Visit ID	**: YGT41532**	UHID/MR No	: YGT.0000041384
Patient Name	**: Mrs. BANDELA RAJYA LAKSHMI**	Client Code	: 1409
Age/Gender	: 27 Y 4 M 14 D /F	Barcode No	: 10816264
DOB	: 12/Jul/1996	Registration	: 25/Nov/2023 09:14AM
Ref Doctor	: SELF	Collected	: 25/Nov/2023 09:14AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 25/Nov/2023 11:02AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN & PELVIS

Clinical Details : General check-up.

LIVER : Normal in size (13.0 cm) and echo-texture. Intra hepatic biliary channels are not dilated. Visualised common bile duct & portal vein appears normal. ***A 12 x 12 mm well defined hyperechoic lesion noted in segment VI of right lobe of liver - Likely Hemangioma.***

GALL BLADDER : Well distended. No evidence of calculi / wall thickening.

PANCREAS : Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size (9.9 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 10.8 x 4.5 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : measures 10.9 x 4.4 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation. ***3 mm calculus noted in upper pole of left kidney.***

URINARY BLADDER : Well distended. No evidence of calculi or wall thickening.

UTERUS : Anteverted, measures 9.2 x 4.4 x 5.3 cm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. ***Endometrium is thickened and measures 13 mm.***

Right ovary measures 3.2 x 2.7 cm and left ovary measures 2.8 x 2.2 cm.
Both ovaries are normal in size & echotexture. No adnexal lesion seen.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified. Great vessels appear normal.

No free fluid is seen in pelvis.

Verified By :
GOPI

Approved By :

Dr.SUSHMA VUYYURU
MBBS;MD(Radio-Diagnosis)
CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGY

IMPRESSION:

- **Well defined hyperechoic lesion in segment VI of right lobe of liver - Likely Hemangioma.**
- **Left renal calculus.**
- **Thickened endometrium.**

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DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Findings:

Soft tissues/ bony cage normal.

Trachea and Mediastinal structures are normal.

Heart size and configuration are normal.

Aorta and pulmonary vascularity are normal.

Lung parenchyma and CP angles are clear.

Bilateral hilae and diaphragmatic contours are normal.

IMPRESSION :

- **No Significant Abnormality Detected.**

Suggested Clinical Correlation & Follow up.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ESR (ERYTHROCYTE SEDIMENTATION RATE)				
Sample Type : WHOLE BLOOD EDTA				
ERYTHROCYTE SEDIMENTATION RATE	**70**	mm/1st hr	0 - 15	Capillary Photometry

COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).
Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUP ABO & RH Typing				
Sample Type : WHOLE BLOOD EDTA				
ABO	A			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsied cross matching before transfusion

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
CBC(COMPLETE BLOOD COUNT)				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	12.7	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	4.40	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	37.2	%	36.0 - 46.0	RBC pulse height detection
MCV	84.5	fL	83 - 101	Automated/Calculated
MCH	28.7	pg	27 - 32	Automated/Calculated
MCHC	34.0	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.6	%	11.0-16.0	Automated Calculated
RDW - SD	41.3	fl	35.0-56.0	Calculated
MPV	7.8	fL	6.5 - 10.0	Calculated
PDW	15.5	fL	8.30-25.00	Calculated
PCT	0.33	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	8,910	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	60	%	40 - 80	Impedance
LYMPHOCYTE	32	%	20 - 40	Impedance
EOSINOPHIL	03	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	**4.18**	Lakhs/cumm	1.50 - 4.10	Impedance

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 25/Nov/2023 03:15PM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	0.93	ng/ml	0.60 - 1.78	CLIA
T4	6.63	ug/dl	4.82-15.65	CLIA
TSH	4.70	ulU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.
9. **REFERENCE RANGE :**

PREGNANCY	TSH in uIU/mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 – 4.04

(References range recommended by the American Thyroid Association)

Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST(LFT)				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.64	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.10	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.54	mg/dl		Calculated
S.G.O.T	22	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	17	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	89	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.6	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	3.8	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.8	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.00			Calculated

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	165	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	36	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	91.2	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	**189**	mg/dl	See Table	GPO
VLDL	**37.8**	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.58		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	**5.25**	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	129	mg/dl	< 130	Calculated

Interpretation

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL	TRIGLYCERIDE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

REMARKS	Cholesterol : HDL Ratio
Low risk	3.3-4.4
Average risk	4.5-7.1
Moderate risk	7.2-11.0
High risk	>11.0

Note:

1.Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol

2. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogenic lipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.

3.Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved

4. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
HBA1C				
Sample Type : WHOLE BLOOD EDTA				
HBA1c RESULT	5.7	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	117	mg/dl		

Note:
1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions,targeting a goal of < 7.0 % may not be appropriate.
HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control .

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD UREA NITROGEN (BUN)				
Sample Type : Serum				
SERUM UREA	13	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	6.1	mg/dl	5 - 25	GLDH-UV

Increased In:
Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

Decreased In:
Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

Limitations:
Urea levels increase with age and protein content of the diet.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
FBS (GLUCOSE FASTING)				
Sample Type : FLOURIDE PLASMA				
FASTING PLASMA GLUCOSE	100	mg/dl	70 - 100	HEXOKINASE

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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Client Name	: MEDI WHEELS	Received	: 25/Nov/2023 11:54AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 25/Nov/2023 12:28PM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
PPBS (POST PRANDIAL GLUCOSE)				
Sample Type : FLOURIDE PLASMA				
POST PRANDIAL PLASMA GLUCOSE	123	mg/dl	<140	HEXOKINASE

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
SERUM CREATININE				
Sample Type : SERUM				
SERUM CREATININE	0.55	mg/dl	0.51 - 0.95	KINETIC-JAFFE

Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)				
Sample Type : SERUM				
GGT	28	U/L	0 - 55.0	KINETIC-IFCC

INTERPRETATION:

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

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Client Name	: MEDI WHEELS	Received	: 25/Nov/2023 09:42AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 25/Nov/2023 10:48AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
URIC ACID -SERUM				
Sample Type : SERUM				
SERUM URIC ACID	4.2	mg/dl	2.6 - 6.0	URICASE - PAP

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

Verified By :
GOPI

Approved By :

Dr. Sumalatha
MBBS,DCP
Consultant Pathologist

Visit ID	**: YGT41532**	UHID/MR No	: YGT.0000041384
Patient Name	**: Mrs. BANDELA RAJYA LAKSHMI**	Client Code	: 1409
Age/Gender	: 27 Y 4 M 14 D /F	Barcode No	: 10816264
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BUN/CREATININE RATIO				
Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	6.1	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.55	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	11.00	Ratio	6 - 25	Calculated

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DEPARTMENT OF RADIOLOGY

2D ECHO DOPPLER STUDY

MITRAL VALVE : Normal

AORTIC VALVE : Normal

TRICUSPID VALVE : Normal

PULMONARY VALVE : Normal

RIGHT ATRIUM : Normal

RIGHT VENTRICLE : Normal

LEFT ATRIUM : 2.3 cms

LEFT VENTRICLE : EDD : 4.3 cm IVS(d) : 0.9cm LVEF :74 %
ESD : 2.4 cm PW (d) : 0.9cm FS : 43 %
No RWMA

IAS : Intact

IVS : Intact

AORTA : 2.2 cms

PULMONARY ARTERY : Normal

PERICARDIUM : Normal

IVS/ SVC/ CS : Normal

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES : No

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Approved By :

Dr.B.Nagaraju
MD(Internal Medicine)
DN(CARDIOLOGY)
APNC Reg.No 70760

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DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E - 1.7m/sec, A - 0.5m/sec.

AORTIC FLOW : 1.2m/sec

PULMONARY FLOW : 1.1m/sec

TRICUSPID FLOW : TRJV :1.8 m/sec, RVSP -28 mmHg

COLOUR FLOW MAPPING:

IMPRESSION :

* **NORMAL SIZED CARDIAC CHAMBERS**
* **NO RWMA OF LV**
* **GOOD LV FUNCTION**
* **NORMAL LV FILLING PATTERN**
* **NO MR/NO AR/NO PR**
* **NO TR/NO PAH**
* **NO PE / CLOT /VEGETATIONS.**

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
CUE (COMPLETE URINE EXAMINATION)				
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	25 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
pH	6.0		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION				
PUS CELLS	1-2	cells/HPF	0-5	
EPITHELIAL CELLS	3-4	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

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DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR - CONVENTIONAL

PAP SMEAR

Lab Ref. No.: YLLD/C- 154/23

Date of Receiving: 25/11/23

SYSTEM: BETHESDA 2014

SPECIMEN: ONE CERVICAL SMEAR. FIXED IN ALCOHOL

ADEQUACY: SATISFACTORY FOR EVALUATION.

MICROSCOPY: Smears show predominantly superficial and intermediate squamous epithelial cells seen with inflammatory cells. Epithelial cells show normal nuclear-cytoplasmic ratio. No koilocytosis seen. No evidence of dysplasia/malignancy is seen in the smears examined.

IMPRESSION: NILM (Negative for intraepithelial lesion and malignancy).

ASCO/ CAP GUIDELINES :

	HPV Unknown	**HPV Positive**	**HPV Negative**
Unsatisfactory	Repeat cytology after 2-4 mths	Colposcopy	Repeat cytology after 2-4 mths
NILM with EC/TZ	Routine screening	HPV genotyping/ repeat co-testing @ 1 Year	Routine Screening
NILM without EC/TZ	HPV teting	Repeat co-testing @ 1 Year	Routine Screening
ASCUS	HPV teting	Colposcopy	Routine Screening
LSIL	Colposcopy	Colposcopy	Repeat cotesting @ 3 year
ASC - H	Colposcopy	Colposcopy	Colopscopy
HSIL	Immediate LEEP	Immediate LEEP	Immediate LEEP
AGC	EB & Endocervical Bx	EB & Endocervical Bx	EB & Endocervical Bx

SCREENING GUIDELINE : 21-29 Years - Cytology only every 3 years ; <21 & 65 yrs - Screening not recommended

Comments- Pap Test is a screening test for cervical cancer.
False negativity may be due to inherent limitation of this technique.

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DEPARTMENT OF CYTOPATHOLOGY

***** End Of Report *****

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