

Health Check up Booking Request(36E1810)

1 message

Mediwheel <wellness@mediwheel.in>
To: dhspathlab@gmail.com
Cc: customercare@mediwheel.in

21 August 2024 at 13:07



Mediwheel
...Your wellness partner

011-41195959

Dear DHS Multispeciality Hospital

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : Ronak Panchal

Contact Details : 9714910292

Hospital Package Name : Mediwheel Full Body Plus Comprehensive With Vitamin Male

Location : 18 Sunrise Park society Vastrapur Lake- Drive in Link Road, Gurukul, Ahmedabad, Gujarat - 380052

Appointment Date : 22-08-2024

Member Information		
Booked Member Name	Age	Gender
Ronak Panchal	30 year	Male

Tests included in this Package

- Urine Analysis
- Blood Group
- Calcium
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver Profile
- Blood Glucose (Post Prandial)
- Prostate Specific Antigen (PSA Male)
- Phosphatase
- Thyroid Profile
- Vitamin B12
- Vitamin D
- Urine Sugar Fasting
- Urine Sugar PP
- ESR
- Blood Glucose (Fasting)
- TMT OR 2D ECHO (Any 1) Chosen By Candidate
- Chest X-ray
- ECG
- USG Whole Abdomen
- Pulmonary Function Test (PFT)
- Dietician Consultation
- Eye Check-up consultation
- Ent Consultation
- Dental Consultation
- General Physician Consultation
- Bmi-Check

Thanks,
Mediwheel Team
Please Download Mediwheel App



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Comprehensive Physical Examination Report

Patient Information:

Name: Ronak Panchal
Age: 30 years
Gender: Male
Date of Examination: 22/08/2024.

Reason for Examination

Purpose: Health Check up
Chief Complaint(s):

Medical History:

Past Medical History: NAD
Family History: HTN - Mother, Father
Social History: - NAD
Medications: - NAD
Allergies: NONE

General Examination

Vital Signs:
Blood Pressure: 84.
Heart Rate: 127/79
Respiratory Rate: 18/min
Temperature: 37.2
Height: 171.0
Weight: 75.4
Body Mass Index (BMI): 25.4

Consultations:

1. Dietitian

Nutritional Assessment: *Normal*

Recommendations: *- High protein & low fat.*

Follow-Up:

2. Eye Check-up

Vision Assessment: *L 6/5 R. 6/5. colour vision - NORMAL*

Eye Examination: *consult ophthalmologist*

3. ENT (Ear, Nose, Throat)

Ear Examination: *- Normal*

Nose Examination: *- Normal*

Throat Examination: *- Normal.*

4. Dental Consultation

- Oral Examination: *yellow stain*

- Dental History: *NAD.*

5. General Physician Consultation

Cardiovascular: *- S₁ S₂ (+)*

Respiratory: *BLA (+)*

GI System: *- soft non tender*

CNS: *- oriented (conscious).*


Signature

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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	13.9	g/dL	13.0 - 17.0
Hematocrit (Electrical Impedance)	41.9	%	40 - 54
RBC Count (Electrical Impedance)	4.48	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	5680	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	179000	/cmm	150000 - 410000
MCV (Calculated)	93.6	fL	83 - 101
MCH (Calculated)	31.1	Pg	27 - 32
MCHC (Calculated)	33.2	%	31.5 - 34.5
RDW (Calculated)	16.9	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	70	%	38 - 70
Lymphocytes (%)	20	%	20 - 45
Monocytes (%)	08	%	2 - 8
Eosinophils (%)	02	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	3930	/cmm	1800 - 7700
Lymphocytes (Absolute)	1150	/cmm	1000 - 3900
Monocytes (Absolute)	320	/cmm	200 - 800
Eosinophils (Absolute)	260	/cmm	20 - 500
Basophils (Absolute)	20	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	3.43	/cmm	0.7 - 4.0

PERIPHERAL SMEAR EXAMINATION

RBC Morphology	RBCs are Normochromic Normocytic.
WBC Morphology	Total WBC and differential count is within normal.
Platelets	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	12	mm/hr	0 - 14
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----- End Of Report -----

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Dr. Yesha H. Shah
(MD.Pathology)
Mr. Akshay Parmar
M.Sc(Biochemistry)

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DIABETIC PROFILE**FBS**

Fasting Blood Sugar (FBS) 86.2 mg/dL 70 - 110
Glucose Oxidase-Peroxidase

PPBS

Post Prandial Blood Sugar (PPBS) 125.3 mg/dL 110 - 140
Glucose Oxidase-Peroxidase

BLOOD GROUP & RH


SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO 'B'
Rh (D) Positive

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <small>HPLC, NGSP Certified</small>	5.8 ✓	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose <small>Calculated</small>	119.76	mg/dL	

Criteria for the diagnosis of diabetes:


1. HbA1c ≥ 6.5 *Or
 2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
 3. Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL.
- *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:

- HbA1C, also known as glycated haemoglobin, is the most important test for the assessment of long term blood glucose control(also called glyemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glyemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

----- End Of Report -----

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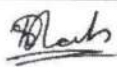

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Parameter	Result	Unit	Reference Interval
LIVER FUNCTION TEST			
SGPT <i>Optimized UV-IFCC</i>	28.0	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	24.3	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.83	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.25	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.58	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	58.3	U/L	53 - 128
Total Protein	5.70	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.65	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.05	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.78		0.8 - 2.0
GGT	24.3	U/L	1 - 55

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Parameter	Result	Unit	Reference Interval
LIPID PROFILE			
Cholesterol <i>CHOD-PAP method</i>	166 ✓	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	125.1 ✓	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	25.02	mg/dL	15 - 35
LDL CHOLESTEROL	100.8	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Magnetic Cholesterol Oxidase</i>	50.4 ✓	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	3.29		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.00		0 - 3.5
Total Lipids <i>Calculated</i>	542.20		400 - 1000

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Parameter	Result	Unit	Reference Interval
RENAL FUNCTION TEST			
Creatinine <i>Enzymatic ,IDMS Traceable</i>	0.92 ✓	mg/dL	0.7 - 1.3
Urea <i>Urease-GLDH, enzymatic UV</i>	18.3	mg/dL	19.0 - 45.0
BUN <i>Calculated</i>	8.55	mg/dL	7 - 18
Uric Acid <i>Enzymatic using TBHBA</i>	4.2	mg/dL	3.5 - 7.2
Sodium <i>Direct ISE</i>	138.3 ✓	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.52 ✓	mmol/L	3.5 - 5.0
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.78 ✓	mg/dL	4.4 - 5.4

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Parameter	Result	Unit	Biological Reference Interval
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THYROID FUNCTION TEST

T3 (Triiodothyronine) CMIA	1.40 ✓	ng/mL	0.6 - 1.81
T4 (Thyroxine) CMIA	4.85 ✓	µg/dL	4.5 - 12.5
TSH ELFA-Enzyme Linked Fluorescent Assay	1.480	µIU/ml	0.35 - 4.94

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL


Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition.

Philadelphia: WB Saunders, 2012:2170

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BONE HEALTH

CALCIUM	9.1	mg/dL	8.1 - 10.4
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Arsenazo III Method

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VITAMINS

VITAMIN B12	248.00	pg/mL	211 - 911
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Vitamin B12 is essential in DNA synthesis, hematopoiesis, and CNS integrity.

Interpretation:**Increased In**

- Chronic granulocytic leukemia
- COPD and Chronic renal failure
- Leukocytosis
- Liver cell damage (hepatitis, cirrhosis)
- Obesity and Severe CHF
- Polycythemia vera
- Protein malnutrition

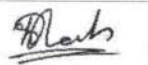
Decreased In

- Abnormalities of cobalamin transport or metabolism
- Bacterial overgrowth
- Crohn disease
- Dietary deficiency (e.g. in vegetarians)
- Diphyllobothrium (fish tapeworm) infestation
- Gastric or small intestine surgery
- Hypochlorhydria
- Inflammatory bowel diseases
- Intestinal malabsorption and Intrinsic factor deficiency


Limitations:

- Drugs such as chloral hydrate increase vitamin B12 levels. On the other hand ,alcohol, aminosalicilic acid, anticonvulsants, ascorbic acid,cholestyramine, cimetidine, colchicines, metformin, neomycin, oral contraceptives, ranitidine, and triamterene decrease vitamin B12 levels.
- The evaluation of macrocytic anemia requires measurements of both vitamin B12 and folate levels; ideally they should be measured simultaneously.
- Specimen collection soon after blood transfusion can falsely increase vitamin B12 levels.
- Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B`12 concentrations are normal.

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Parameter	Result	Unit	Biological Reference Interval
25 OH VITAMIN D TOTAL <small>CHEMILUMINESCENCE</small>	12.47 ✓	ng/mL	Deficiency : <10 Insufficiency : 10 - 30 Sufficiency : 30 - 100 Toxicity : >100

Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7 dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources.Both cholecalciferol & Ergocalciferol are converted to 25 (OH)vitamin D in liver.

Interpretation:

Increased In
-Vitamin D intoxication
-Excessive exposure to sunlight

Decreased In

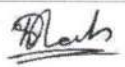
-Malabsorption
-Steatorrhea
-Dietary osteomalacia, anticonvulsant osteomalacia
-Biliary and portal cirrhosis
-Thyrotoxicosis
-Pancreatic insufficiency
-Celiac disease
-Rickets
-Alzheimer disease

Limitations:

More recently, it has become clear that receptors for vitamin D are present in a wide variety of cells and that this hormone has biologic effects extending beyond the control of mineral metabolism. Vitamin D deficiency is not clear. Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels. In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL. A recent study states that increasing mean baseline levels from 29 to 38 ng/mL was associated with a 50% lower risk for colon cancer and levels of 52 ng/mL with a 50% reduction in the incidence of breast cancer. It is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.

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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	10 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

pH	7.0	4.6 - 8.0
Sp. Gravity	1.015	1.002 - 1.03
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Nil	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 5/hpf
Erythrocytes (Red Cells)	Nil
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Yeast	Nil
T. Vaginalis	Nil
Spermatozoa	Nil

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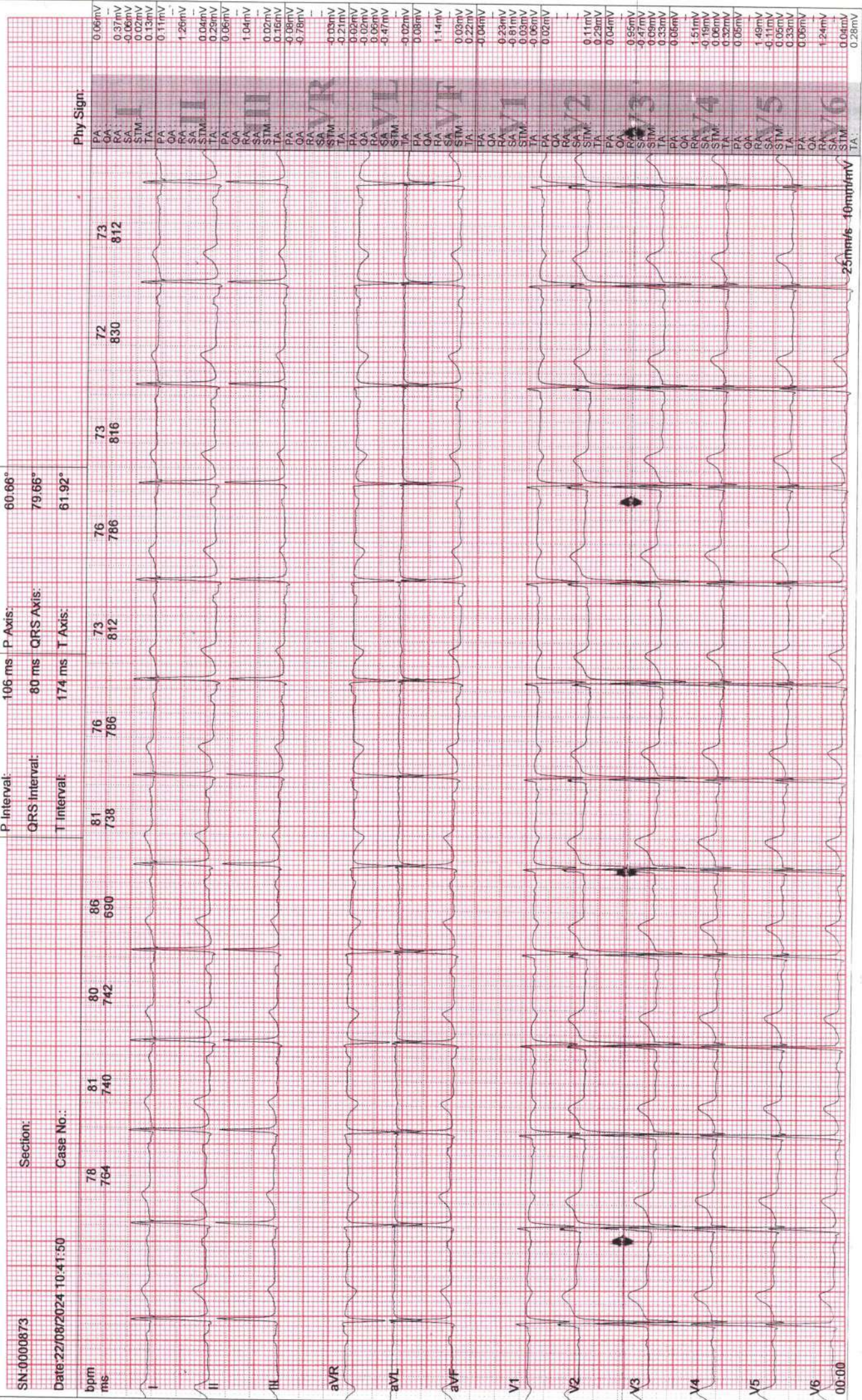
Name: RONAK PANCHAL
 Sex: Male
 Age: 30Y

Clinic No.:
 Bed No.:

Frequency: 1000 Hz
 Sample Time: 13 s
 HR: 76 bpm

178 ms
 346 ms
 389 ms

Prompt:
 Total Beats 14, Normal Beats 14, SVE 0, VE 0.
 Normal Heart Rate(HR between 60 and 100 bpm):
 Normal cardiac electric axis(QRS axis between 30 degree and 90 degree):



Phy Sign.	PA	OA	RA	SA	TA
0.06mV	0.37mV	-0.06mV	0.02mV	0.13mV	0.11mV
1.26mV	0.04mV	0.29mV	0.06mV	1.04mV	0.02mV
0.02mV	0.16mV	-0.08mV	-0.78mV	-	-
-0.03mV	-0.21mV	-0.02mV	0.06mV	0.47mV	-
-0.02mV	-0.02mV	-0.02mV	-0.02mV	-0.02mV	0.08mV
1.14mV	0.03mV	0.22mV	-0.04mV	0.23mV	0.19mV
0.03mV	0.03mV	-0.06mV	0.02mV	-	-
0.11mV	0.29mV	0.04mV	0.95mV	-0.47mV	0.69mV
0.04mV	0.33mV	0.06mV	1.51mV	-0.19mV	0.06mV
0.05mV	0.05mV	0.05mV	1.49mV	-0.11mV	0.05mV
1.24mV	0.04mV	0.28mV	0.06mV	0.06mV	0.06mV
0.28mV	-	-	-	-	-

25mm/s - 10mm/mV

00:00

Patient Name	RONAK PANCHAL	Patient ID	UHID26424
Age/Gender	30 Years / M	Study Date	22-Aug-2024
Referred By		Reported Date	22-Aug-2024

X – RAY CHEST PA VIEW:

Both lung fields under vision appear normal.
Cardiac size appears normal.
Both costophrenic angles are clear.
Hilar regions are normal.
Both domes appear normal in position.
Bony thorax under vision appears normal.



DR.SHIVAM PODDAR
MD Radiology REG-33562

Date Reported: 22-Aug-2024

This Report is done and digitally signed via Tele Radiology Done at Radiscan Diagnostic Ahmedabad. For any clinical discrepancy, please discuss with the Radiologist. This report is not valid for any medico-legal purposes

PATIENT NAME**MR. RONAK PANCHAL****AGE / SEX****30 YRS/MALE****REF. DOCTOR****DR. DHS DOCTOR TEAM****DATE****22/08/2024**

2D ECHO CARDIOGRAPHY REPORT

Observation:

1. Normal LV size with Normal LV systolic function. LVEF: 65%.
2. No RWMA at rest.
3. Normal LV compliance.
4. Normal sized LA, RA and RV. Normal RV function.
5. All valves are normal in structure.
6. IAS and IVS are intact.
7. No PAH. RVSP = 24 mmHg.
8. No clot/ vegetation / pericardial effusion.
9. Doppler: Trivial MR, Trivial TR, No AR, No PR.
10. IVC is normal in size and well collapse on inspiration.

Conclusion:**Normal LV systolic function.****No RWMA.****No PAH.****Measurements :**

LVIDD	37.0 mm0	AO	21.0mm
LVIDS	24.0 mm	LA	28.0mm
LVEF	65%		
IVSD/LVPWD	0.9.0mm/0.9.0 mm		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.0	4.6			No AR
Mitral	E:0.5 A: 0.7				Trivial MR
Pulmonary	0.8	1.6			No PR
Tricuspid	0.6	0.7			Trivial TR

Dr.ARCHIT PARIKH

RONAK PANCHAL
30 Y/M
HEALTH CHECK UP
22/08/2024

U.S.G. OF ABDOMEN AND PELVIS

Liver: appears normal in size & shows normal echopattern. No focal lesion is seen. No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

Gall bladder: is moderately distended & appears normal. No calculus, sludge or mass is seen. Gall bladder wall thickness appears normal.

Pancreas: appears normal in size & echopattern. No focal lesion is seen.

Spleen: appears normal in size and shows normal echotexture. No focal lesion is seen.

Both Kidneys appear normal in size, position and echopattern. C-M differentiation is well preserved on either side. No calculus or hydronephrosis on either side. Cortical thickness appears normal on both sides. No focal lesion is seen on either side.

Urinary bladder is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

Prostate appears normal in size and echopattern.

Para-aortic region appears normal.
No abdominal lymphadenopathy is seen.
Bowel loops appear normal in caliber & show normal peristalsis.
No abnormal dilatation of bowel loops or wall thickening is seen.
No fluid collection or lump formation is seen in RIF.
No ascites is seen.

IMPRESSION:

Normal USG abdomen

Clinical correlation suggested. Thanks for reference.



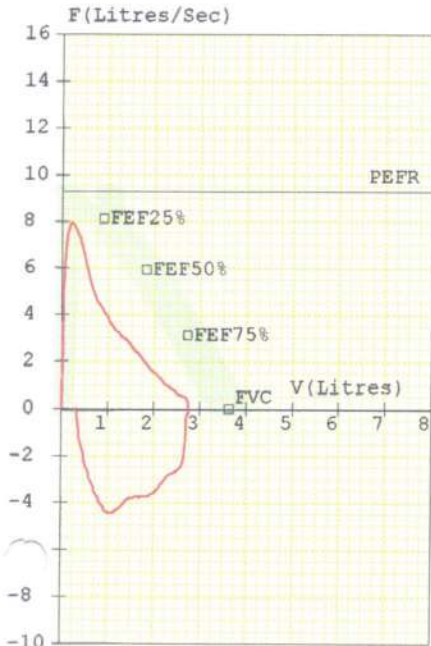
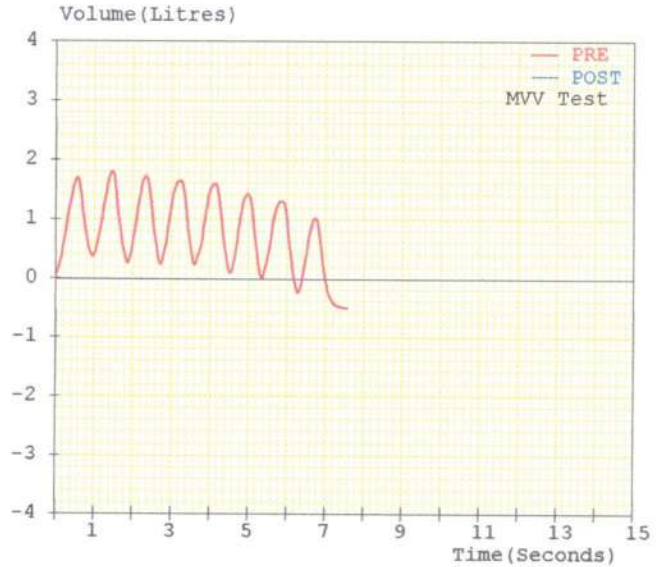
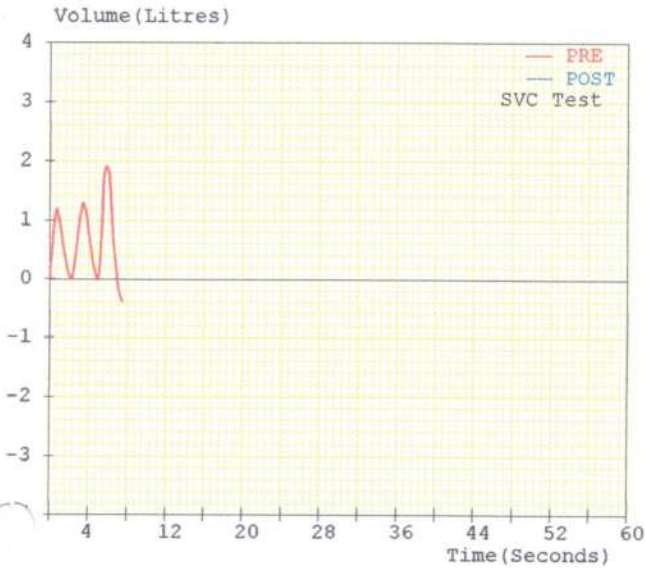
DR. BHADRESH CHUDASAMA
MD RADIOLOGY

DHS MULTISPECIALTY HOSPITAL

Vastrapur Lake-Himalaya Mall Link Road, Sunrise Park, Vastrapur, Ahmedabad-380054

Patient: RONAK PANCHAL
 Refd. By: HEALTH CHACK UP
 Pred. Eqns: RECORDERS
 Date : 22-Aug-2024 10:57 AM

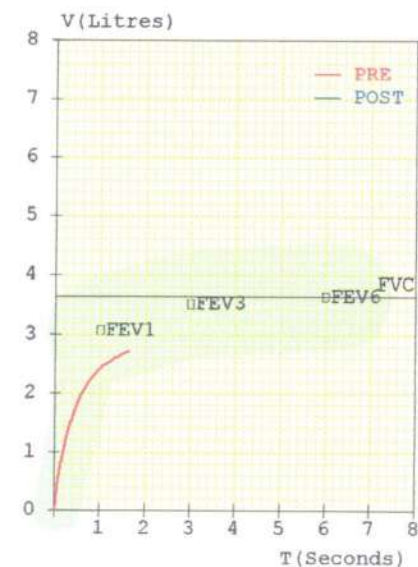
Age : 30 Years Gender : Male
 Height : 171 Cms Smoker : Yes
 Weight : 75 Kgs Eth. Corr: 100
 ID: 12417 Temp : 97°C



Spirometry Results							
Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	03.64	02.75	076	-----	---	---
FEV1	(L)	03.08	02.44	079	-----	---	---
FEV1/FVC	(%)	84.62	88.73	105	-----	---	---
FEF25-75	(L/s)	04.41	02.58	059	-----	---	---
PEFR	(L/s)	09.27	07.84	085	-----	---	---
FIVC	(L)	-----	02.42	---	-----	---	---
FEV.5	(L)	-----	01.86	---	-----	---	---
FEV3	(L)	03.53	02.75	078	-----	---	---
PIFR	(L/s)	-----	04.41	---	-----	---	---
FEF75-85	(L/s)	-----	01.09	---	-----	---	---
FEF 2-1.2	(L/s)	07.62	04.80	063	-----	---	---
FEF 25%	(L/s)	08.12	04.98	061	-----	---	---
FEF 50%	(L/s)	05.95	02.92	049	-----	---	---
FEF 75%	(L/s)	03.14	01.37	044	-----	---	---
FEV.5/FVC	(%)	-----	67.64	---	-----	---	---
FEV3/FVC	(%)	-----	100.00	103	-----	---	---
FET	(Sec)	-----	01.68	---	-----	---	---
ExplTime	(Sec)	-----	00.03	---	-----	---	---
Lung Age	(Yrs)	030	036	120	-----	---	---
FEV6	(L)	03.64	-----	040	-----	---	---
FIF 25%	(L/s)	-----	02.63	---	-----	---	---
FIF 50%	(L/s)	-----	03.70	---	-----	---	---
FIF 75%	(L/s)	-----	04.20	---	-----	---	---
SVC	(L)	-----	01.93	---	-----	---	---
ERV	(L)	01.51	00.02	001	-----	---	---
IRV	(L)	-----	00.62	---	-----	---	---
VE	(L/min)	-----	29.11	---	-----	---	---
Rf	(l/min)	-----	22.22	---	-----	---	---
Ti	(sec)	-----	01.20	---	-----	---	---
Te	(sec)	-----	01.50	---	-----	---	---
VT	(L)	-----	01.31	---	-----	---	---
VT/Ti		-----	01.09	---	-----	---	---
Ti/Ttot		-----	00.44	---	-----	---	---
IC	(L)	-----	01.93	---	-----	---	---
MVV	(L/min)	142	093	065	-----	---	---
MRF	(l/min)	-----	63.37	---	-----	---	---
MVT	(L)	-----	01.47	---	-----	---	---

Pre Medication Report Indicates

Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
 Mild Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <80



DR DHS DOCTOR TEAM