



**LABORATORY REPORT**

**Name** : Mr. Latifbhai Sanghariyat  
**Sex/Age** : Male/57 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 310101274  
**Reg. Date** : 28-Oct-2023 09:09 AM  
**Collected On** :  
**Report Date** : 28-Oct-2023 02:50 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :170

Weight (kgs) :91.4

Blood Pressure :126/86 mmHg

Pulse :67 /Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

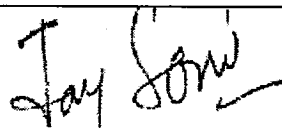
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report



**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

भारत सरकार

संघरीयात लतीफ़ भाई

Sanghariyat Latif Bhai

जन्म तारीख/ DOB: 01/06/1966

पुरुष / MALE

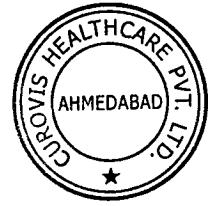
3986 8437 5280

आधार - आम आदमी का अधिकार

Jm

9714881120

**Dr. Jay Soni**  
M.D. (General Medicine)  
Reg. No.: G-23899



आधार

संख्या : 1947 1800 300 1947

Address

S/O: Adam Bhai, f-3, Bilal park, near Jagruti School, B/H tavakkal society, makrba, Ahmadabad City, Ahmedabad, Gujarat - 380051

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1800 300 1947

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P.O. Box No.1947, Bengaluru-560 001



## TEST REPORT

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<b>Age/Sex</b> : 57 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9714881120
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

Parameter	Results	Unit	Biological Ref. Interval
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### COMPLETE BLOOD COUNT (CBC)

Hemoglobin (Colorimetric method)	14.1	g/dL	13.5 - 18
Hematocrit (Calculated)	41.10	%	40 - 50
RBC Count (Electrical Impedance)	5.23	million/cmm	4.73 - 5.5
MCV (Calculated)	L 78.7	fL	83 - 101
MCH (Calculated)	L 26.9	Pg	27 - 32
MCHC (Calculated)	34.3	%	31.5 - 34.5
RDW (Calculated)	13.6	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6140	/cmm	4000 - 10000
MPV (Calculated)	10.4	fL	6.5 - 11.5

DIFFERENTIAL WBC COUNT	[ % ]	EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	55 %	40 - 80	3377 /cmm	2000 - 7000
Lymphocytes (%)	39 %	20 - 40	2395 /cmm	1000 - 3000
Eosinophils (%)	03 %	0 - 6	184 /cmm	200 - 1000
Monocytes (%)	03 %	2 - 10	184 /cmm	20 - 500
Basophils (%)	00 %	0 - 2	0 /cmm	0 - 100


### PERIPHERAL SMEAR STUDY

RBC Morphology : Normocytic and Normochromic.  
WBC Morphology : Normal

### PLATELET COUNTS

Platelet Count (Electrical Impedance) : 242000 /cmm 150000 - 450000  
Electrical Impedance  
Platelets : Platelets are adequate with normal morphology.  
Parasites : Malarial parasite is not detected.  
Comment : -

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\* This test has been out sourced.

Approved By :   
Dr. Keyur Patel  
M.B.DCP

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

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**HEMATOLOGY****BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

<b>ABO</b>	"B"
<b>Rh (D)</b>	Positive
<b>Note</b>	-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**

<b>ESR 1 hour</b> <i>Westergreen method</i>	02	mm/hr	ESR AT 1 hour : 1-7
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**ERYTHRO SEDIMENTATION RATE, BLOOD -**

Erythrocyte sedimentation rate (ESR) is a non-specific phenomenon and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (<1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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**Age/Sex** : 57 Years / Male      **Pass. No.** :      **Tele No.** : 9714881120  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Flouride F, Flouride PP      **Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

<b>Fasting Blood Sugar (FBS)</b> <i>GOD-POD Method</i>	<b>132.10</b>	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	<b>190.5</b>	mg/dL	70 - 140

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MC-3466



## TEST REPORT


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**Name** : Mr. Latifbhai Sanghariyat  
**Age/Sex** : 57 Years / Male      **Pass. No.** :  
**Ref. By** :  
**Sample Type** : Serum

**Collected On** : 28-Oct-2023 09:09 AM  
**Reg. Date** : 28-Oct-2023 09:09 AM  
**Tele No.** : 9714881120  
**Dispatch At** :  
**Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
<b>Lipid Profile</b>			
Cholesterol	168.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	65.60	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	32.50	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	122.38	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	13.12	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.77		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	5.17		0 - 5.0
<i>Calculated</i>			

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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### LFT WITH GGT

Total Protein	7.15	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year : 6.0-8.0 Adults : 6.6-8.7
<i>Biuret Reaction</i>			
Albumin	4.55	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs: 3.5 - 5.2 60 - 90 yrs: 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.60	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.75		0.8 - 2.0
SGOT	10.30	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	20.50	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	101.8	IU/l	41 - 137
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.63	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.17	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.46	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	17.30	U/L	< 49
<i>SZASZ Method</i>			

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	4.34	mg/dL	3.5 - 7.2
<b>Creatinine</b> <i>Enzymatic Method</i>	0.87	mg/dL	0.9 - 1.3
<b>BUN</b> <i>UV Method</i>	13.20	mg/dL	6.0 - 20.0

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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### HEMOGLOBIN A1 C ESTIMATION Specimen: Blood EDTA

*Hb A1C	6.7	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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*Boronate Affinity with Fluorescent Quenching*

Mean Blood Glucose	145.59	mg/dL
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*Calculated*

#### Degree of Glucose Control Normal Range:

Poor Control >7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level < 6.0 %

\* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

\* Some danger of hypoglycemic reaction in Type I diabetics.

\* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

#### EXPLANATION :-

\*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.

\*The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

\*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

\*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

#### HbA1c assay Interferences:

\*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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**Age/Sex** : 57 Years / Male      **Pass. No.** :      **Tele No.** : 9714881120  
**Ref. By** :      **Dispatch At** :      **Location** : CHPL  
**Sample Type** : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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**URINE ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**


pH	5.0	4.6 - 8.0
Sp. Gravity	1.015	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	Nil
Nitrite	Nil	Nil
Blood	Nil	Nil

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	Occasional/hpf	Absent
Erythrocytes (Red Cells)	2 - 3/hpf	Absent
Epithelial Cells	1 - 2/hpf	Absent
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**IMMUNOLOGY**

**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.03	ng/mL	0.86 - 1.92
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Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

<b>T4 (Thyroxine)</b> <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	8.90	µg/dL	3.2 - 12.6
---	------	-------	------------

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

**Limitations:**

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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**Approved By :**  **Dr. Keyur V Patel**  
MB,DCP

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**Sample Type** : Serum      **Dispatch At** :  
**Location** : CHPL

**TSH**      2.380       $\mu$ IU/ml      0.35 - 5.50  
*CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY*

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  $\mu$ IU/mL

Second Trimester : 0.2 to 3.0  $\mu$ IU/mL

Third trimester : 0.3 to 3.0  $\mu$ IU/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

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Sample Type : Serum      Location : CHPL

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**IMMUNOLOGY**

<b>TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)</b> <small>CMIA</small>	1.26	ng/mL	0 - 4
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Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100


Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

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

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**LABORATORY REPORT**

Name : Mr. Latifbhai Sanghariyat  
Sex/Age : Male/57 Years  
Ref. By :  
Client Name : Mediwheel

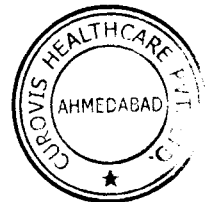
Reg. No : 310101274  
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Collected On :  
Report Date : 28-Oct-2023 02:22 PM

**Electrocardiogram**

**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



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**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

LATIFBHAI  
SANGHRIYA

19

Male

57 years

170 cm / 91 kg

HR 67/min

Axis:

P 23°

QRS 13°

T 24°

Intervals:

RR 895 ms

P 120 ms

PR 194 ms

QR5 92 ms

QT 394 ms

QTc 419 ms

(Bazett)

10 mm/mV

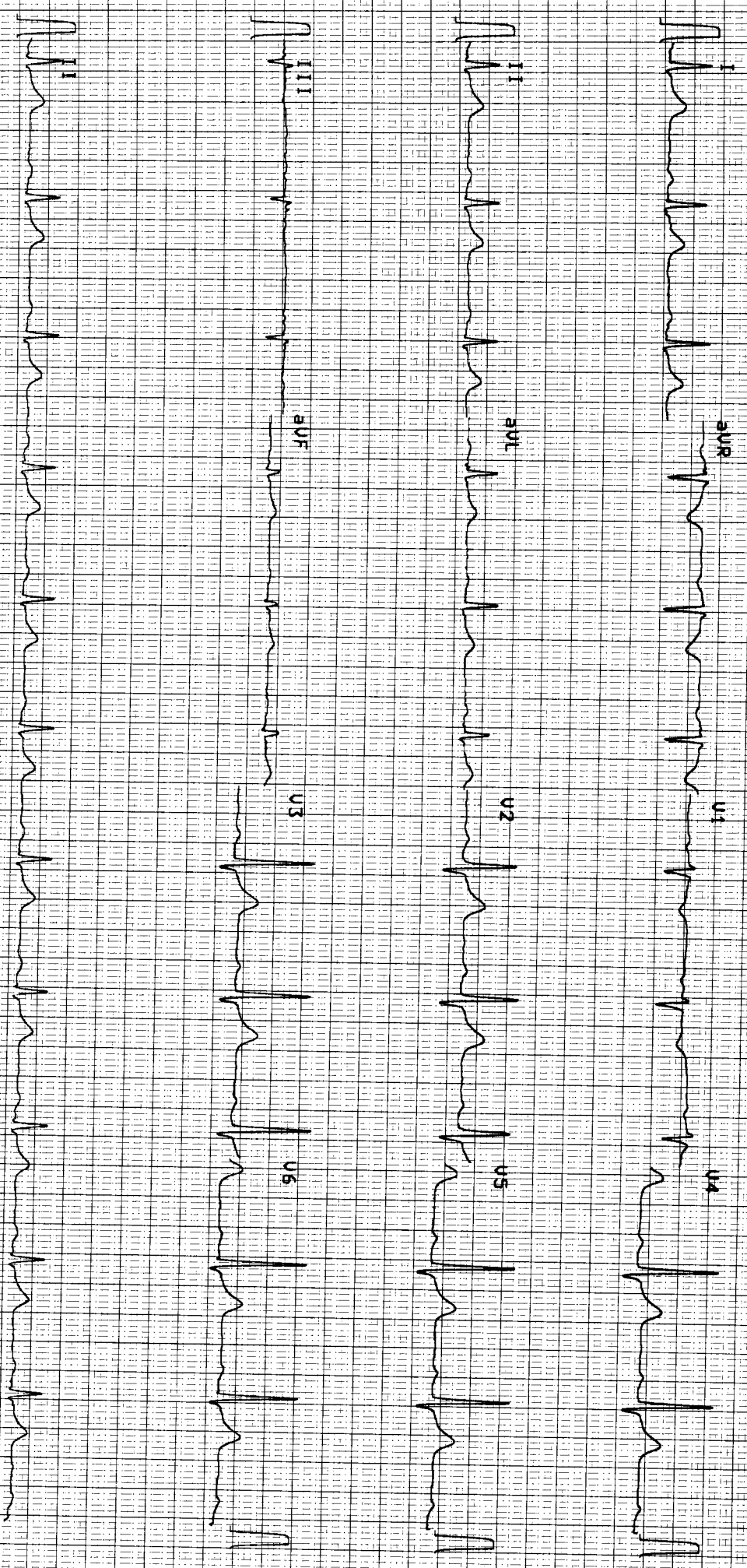
P (II) 0.07 mV

S (V1) -0.56 mV

R (V5) 1.66 mV

Sokol. 2.46 mV

10 mm/mV



10 mm/mV

25 mm/s

SCHILLER

0.05-25 Hz FS0 SSF 585 28.10.2023 10:25:29

CIRQUIS HEALTHCARE

Part No.2.157017M CE 0123

*SM*

LBC



**LABORATORY REPORT**

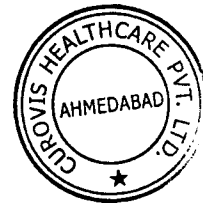
Name : Mr. Latifbhai Sanghariyat  
Sex/Age : Male/57 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 310101274  
Reg. Date : 28-Oct-2023 09:09 AM  
Collected On :  
Report Date : 30-Oct-2023 03:06 PM

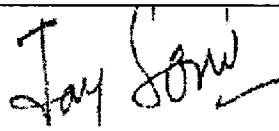
**2D Echo Colour Doppler**

1. Mild concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Reduced LV compliance.
6. All cardiac valves are structurally normal.
7. Mild MR, Trivial TR, Trivial PR, No AR.
8. Mild PAH, RVSP: 40 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.

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



This is an electronically authenticated report



**Dr. Jay Soni**  
M.D, GENERAL MEDICINE



Name: Mr. Latifbhai Sanghariyat

**M MODE FINDINGS:**

MITRAL VALVE	OBSERVED	NORMAL VALUES	LV FUNCTION
Anterior leaflet	Normal		LVA(d) :
EF Slope		70-150mm/sec	LVL (d) :
Opening Amplitude			LVA(s) :
Posterior leaflet	Normal		LVL(s) :
E.P.S.S.		mm	LVV(d) :
Mitral Valve Prolapse	No		LVV(s) :
Vegetation	No		LVEF : 60%
TRICUSPID VALVE		LV COMPLIANCE	
Normal		REDUCED	

PULMONARY VALVE	OBSERVED	NORMAL VALUES	MVO AREA
EF Slope		6-115 mm	By Planimetry :
A' Wave -			
Midsystolic notch -			By PHT :
Flutter -			
Other Findings			

**DIMENSIONS:**

**AORTIC VALVE**

1. Lvd. (Diastole)	48 mm		Cuspal Opening	16mm	
2. Lvd. (Systole)	28 mm	24-42 mm	Closure line	Central	
3. RVID (Diastole)	13mm	7-23 mm	Eccentricity index	1	
4. IVS (Diastole)	10mm		Other findings	Absent	
5. IVS (Systole)	12mm				
6. LVPWT (Diastole)	10mm	6-11 mm			
7. LVPM (Systole)	12mm				
8. Aortic root	32 mm	22-37 mm			
9. Left Atrium:	36 mm	19-40 mm			
10. LVEF	60%				

**COLOUR DOPPLER FINDINGS:**

STRUCTURE	REGURG GRADING	VELOCITY1 m/sec Max/Mean	GRADIENT 5 Mm Hg Peak/Mean
MITRAL VALVE	Mild	0.90	3.30
TRICUSPID VALVE	Trivial	0.58	1.40
PULMONARY VALVE	Trivial	0.75	2.25
AORTIC	No	1.20	6.0





**LABORATORY REPORT**

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**Reg. No** : 310101274  
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**Collected On** :  
**Report Date** : 28-Oct-2023 05:05 PM

**X RAY CHEST PA**

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

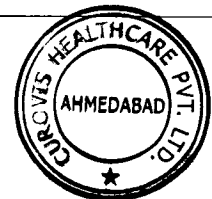
**COMMENT: No significant abnormality is detected.**

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

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**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494



Page 2 of 2



**LABORATORY REPORT**

<b>Name</b> :	Mr. Latifbhai Sanghariyat	<b>Reg. No</b> :	310101274
<b>Sex/Age</b> :	Male/57 Years	<b>Reg. Date</b> :	28-Oct-2023 09:09 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	28-Oct-2023 05:02 PM

**USG ABDOMEN**

**Liver** appears normal in size & normal in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

**Gall bladder** is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

**Pancreas** Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

**Spleen** appears normal in size & echopattern. No evidence of focal lesions.

**Both kidneys** are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

**Urinary bladder** is partially distended. No evidence of calculus or mass.

**Prostate** appears normal in size and echopattern. No evidence of focal lesions.

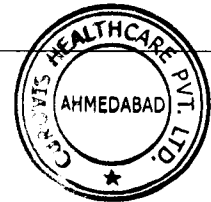
No evidence of free fluid in peritoneal cavity.  
No evidence of para-aortic lymph adenopathy.  
No evidence of dilated small bowel loops.

**COMMENTS :**  
**NO SIGNIFICANT ABNORMALITY DETECTED.**

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Consultant Radiologist  
MB,DMRE  
Reg No:0494





**LABORATORY REPORT**

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Reg. Date : 28-Oct-2023 09:09 AM  
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Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.50

CY: -0.25

AX: 34

LEFT EYE

SP : +1.00

CY : -1.00

AX :93

	Without Glasses	With Glasses
Right Eye	6/9	N.A
Left Eye	6/5	N.A

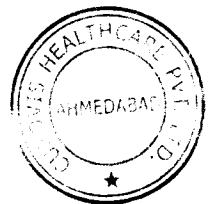
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

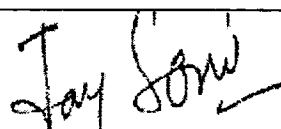
ColorVision : Normal

Comments: Normal

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



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M.D, GENERAL MEDICINE

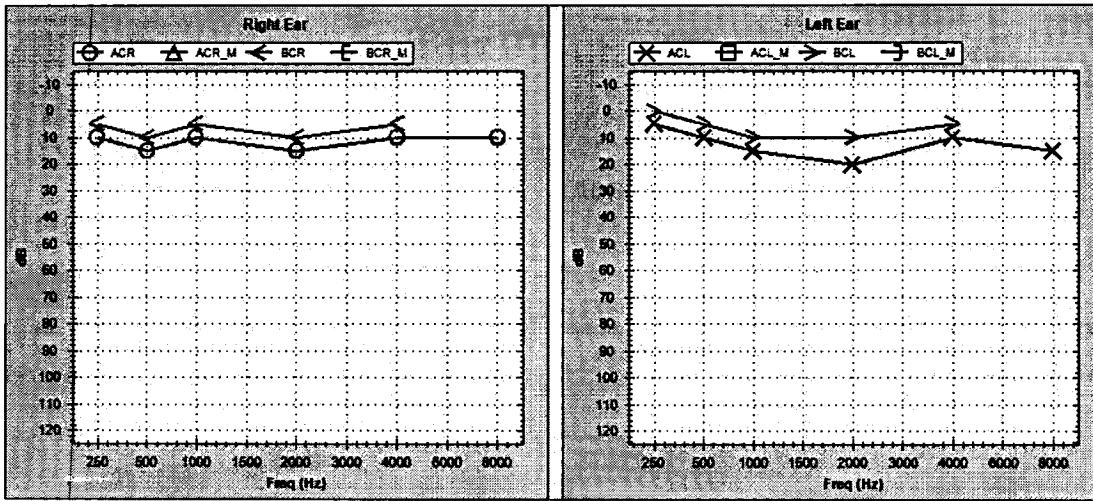


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## AUDIOGRAM



EAR \ MODE	Air Conduction		Bone Conduction		Colour Code
	Masked	UnMasked	Masked	UnMasked	
LEFT	□	×	⌋	>	Blue
RIGHT	△	○	⌈	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	11	11
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



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*Jay Soni*

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