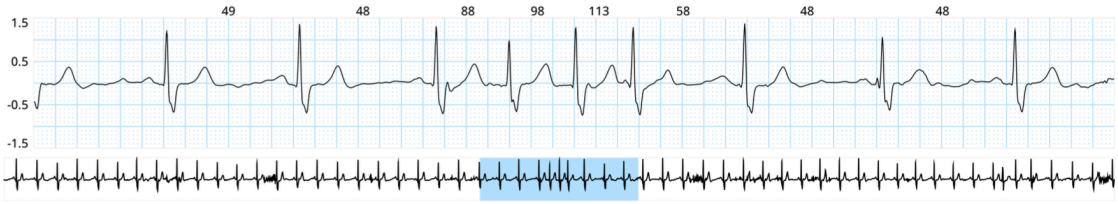
7. 17/11/2022 13:10:12 **HR:** 64bpm



Other SVT

8. 16/11/2022 19:48:36

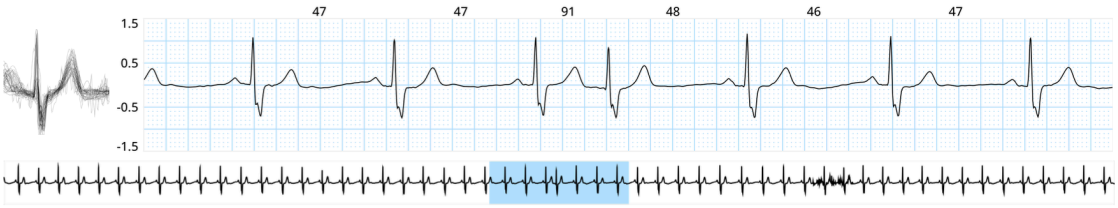
HR: 105bpm
Duration: 3 beats



PSVC

9. 16/11/2022 18:36:01

Count in Morphology: 39



PVC

10. 17/11/2022 12:25:23

Count in Morphology: 111