

09/12/2023

Harshada Sagar  
43 yrs / Female

Ch - No fresh complaints.

? Anxiety.

KCh - Hypothyroidism. ∴ 2 yrs.

T. Thyronorm 50

No P/H.

? Anemia → 3-4 yrs back.

M/H - LMP - 1/12/23, regular  
dysmenorrhoea.

G6 P3 L3 A3 D0.

BP - 100/70 mmHg

P - 80/min

SpO<sub>2</sub> - 98%.

Pt is fit and can resume  
her normal duties.

Consult physician for low Hb ↓  
high platelet count & high TSH.

Adv  
Phy ref  
Gyn ref.



ID: 419

09-12-2023 11:15:42 AM

Female  
Req. No. :

HR : 81 bpm  
P : 94 ms  
PR : 153 ms  
QRS : 86 ms  
QT/QTcBz : 366/427 ms  
P/QRS/T : 58/50/-28 °  
RV5/SV1 : 0.894/0.630 mV

Harshada Sagar  
Age:- 43 yr

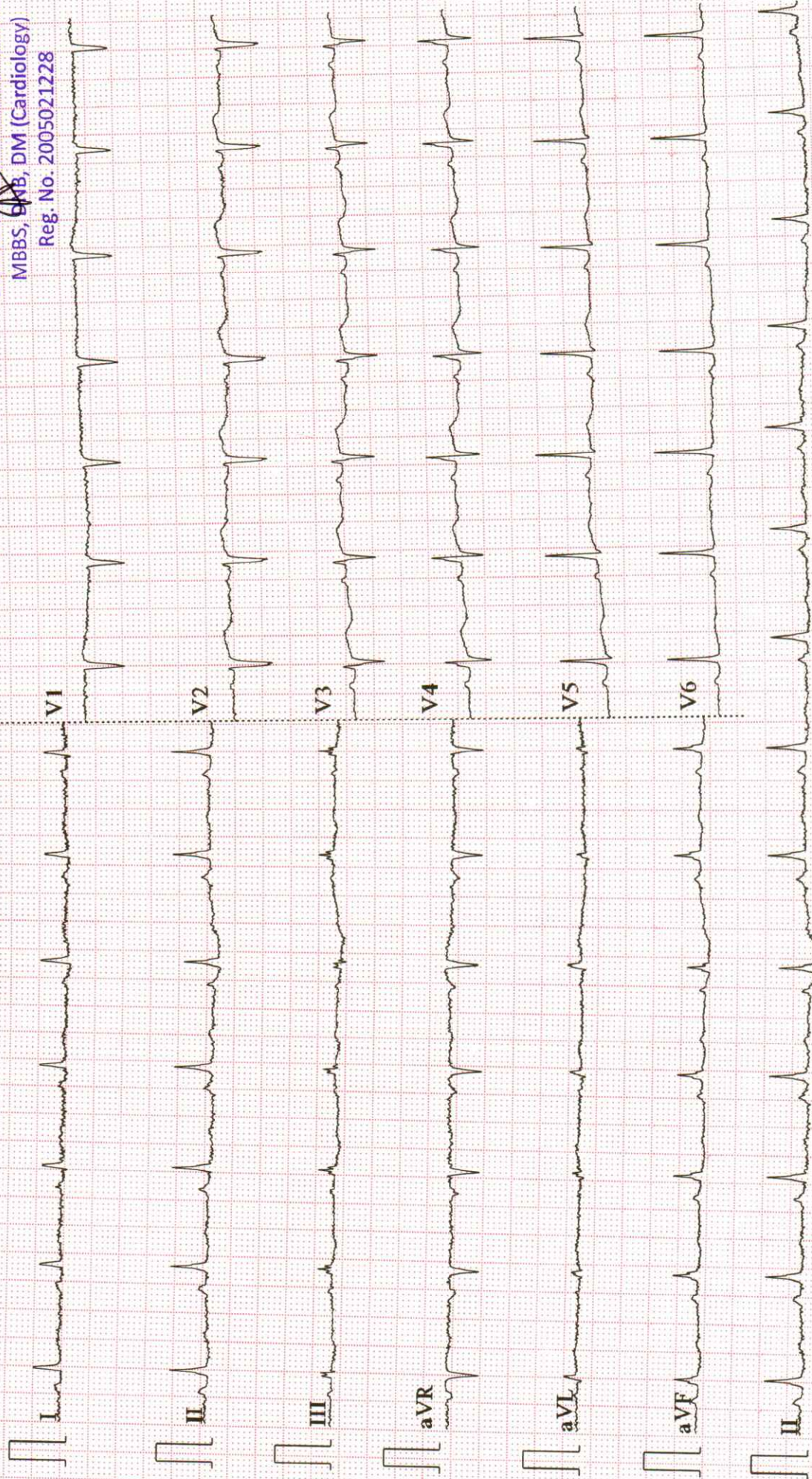
Diagnosis Information:

Sinus Rhythm  
T Wave Abnormality(II,III,aVF,V5,V6)  
Low Voltage(Chest Leads)

*WNL*

Report Confirmed by:

Dr. Anant ~~Kam~~ Kamkishanrao Munde  
MBBS, MD, DM (Cardiology)  
Reg. No. 2005021228



## OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE

MRS.HARSHADA SAGAR

AGE

43

DATE -

09.12.2023

Specs : Without Glasses

	RT Eye	Lt Eye
NEAR	N/18	N/18
DISTANT	6/6	6/10
Color Blind Test	NORMAL	



SIDDHIVINAYAK HOSPITALS



Name - Mrs. Harshada Sagar	Age - 43 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date - 09 /12/2023

### X- Ray chest (PA VIEW)

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

#### IMPRESSION:

- No significant abnormality seen.

**Adv.:** Clinical and lab correlation.

**DR. MOHAMMAD SOHAIB**  
MBBS; DMRE  
CONSULTANT RADIOLOGIST

**Note:** The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.





Name - Mrs. Harshada Sagar	Age - 43 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date - 09/12/2023

### USG ABDOMEN & PELVIS

#### FINDINGS:

The **liver** dimension is normal in size. It appears normal in morphology with normal echogenicity. No evidence of intrahepatic ductal dilatation.

The **GB**-gallbladder is distended normally with no stones within.

The **CBD**- common bile duct is normal. The portal vein is normal.

The **pancreas** appears normal in morphology.

The **spleen** is normal in size (9.5 cm) and morphology

Both **kidneys** demonstrate normal morphology. Both kidneys show normal cortical echogenicity.

The right kidney measures 9.7 x 4.7 cm.

The left kidney measures 10.7 x 4.4 cm.

**Urinary bladder:** normally distended. Wall thickness - normal.

**Uterus :** normal in size and morphology. Size: 9.8 x 4.7 x 6.4 cm.

**Endometrium:** 7-8 mm, it appears normal in morphology.

**Right ovary** is normal in size and morphology.

**Left ovary** is normal in size and morphology.

**Adnexa** appear normal

No free fluid is seen.

Excessive Bowel Gases

#### IMPRESSION:

- No obvious significant abnormality detected.

**DR. AMOL BENDRE**  
MBBS; DMRE  
CONSULTANT RADIOLOGIST





Name - Mrs. Harshada Sagar	Age - 43 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date - 06/12/2023

**USG -BOTH BREAST**

Real time sonography of both breast was performed with high frequency probe.

Both breast show normal, medium level, homogeneous echotexture. No evidence of any solid or cystic focal mass lesion.

No evidence of calcification noted.

The pectorallis major muscles appear normal.

No evidence of axillary lymphadenopathy seen.

**IMPRESSION:**

- No significant abnormality is noted.

*Thanks for the referral.....*

**DR. AMOL BENDRE**  
MBBS; DMRE  
CONSULTANT RADIOLOGIST

**Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-**





### ECHOCARDIOGRAM

NAME	MRS. HARSHADA SAGAR
AGE/SEX	43 YRS/F
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	10/12/2023

### 2D/M-MODE ECHOCARDIOGRAPHY

<p><b>VALVES:</b></p> <p><b>MITRAL VALVE:</b></p> <ul style="list-style-type: none"> <li>• AML: Normal</li> <li>• PML: Normal</li> <li>• Sub-valvular deformity: Absent</li> </ul> <p><b>AORTIC VALVE:</b> Normal</p> <ul style="list-style-type: none"> <li>• No. of cusps: 3</li> </ul> <p><b>PULMONARY VALVE:</b> Normal</p> <p><b>TRICUSPID VALVE:</b> Normal</p>	<p><b>CHAMBERS:</b></p> <p><b>LEFT ATRIUM:</b> Normal</p> <ul style="list-style-type: none"> <li>• Left atrial appendage: Normal</li> </ul> <p><b>LEFT VENTRICLE:</b> Normal</p> <ul style="list-style-type: none"> <li>• RWMA: No</li> <li>• Contraction: Normal</li> </ul> <p><b>RIGHT ATRIUM:</b> Normal</p> <p><b>RIGHT VENTRICLE:</b> Normal</p> <ul style="list-style-type: none"> <li>• RWMA: No</li> <li>• Contraction: Normal</li> </ul>
<p><b>GREAT VESSELS:</b></p> <ul style="list-style-type: none"> <li>• AORTA: Normal</li> <li>• PULMONARY ARTERY: Normal</li> </ul>	<p><b>SEPTAE:</b></p> <ul style="list-style-type: none"> <li>• IAS: Intact</li> <li>• IVS: Intact</li> </ul>
<p><b>CORONARIES:</b> Proximal coronaries normal</p>	<p><b>VENACAVAE:</b></p> <ul style="list-style-type: none"> <li>• SVC: Normal</li> <li>• IVC: Normal and collapsing &gt;20% with respiration</li> </ul>
<p><b>CORONARY SINUS:</b> Normal</p>	
<p><b>PULMONARY VEINS:</b> Normal</p>	
<p><b>PERICARDIUM:</b> Normal</p>	

### MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	21 mm	Left atrium	30 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	44 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	26 mm	RVEF	%
Ascending aorta	mm	IVSd	8 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	8 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	72 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	14.7 mm



## COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MRS. HARSHADA SAGAR
AGE/SEX	43 YRS/F
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	10/12/2023

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.26	0.95
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm <sup>2</sup> )				
DVI (ms)				
PR END DIASTOLIC VELOCITY (m/s)				
ACCELERATION/ DECELERATION TIME (ms)				
PHT (ms)				
VENA CONTRACTA (mm)				
REGURGITATION		TRJV= m/s PASP= mmHg		
E/A	1.41			
E/E'	7			

### FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF 72 %)
- Good RV systolic function
- Normal diastolic function
- All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Nil

### ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

**Dr. Anant Ramkishanrao Munde**

**MBBS, DNB, DM (Cardiology)**

**Reg. No. 2005021228**



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Age/Sex	: 43 Years / Female	Reported On	: 10/12/2023 11:42 am
Ref By	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	Report Status	: FINAL



**\*LIPID PROFILE**

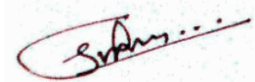
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)</b>	159.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
<b>S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)</b>	<b>41.9</b>	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease : >=80 mg/dl.
<b>S. TRIGLYCERIDE (ENZYMATIC, END POINT)</b>	62.7	mg/dL	Desirable level : <161 mg/dl. High : >= 161 - 199 mg/dl. Borderline High : 200 - 499 mg/dl. Very high : >499mg/dl.
<b>VLDL CHOLESTEROL (CALCULATED VALUE)</b>	13	mg/dL	UPTO 40
<b>S.LDL CHOLESTEROL (CALCULATED VALUE)</b>	105	mg/dL	Optimal: <100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High : 160 - 189mg/dl. Very high : >= 190 mg/dl.
<b>LDL CHOL/HDL RATIO (CALCULATED VALUE)</b>	2.51		UPTO 3.5
<b>CHOL/HDL CHOL RATIO (CALCULATED VALUE)</b>	3.79		<5.0

Above reference ranges are as per **ADULT TREATMENT PANEL III** recommendation by **NCEP (May 2015)**.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By  
 Priyanka\_Deshmukh



**DR. SMITA RANVEER.**  
**M.B.B.S.M.D. Pathology(Mum)**  
**Consultant Histocytopathologist**



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**COMPLETE BLOOD COUNT**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>HEMOGLOBIN</b>	<b>6.8</b>	gm/dl	12.0 - 15.0
HEMATOCRIT (PCV)	<b>25.0</b>	%	36 - 46
RBC COUNT	<b>4.11</b>	x10 <sup>6</sup> /uL	4.5 - 5.5
MCV	<b>61</b>	fl	80 - 96
MCH	<b>16.5</b>	pg	27 - 33
MCHC	<b>27</b>	g/dl	33 - 36
RDW-CV	<b>19.0</b>	%	11.5 - 14.5
<b>TOTAL LEUCOCYTE COUNT</b>	8020	/cumm	4000 - 11000
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS	65	%	40 - 80
LYMPHOCYTES	29	%	20 - 40
EOSINOPHILS	01	%	0 - 6
MONOCYTES	05	%	2 - 10
BASOPHILS	00	%	0 - 1
<b>PLATELET COUNT</b>	<b>505000</b>	/cumm	150000 - 450000
MPV	9.1	fl	6.5 - 11.5
PDW	15.6	%	9.0 - 17.0
PCT	0.458	%	0.200 - 0.500
RBC MORPHOLOGY	Hypochromia(++),Microcytosis(++),Anisopoikilocytosis (+),Fragmented red blood cells few,Few Sickle shape red blood cells seen.		
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Increased		

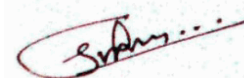
Method : EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method).Rest are calculated parameters.

NOTE Possibility of haemolytic anemia

**Result relates to sample tested, Kindly correlate with clinical findings.**

----- END OF REPORT -----

Checked By  
SHAISTA Q



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**HEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>ESR</b>			
<b>ESR</b>	<b>25</b>	mm/1hr.	0 - 20

METHOD - WESTERGREN

Result relates to sample tested, Kindly correlate with clinical findings.

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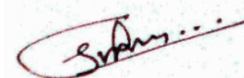
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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>URINE ROUTINE EXAMINATION</u></b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
VOLUME	20ml		
COLOUR	Pale yellow	Text	Pale Yellow
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION	Acidic		Acidic
(methyl red and Bromothymol blue indicator)			
SP. GRAVITY	1.010		1.005 - 1.022
(Bromothymol blue indicator)			
PROTEIN	Absent		Absent
(Protein error of PH indicator)			
BLOOD	Absent		Absent
(Peroxidase Method)			
SUGAR	Absent		Absent
(GOD/POD)			
KETONES	Absent		Absent
(Acetoacetic acid)			
BILE SALT & PIGMENT	Absent		Absent
(Diazonium Salt)			
UROBILINOGEN	Absent		Normal
(Red azodye)			
LEUKOCYTES	Absent	Text	Absent
(pyrrole amino acid ester diazonium salt)			
NITRITE	Absent		Negative
(Diazonium compound With tetrahydrobenzo quinolin 3-phenol)			
<b><u>MICROSCOPIC EXAMINATION</u></b>			
RED BLOOD CELLS	Absent	Text	Absent
PUS CELLS	1-2	/ HPF	0 - 5
EPITHELIAL	2-4	/ HPF	0 - 5
CASTS	Absent		

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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		Absent

REMARK Result relates to sample tested. Kindly correlate with clinical findings.

**Result relates to sample tested, Kindly correlate with clinical findings.**

----- END OF REPORT -----

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**IMMUNO ASSAY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>TFT (THYROID FUNCTION TEST )</u></b>			
SPACE		Space	-
SPECIMEN	Serum		
T3	138.0	ng/dl	84.63 - 201.8
T4	12.15	µg/dl	5.13 - 14.06
TSH	<b>4.37</b>	µIU/ml	0.270 - 4.20
T3 (Triiodo Thyronine hormone)	T4 (Thyroxine)	TSH(Thyroid stimulating hormone)	
AGE	RANGE	AGE	RANGES
1-30 days	100-740	1-14 Days	11.8-22.6
1-11 months	105-245	1-2 weeks	9.9-16.6
1-5 yrs	105-269	1-4 months	7.2-14.4
6-10 yrs	94-241	4 -12 months	7.8-16.5
11-15 yrs	82-213	1-5 yrs	7.3-15.0
0.1-2.5			
15-20 yrs	80-210	5-10 yrs	6.4-13.3
0.20-3.0			
		11-15 yrs	5.6-11.7
0.30-3.0			

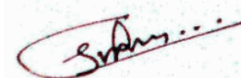
**INTERPRETATION :**

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

**Result relates to sample tested, Kindly correlate with clinical findings.**

----- END OF REPORT -----

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**HAEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>BLOOD GROUP</u></b>			
SPECIMEN	WHOLE BLOOD EDTA & SERUM		
* ABO GROUP	'AB'		
RH FACTOR	POSITIVE		

Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)  
**Result relates to sample tested, Kindly correlate with clinical findings.**  
----- END OF REPORT -----

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**\*BIOCHEMISTRY**

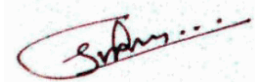
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>BLOOD UREA</b> (Urease UV GLDH Kinetic)	14.3	mg/dL	13 - 40
<b>BLOOD UREA NITROGEN</b> (Calculated)	6.68	mg/dL	5 - 20
<b>S. CREATININE</b> (Enzymatic)	0.87	mg/dL	0.6 - 1.4
<b>S. URIC ACID</b> (Uricase)	4.6	mg/dL	2.6 - 6.0
<b>S. SODIUM</b> (ISE Direct Method)	139.3	mEq/L	137 - 145
<b>S. POTASSIUM</b> (ISE Direct Method)	4.99	mEq/L	3.5 - 5.1
<b>S. CHLORIDE</b> (ISE Direct Method)	101.8	mEq/L	98 - 110
<b>S. PHOSPHORUS</b> (Ammonium Molybdate)	3.3	mg/dL	2.5 - 4.5
<b>S. CALCIUM</b> (Arsenazo III)	9.2	mg/dL	8.6 - 10.2
<b>PROTEIN</b> (Biuret)	6.84	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (BGC)	4.27	g/dl	3.2 - 4.6
<b>S.GLOBULIN</b> (Calculated)	2.57	g/dl	1.9 - 3.5
<b>A/G RATIO</b> calculated	1.66		0 - 2

NOTE BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED ( EM 200) ANALYZER.

**Result relates to sample tested, Kindly correlate with clinical findings.**

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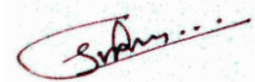
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### Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA
RBC	Moderate hypochromia, Moderate microcytosis, Mild anisopoikilocytosis, Fragmented red blood cells few, Few Sickle shape red blood cells seen.
WBC	Total leucocyte count is normal on smear.
	Neutrophils: 65 % Lymphocytes: 30 % Monocytes: 03 % Eosinophils: 02 % Basophils: 00 %
PLATELET	Increased on smear.
HEMOPARASITE	No parasite seen.
IMPRESSION	Possibility of haemolytic anemia
ADVICE	Sickling test and HB-Electrophoresis for typing of anemia
	<b>Result relates to sample tested, Kindly correlate with clinical findings.</b>
	----- END OF REPORT -----

Checked By  
SHAISTA Q



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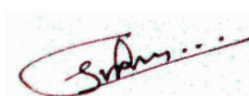
**LIVER FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>TOTAL BILLIRUBIN</b> (Method-Diazo)	0.81	mg/dL	0.0 - 2.0
<b>DIRECT BILLIRUBIN</b> (Method-Diazo)	<b>0.42</b>	mg/dL	0.0 - 0.4
<b>INDIRECT BILLIRUBIN</b> Calculated	0.39	mg/dL	0 - 0.8
<b>SGOT(AST)</b> (UV without PSP)	14.5	U/L	0 - 37
<b>SGPT(ALT)</b> UV Kinetic Without PLP (P-L-P)	9.1	U/L	UP to 40
<b>ALKALINE PHOSPHATASE</b> (Method-ALP-AMP)	<b>36.0</b>	U/L	42 - 98
<b>S. PROTIEN</b> (Method-Biuret)	6.84	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (Method-BCG)	4.27	g/dl	3.5 - 5.2
<b>S. GLOBULIN</b> Calculated	2.57	g/dl	1.90 - 3.50
<b>A/G RATIO</b> Calculated	1.66		0 - 2

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By  
SHAISTA Q



**DR. SMITA RANVEER.**  
**M.B.B.S.M.D. Pathology(Mum)**  
**Consultant Histocytopathologist**



Name	: Mrs. HARSHADA SAGAR	Collected On	: 9/12/2023 9:02 am
Lab ID.	: 176839	Received On	: 9/12/2023 9:12 am
Age/Sex	: 43 Years / Female	Reported On	: 10/12/2023 11:42 am
Ref By	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	Report Status	: FINAL



**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GAMMA GT	14.6	U/L	5 - 55
<b><u>BLOOD GLUCOSE FASTING &amp; PP</u></b>			
BLOOD GLUCOSE FASTING	103.0	mg/dL	70 - 110
BLOOD GLUCOSE PP	123.6	mg/dL	70 - 140

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

1. Fasting is required (Except for water ) for 8-10 hours before collection for fasting specimen. Last dinner should consist of bland diet.
2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

**INTERPRETATION**

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus :  $\geq 126$  mg/dl

**POSTPRANDIAL/POST GLUCOSE (75 grams)**

- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus :  $\geq 200$  mg/dl

**CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS**

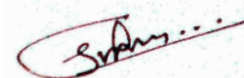
- Fasting plasma glucose  $\geq 126$  mg/dl
- Classical symptoms +Random plasma glucose  $\geq 200$  mg/dl
- Plasma glucose  $\geq 200$  mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin  $> 6.5\%$

\*\*\*Any positive criteria should be tested on subsequent day with same or other criteria.

**GLYCOCELATED HEMOGLOBIN (HBA1C)**

HBA1C (GLYCOSALATED HAEMOGLOBIN)	5.10	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G. )	100.0	mg/dL	65.1 - 136.3
METHOD	Particle Enhanced Immunoturbidimetry		

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**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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HbA1c : Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes. Average Blood Glucose (A.B.G) is calculated value from HbA1c : Glycosylated hemoglobin concentration in whole Blood. It indicates average blood sugar level over past three months.

**Result relates to sample tested, Kindly correlate with clinical findings.**

----- END OF REPORT -----

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