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|-----------------------|---|---|------------------|--|--|--|--|--|--|--|--|--|--|-------------|---|---------------|---|--------|---|--------|---|---|---|---|---|---|---|---|---|---|---|
| 精密体检套餐 | | 精密体检 | | | | | | | | | | | | 半天套餐 約5h | | 1天标准套餐 約8h | | 2天豪华套餐 | | 3天尖端套餐 | | | | | | | | | | | |
| 检查项目、内容 | | 性别 | | | | | | | | | | | | 男 | 性 | 女 | 性 | 男 | 性 | 女 | 性 | 男 | 性 | 女 | 性 | 男 | 性 | 女 | 性 | | |
| | | | | | | | | | | | | | | 男 | 性 | 女 | 性 | 男 | 性 | 女 | 性 | 男 | 性 | 女 | 性 | 男 | 性 | 女 | 性 | | |
| 健康调查 | 以往病史、自觉症状、他症症状、服药史、吸烟史、家族史、过敏史、月经史(女性)等 | 把握病情等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 医生诊察 | 听打诊、问诊 | 诊疗 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| 身体测量 | 身高、体重、肥胖度、BMI、腹围 | 测量身体 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 眼科检查 | 测量视力(裸眼或矫正) | | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | |
| | 眼底检查 | 检查近视程度、眼底状况检查眼底各项异常、检查网膜病变、青光眼等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 听力检查 | 眼压检查 | | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 听力(1000HZ・4000HZ) | 检查听力是否正常 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 尿检查 | 尿蛋白、糖、潜血、沉渣 | 检查泌尿系统疾病、糖尿病、肾炎、急性膀胱炎等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 血液检查 | 血常规 | 红细胞数、白细胞数、色素量、红细胞比容、血小板数、血液像、MCV、MCH、MCHC、血清铁 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 生化学 | 【肝功能】AST、ALT、γ-GT、总胆红素、ALP、LDH | 检查肝功能、肝炎、酒精性肝障碍等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | | 【脂質】总胆固醇、HDL胆固醇、LDL胆固醇、nonHDL胆固醇、中性脂肪 | 检查血脂异常等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | | 【血清蛋白】总蛋白、白蛋白、A/G比、蛋白分划 | 检查急性、慢性炎症、肝功能障碍等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | | 【胰脏功能】血清淀粉酶、脂肪酶 | 检查胰脏功能 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | | 【肾功能】尿素氮、肌酐 | 检查肾脏功能 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | | 【电解质】NA、K、CL、Ca | 检查肌肉的异常、心脏功能等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | 【糖代谢】血糖、HbA1c | 检查糖尿病 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 免疫学 | 尿酸值 | 检查痛风 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | | 血型(ABO式、Rh式) | 检查血型 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | | HBs抗原 | 检查乙型肝炎 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | | HBs抗体 | 检查乙型肝炎 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| HCV抗体 | | 检查丙型肝炎 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| CRP | | 检查炎症性疾病、肿瘤等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 甲状腺检查 | CCP | 检查内风湿性关节炎 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| | RPR | 检查梅毒 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 5种肿瘤标准物 | 过敏源(MAST36) | 检查过敏源 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| | FT3・FT4・TSH | 检查甲状腺功能 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| 心血管检查 | CEA | 检查肝癌、胃癌、食道癌、胆囊癌、胆管癌、胰腺癌、大肠癌等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | CA19-9 | 检查胰腺癌、胆管癌、大肠癌、胃癌等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | AFP | 检查肝癌、慢性肝炎、肝癌等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | CA125、CA15-3(限女性) | 检查子宫内膜异位、子宫肌瘤、卵巢癌、乳腺癌 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| | SCC、PSA(限男性) | 检查食道癌、肺癌、前列腺癌等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 心电图(静卧下检查) | 检查心衰、心肌梗塞、心律失常等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 胸部精密检查 | 血压 | 检查高血压症、低血压症 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 心脏多普勒彩超 | 检查心脏功能 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| 呼吸系統检查 | CAVI・ABI检查 | 检查血管硬度、动脉硬化 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | MRI检查、MRA检查 | 检查是否有脑梗、脑梗塞、脑内血管病变 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| 消化系统检查 | 胸部X线检查 | 检查支气管炎、肺炎、肺癌、胸膜炎等呼吸器官以及心血管器官的疾病 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 肺功能检查(努力性肺活量、1秒率、流速容量测定等) | 检查呼吸的功能和能力、早期检出慢性支气管炎、肺气肿等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 痰液细胞诊(3天法) | 检查呼吸道、肺部感染等 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 消化系统检查 | 肺螺旋CT检查 | 检查呼吸道病变、肺癌等肺部疾病 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 腹部CT(包含测量内脏脂肪) | 检查腹部脂肪量等腹部疾病 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| | 便潜血检查(2天法) | 检查消化道大肠等是否有出血 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 无痛胃镜(镇静剂) | 消化道专科医生内窥镜检查消化道、胃、十二指肠 | | | | | | | | | | | | - | - | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| | 【可单独预约此项检查】 | | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| | 无痛大肠内视镜检查(镇静剂) | 消化道专科医生内窥镜检查大肠 | | | | | | | | | | | | - | - | - | - | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | |
| 骨密度检查 | 【可单独预约此项检查】 | | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| | DEXA法 | 检查骨质疏松 | | | | | | | | | | | | - | - | - | - | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | |
| 劲动脉检查 | 颈动脉的超声波检查 | 检查动脉硬化 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| 超声波检查 | 肝脏、胆囊、肾脏、脾脏、膀胱、腹部主动脉 | 检查胆囊、胆管、肝脏、肾脏等的病变 | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | |
| 宫颈检查 | 阴道内检 | 内检查阴道等的异常 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | | |
| (只限女性) | 宫颈细胞诊 | 显微镜检查细胞的异常 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| | 经腔超声波检查 | 检查早期的子宫肌瘤、卵巢囊肿、卵巢癌、子宫内膜息肉等异常 | | | | | | | | | | | | - | - | - | - | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | |
| 乳腺癌检查(只限女性) | 阴道镜检查 | 检查是否有宫颈癌、检查卵巢等的异常 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| | HPV DNA检查 | 检查宫颈癌致病原因HPV | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| ABC胃癌风险筛查 | 乳腺钼靶检查 | 检查乳腺钙化等异常以及乳腺癌等 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| | 乳腺超声波检查 | 检查乳腺癌、乳腺微小肿块等异常 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| PET-CT | 回诊、幽门螺旋杆菌抗体检查 | 检查慢性胃炎、胃癌风险 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| | 胃蛋白酶原检查 | 检查慢性胃炎、胃癌风险 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| 体检结果 | 检查结果【在医院隔壁医疗机构进行检查】 | 检查病变、肿瘤等的形态改变和功能代谢特征 | | | | | | | | | | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | |
| 1日受入予定人数 | 外国客人体检名额限6名/1天 | | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| 翻译 | 需预约方自行安排1对1口译人员检查当天陪同来院。紧急情况下请提前联络医院担当 | | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | |

每个月的第3个星期六、可接待进行半天套餐的外国人，但只限接待团体(5人以上)。请提前1个月预约。
 可以从套餐中自选检查项目。有不想检查的项目需在正式预约之前告知医院。(自选项目不能跨套餐选择)
 内窥镜套餐检查可以单独预约(肠镜+胃镜)。进行息肉切除以及活检时，需另行付费。