



EKA HOSPITAL
Care for Better Health

Medical Check Up

Nama : RIDWAN ABNER SIANIPAR
MR No. : 00433616
Jenis kelamin : Laki-laki
Tgl. lahir : 27-03-1982
Tgl. pemeriksaan : 28-04-2016
Paket : Khusus diatas Silver
Alamat : JL. AMAN, GG MAKMUR DURI

Medical Check Up Form

Account No. :	PK0002578587	Reg. Date :	28-Apr-2016 08:10
PRN :	00433616	Sex :	MALE
Age :	34Y 1M	Race :	N.A.
Patient :	MR. RIDWAN ABNER SIANIPAR		
Created By :	Dr. TRIANA FEBRIYANTI (MEDICAL CHECKUP)		

MEDICAL HISTORY

Last Date of MCU	: In 2015 at Medical Paza Hospital, Jakarta
Present Complain (If any)	: No complaint
Medical History	: Increasing AST dan ALTT, Appendix surgery (in 2005), ORIF ec mandibula fracture (in 2007). DM (since 3 months ago, routine take medicine)
	: Glicolax once daily
Medical Family History	: Mother (died, 66 y.o) : Colon Cancer
Psychosocial History	: None
Habits	
Smoke	: Yes
Alcohol	: No
Sports	: No
Drugs	: No
Human Body System	
Cardiovascular System	: No complaint
GIT System	: No complaint
Genito Urinary System	: No complaint
Neural System	: No complaint
Medicine Allergy	: No
Food Appetite	: Good
Routine Therapy	: Glicolax once daily

Physical Diagnostic

General

Height (cm)	: 177 cms
Weight (Kg)	: 82,15 Kgs
BMI	: 26,2 (Obese)
Waist Circumference	: 99 cms
Temperature (c)	: 36,5 C
Skin	: Normal
Eye	: Normal
Neck	: Normal
Lymphatic System	: Normal
Thyroid	: Normal
Ear	: Normal
Nose	: Normal
Throat / Tonsil	: Normal

CARDIOVASCULAR

Blood Pressure (mmHg)	: 110/70 mmHg
Pulse (x/sec)	: 60 bpm

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Created By :	Dr. TRIANA FEBRIYANTI (MEDICAL CHECKUP)		

Heart Rate (x/sec)	: 60 bpm, S1 S2 Normal
Rhythm	: Regular
Murmur / Gallop	: None
Leg Oedema	: None
Vena	: Normal

RESPIRATORY SYSTEM

Breath (x/sec)	: 20 bpm
Trachea	: Normal
Percussion	: Normal
Auscultation	: Normal

GIT System

Abdomen	: Normal
Hepar	: Normal
Lien	: Normal
Mass / Cancer / Cyst	: None
Rectal	: Not examined

Genito-Urinary

Kidney	: Normal
Genital Externa	: Not examined

Neurologic System

Cranial System	: Normal
Motoric System	: Normal
Sensoric System	: Normal
Tendon Reflex	: Normal
Note	: Normal

Locomotif System

Vertebrae	: Normal
Arm	: Normal
Hand	: Normal
Leg	: Normal
Skeletal	: Normal
Muscle	: Normal
EXT	: Normal

Medical Examination

Medical Examination

Rest ECG	: Sinus rhythm HR 60 bpm, Normal ECG
Treadmill Test	
Treadmill Test	: Negative ischemic response
Fitness Level	: Average fitness class

CHEST X-RAY

Medical Check Up Form

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Age : 34Y 1M	Race : N.A.
Patient : MR. RIDWAN ABNER SIANIPAR	
Created By : Dr. TRIANA FEBRIYANTI (MEDICAL CHECKUP)	

-Cor	: Normal
-Pulmo	: Normal
Conclusion	: Normal
Spirometry	: Mild Restriction
Whole Abdomen Ultrasonography	: Normal
Audiometry	: Not examined



EKA HOSPITAL
Care for Better Health

Name : MR. RIDWAN ABNER SIANIPAR
PRN/Report No : 00433616 / RAD16-00020697
DOB/Age : 27-Mar-1982 / 34Y 1M
Visit Type : OUTPATIENT
Ordering Doctor: Dr. TRIANA FEBRIYANTI
Examination : THORAX AP / PA (RAD574)
Perform Date : 28-Apr-2016 09:22

Print Date : 02-May-2016 14:49

Teman sejawat yang terhormat

TORAKS :

Cor ; Cardio Toracic Ratio kurang dari 50 %

Aorta baik.

Trakea di tengah.

Mediastinum baik

Pulmo: - Kedua hilus baik.

- Parenkim paru baik.

- Bronkovaskuler normal.

Sinus costofrenikus keduanya lancip.

Kedua diafragma baik.

Jaringan lunak baik.

Tak tampak kelainan pada tulang

KESAN:

TAK TAMPAK KELAINAN PADA COR DAN PULMO.

Terima kasih atas kepercayaannya ;

Dr. Edison Simarmata SpRad



EKA HOSPITAL
Care for Better Health

Name : MR. RIDWAN ABNER SIANIPAR
PRN/Report No : 00433616 / RAD16-00020698
DOB/Age : 27-Mar-1982 / 34Y 1M
Visit Type : OUTPATIENT
Ordering Doctor: Dr. TRIANA FEBRIYANTI
Examination : USG ABDOMEN ATAS & BAWAH * (RAD602)
Perform Date : 28-Apr-2016 09:25 Print Date: 02-May-2016 14:50

Teman sejawat yang terhormat ;

USG ABDOMEN :

Hepar: Ukuran normal. Tepi tajam, dinding reguler. Ekoparenkim normal homogen . Tak tampak SOL. Sistim bilier dan vaskuler intra hepatic normal.

Kandung Empedu : Besar dan bentuk normal. Dinding tak menebal. Duktus kholodocus tak melebar .

Pankreas: Bentuk normal dan ukuran normal. Ekoparenkim normal homogen. Tal tampak lesi. Duktus tak melebar.

Lien: Tak membesar. Tak tampak lesi. V. Lienalis tak melebar.

Ginjal: Kedua ginjal besar dan bentuk normal. Korteks dan medulla baik. Tak tampak batu. Pelviokalises tak melebar. Ekoparenkim normal.

V U: Dinding baik. Tak tampak batu.

Aorta: Bentuk dan kaliber normal. KGB paraaorta tak membesar.

Prostat baik. Tak tampak lesi maupun kalsifikasi..

Tak tampak cairan bebas intra abdomen.

McBurney; Tak tampak massa. Appendix tak terlihat.

KESAN;

TAK TAMPAK KELAINAN PADA ORGAN ORGAN ABDOMEN .

Terima kasih atas kepercayaannya.

Dr. Edison Simarmata Sp.Rad

Account No. : PK0002578587	Reg. Date : 28-Apr-2016 08:10
PRN : 00433616	Sex : MALE
Patient : MR. RIDWAN ABNER SIANIPAR	Age : 34Y 1M
Doctor : Dr. TRIANA FEBRIYANTI (MEDICAL CHECKUP)	Race : -

Issued by : Dr. TRIANA FEBRIYANTI

SUMMARY & SUGGESTION

Dear Madam or Sir,
You have completed medical check up at EKA HOSPITAL Pekanbaru Indonesia , on : 28th April 2016

The team of doctors at EKA HOSPITAL has concluded , from the results of your physical and diagnostic examinations that you are HEALTHY, except :


1. Obesity
2. Smoker
3. Hepatopathy ec suspect NASH
4. Hyperuricemia
5. DM type 2 undertreatment
6. Result of laboratory test showed :
 - MCH increased
 - SGOT increased (84 U/L)
 - SGPT increased (206 U/L)
 - HDL cholesterol decreased (35 mg/dL)
 - Uric acid increased (9.10 mg/dL)
7. The result of :
 - Ophtalmologist: Myopia
 - Internist: DM type 2, Hyperuricemia, Obese, Hepatopathy suspect NASH
8. The Spirometry test showed : Mild restriction

On this examination is obtained : **FIT WITH MEDICAL NOTES**

SUGGESTION

1. Have a healthy life style with routine exercise, diet low fat/sugar, high fiber and drinking much water
2. Stop smoking
3. Please consult to : Clinical nutritionist/internist

Please schedule your next medical check up one year later
Thank you for your trust to have your medical check up at Eka Hospital


dr. Triana Febriyanti
EKA HOSPITAL SIP : BPT/441/SI DU/VIII/2011/158



EKA HOSPITAL

Care for Better Health

HASIL LABORATORIUM

Dokter Penanggung Jawab : Dr.Lily Vincencia, SpPK, M.Si. Med

No.MR./PID. : 00433616 Tgl. Pemeriksaan : 28-04-16 08:48
No. Lab. : 16025338 Spesimen Diterima: 28-04-16 08:59
Nama Pasien : RIDWAN ABNER SIANIPAR Tanggal Cetak : 29-04-16 08:15
DOB /J.Kelamin: 27-03-1982 (34 Th) / Laki-laki Ruang : Medical Check Up
Alamat : JL. AMAN, GG MAKMUR

Nama Dokter : TRIANA FEBRIYANTI DR

1 / 3

PEMERIKSAAN	HASIL	SATUAN	NILAI NORMAL
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HEMATOLOGI

Lengkap

Hemoglobin	16.1	g/dL	14.0 - 18.0
Jumlah Leukosit	7.1	$10^3/\mu\text{L}$	4.8 - 10.8
Hitung Jenis			
Basofil	0	%	0 - 1
Eosinofil	2	%	2 - 4
Neutrofil	50	%	50 - 70
Limfosit	40	%	25 - 40
Monosit	8	%	2 - 8
Lain-lain	-		
Laju Endap Darah	7	mm/jam	0 - 15
Jumlah Eritrosit	5.13	$10^6/\mu\text{L}$	4.70 - 6.10
Hematokrit	44.6	%	42.0 - 52.0
MCV	86.9	fL	79.0 - 99.0
MCH	H 31.4	pg	27.0 - 31.0
MCHC	36.1	g/dL	33.0 - 37.0
Jumlah Trombosit	214	$10^3/\mu\text{L}$	150 - 450

KIMIA DARAH

SGOT	H 84	U/L	≤ 40
SGPT	H 206	U/L	≤ 41
Gamma GT (GGT)	67	U/L	10 - 71
Kolesterol Total	93	mg/dL	Optimal : <200 Borderline High : 200 - 239 High : ≥ 240
Kolesterol HDL	L 35	mg/dL	LOW ≤ 40 HIGH ≥ 60
Kolesterol LDL	50	mg/dL	Optimal : <100 Near Optimal : 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very High : ≥ 190
Trigliserida	78	mg/dL	Optimal : <150 Borderline high : 150 - 199



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PEMERIKSAAN	HASIL	SATUAN	NILAI NORMAL
			High : 200 - 499 Very High : >=500
Ureum	15	mg/dL	<50
Kolesterol Non HDL	58	mg/dL	< 130
Creatinine	0.93	mg/dL	0.67 - 1.17
Asam Urat	H 9.1	mg/dL	3.4 - 7.0

Glukosa Puasa

Glukosa Darah Puasa	95	mg/dL	70 - 115
Glukosa Urin Puasa	Negatif		Negatif

SEROLOGI

HBsAg	Non Reaktif	Non Reaktif : COI <= 0.9 Reaktif : COI > 0.9
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URINALISA

Lengkap

Warna	Kuning	Kuning
Kejernihan	Jernih	Jernih
Berat Jenis	1.010	1.003 - 1.030
pH	5.0	4.5 - 8.0
Lekosit	Negatif	Negatif
Nitrit	Negatif	Negatif
Protein	Negatif	Negatif
Glukosa	Negatif	Negatif
Keton	Negatif	Negatif
Urobilinogen	Normal	Normal
Bilirubin	Negatif	Negatif
Darah Samar	Negatif	Negatif



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Tanggal Cetak : 29-04-16 08:15
Ruang : Medical Check Up

Nama Dokter : TRIANA FEBRIYANTI DR

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PEMERIKSAAN	HASIL	SATUAN	NILAI NORMAL
Sedimen			
Eritrosit	1.4	/ μ L	0.0 - 13.6
Lekosit	1.0	/ μ L	0.0 - 13.2
Sel Epitel	0.7	/ μ L	0.0 - 5.2
Silinder	0.00	/ μ L	0.00 - 0.40
Kristal	0.0	/ μ L	
Bakteri	24.1	/ μ L	0.0 - 26.4

FAECES

Rutin

Makroskopik

Warna	Coklat	Coklat
Konsistensi	Lembek	Lembek
Lendir	Negatif	Negatif
Darah	Negatif	Negatif

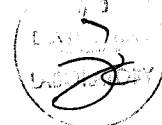
Mikroskopik

Amoeba	Tidak ditemukan		
Telur Cacing	Negatif	Negatif	
Eritrosit	0-1	/LPB	0 - 5
Lekosit	1-3	/LPB	0 - 10
Epitel	Negatif		

Pencernaan

Amilum	Negatif	Negatif
Lemak	Negatif	Negatif
Serat	Negatif	Negatif
Lain-lain		

Pemeriksa,



Frm/LAB/02 - 1/1



EKA HOSPITAL

Care for Better Health

Nama : RIDWAN ABNER SIANIPAR
 MR No. : 00433616
 Dokter : Triana Febriyanti

Umur : 34thn 1bln
 Jenis kelamin : Laki-laki
 Tgl. pemeriksaan : 28-04-2016

00433616 27 Mar 1982 (34Y 1M) 28-Apr-16
 MR RIDWANABNER SIANIPAR (M)



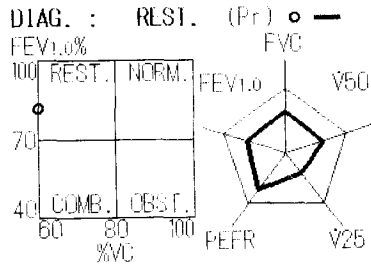
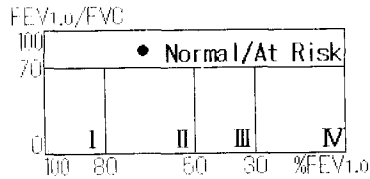
2016/04/28 10:40

NAME : _____
 ID : 00433616
 AGE: 34 HEIGHT: 177.0cm
 SEX: MALE WEIGHT: 82.2kg
 SI : --- (---/day, ---year)
 ENVI. : 26.0°C, 60%, 1013hPa
 PRED. : EUROPE
 DOCTOR: _____ STAFF: _____

COMMENT:

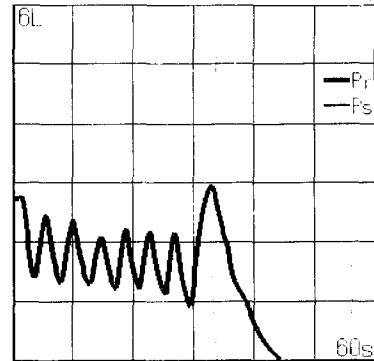
Respirasi normal

COPD : Normal/At Risk (Pr) (best)



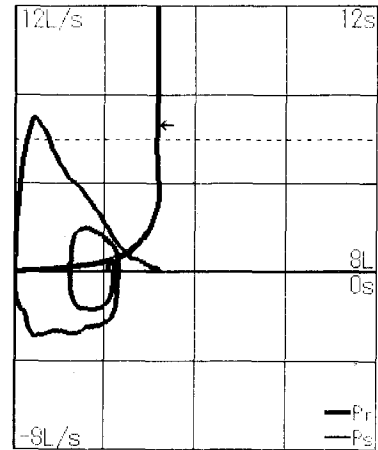
***** VC *****

<Pre>	Unit	Act.	Pred.	%
VC	L	2.94	5.20	57
TV	L	1.00		
IRV	L	0.71		
ERV	L	1.22		
IC	L	1.71		



***** FVC *****

<Pre>	Unit	Act.	Pred.	%
FVC	L	3.18	4.97	64
FEV1.0	L	2.60	4.14	63
FEV1.0%	%	81.76	---	---
PEFR	L/s	6.97	9.56	73
MMF	L/s	2.58	4.67	55
V25/Ht	L/s/m	0.55	---	---
FVCbest	L	3.31	4.97	67
FEV1best	L	2.77	4.14	67





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Nama : RIDWAN ABNER SIANIPAR
 MR No. : 00433616
 Dokter : Triana Febriyanti

Umur : 34thn 1bln
 Jenis kelamin : Laki-laki
 Tgl. pemeriksaan : 28-04-2016

For Use On HELIGE CONTRAST 2261 6702

CE 0197

SONOMED

For Use On HELIGE CONTRAST 2261 6702

CE 0197

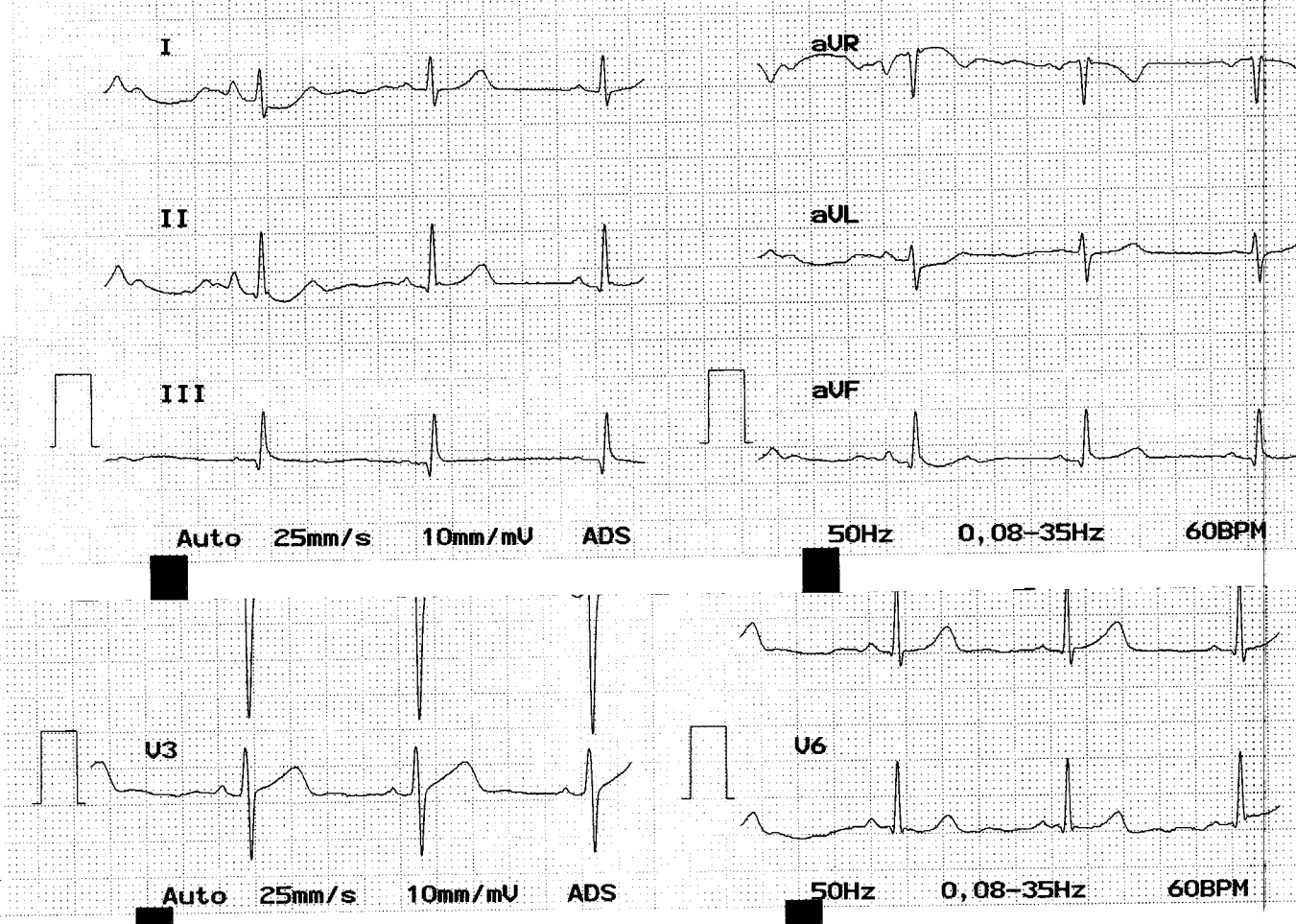
SONOMED

MAC 500

U2.23

GEMS-IT

28 Apr. 16 09:55



Interpretation:

Sinus bradycardia
Otherwise normal ECG

Last Name
 First Name
 Date of Birth
 Sex

00433616 27 Mar 1982 (34Y 1M) 28-Apr-16
 MR RIDWAN ABNER SIANIPAR (M)



Measurement Results:

QRS : 96 ms
 QT/QTc : 416 / 404 ms
 PR : 144 ms
 P : 92 ms
 RR/PP : 1026 / 1050 ms
 P/QRS/T : 45/ 70/ 27 Degrees

MAC 500

U2.23

12SL U 13

MAC 500

U2.23

12SL U 13

Man 25mm/s 10mm/mV ADS

50Hz 0,08-35Hz 60BPM

EKA HOSPITAL
JL. SOEKARNO HATTA
PEKANBARU

Ward
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Ridwan Abner Sianipar, Mr
Patient ID: 00433616
Height: 177 cm
Weight: 82.1 kg

DOB: 27.03.1982
Age: 34yrs
Gender: Male
Race: Asian

Study Date: 28.04.2016
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: Jajang Sinardja, SpJP FIHA
Technician: Mulpida

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:01			56		
	WARM-UP	01:04	1.60	0.00	63		
EXERCISE	STAGE 1	03:00	2.70	10.00	99	125/60	
	STAGE 2	03:00	4.00	12.00	116	122/61	
	STAGE 3	03:00	5.40	14.00	142		
	STAGE 4	01:05	6.70	16.00	157		
RECOVERY		03:21	0.00	0.00	97	164/67	

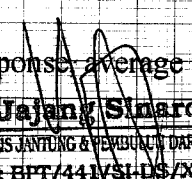
The patient exercised according to the BRUCE for 10:05 min:s, achieving a work level of Max. METS: 11.70. The resting heart rate of 57 bpm rose to a maximal heart rate of 157 bpm. This value represents 84 % of the maximal, age-predicted heart rate. The resting blood pressure of --/-- mmHg, rose to a maximum blood pressure of 164/67 mmHg. The exercise test was stopped due to Fatigue.

Interpretation

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusions

Negative ischemic response, average fitness class


Dr. Jajang Sinardja, SpJP
 SPESIALIS JANTUNG & PERIKULIT DARAH / CARDIOLOGIST
 SIP: BPT/441/SI-DG/XI/2011/17
 Physician
 EKA HOSPITAL
 Technician