

Final Report

Patient Name: Ms Mahua Moitra MRN: 17510001233723 Gender/Age: FEMALE, 49y (22/01/1974)

Collected On: 28/11/2023 09:31 AM Received On: 28/11/2023 09:55 AM Reported On: 28/11/2023 11:03 AM

Barcode: 802311280344 Specimen: Serum Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7077009947

#### **CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.65	mg/dL	0.52-1.04
eGFR	96.9	mL/min/1.73m <sup>2</sup>	-
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	10.96	mg/dL	7.0-17.0
Serum Sodium (Direct ISE - Potentiometric)	139	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.5	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	220 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric )	133	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	42	mg/dL	40.0-60.0
Non-HDL Cholesterol	178.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	133.20 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	26.6	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	5.3	-	-

# LIVER FUNCTION TEST(LFT)

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Rabindranath Tagore International Institute of Cardiac Sciences

(A unit of Narayana Hrudayalaya Limited)

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GISTIN/UIN: 19AABCN1685J1Z5



Emergencies **99033 35544** 



Patient Name: Ms Mahua Moitra MRN: 175100012	233723 Gender/	Age : <b>FEMALE , 49y (22/0</b>	1/1974)
Bilirubin Total (Colorimetric -Diazo Method)	0.62	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.23	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.39	-	-
Total Protein (Biuret Method)	7.70	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.30	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.4	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.27	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	22	U/L	14.0-36.0
<b>SGPT (ALT)</b> (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	20	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	67	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	12	U/L	12.0-43.0

-- End of Report-

Dr. Sujata Ghosh PhD, Biochemistry

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Biochemist M.Sc , Ph. D

Dr. Debasree Biswas MD, Biochemistry

Clinical Biochemist MBBS, MD

99033 35544



Unit of Narayana Hrudayalaya Limited

Patient Name: Ms Mahua Moitra MRN: 17510001233723 Gender/Age: FEMALE, 49y (22/01/1974)

#### Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.

(LFT, -> Auto Authorized)

(Lipid Profile, -> Auto Authorized)

(Blood Urea Nitrogen (Bun), -> Auto Authorized)

(Serum Sodium, -> Auto Authorized)

(Serum Potassium, -> Auto Authorized)

(CR -> Auto Authorized)







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Collected On: 28/11/2023 09:31 AM Received On: 28/11/2023 09:55 AM Reported On: 28/11/2023 11:28 AM

Barcode: 802311280344 Specimen: Serum Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7077009947

#### **CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.40	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	10.9	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.181	uIU/mI	Non Pregnant: 0.4001-4.049 1st Trimester: 0.1298-3.10 2nd Trimester: 0.2749-2.652 3rd Trimester: 0.3127-2.947

-- End of Report-

Dr. Debasree Biswas MD, Biochemistry

Clinical Biochemist MBBS, MD

Dr. Sujata Ghosh PhD, Biochemistry Biochemist M.Sc , Ph. D

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( -> Auto Authorized)





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Patient Name: Ms Mahua Moitra MRN: 17510001233723 Gender/Age: FEMALE, 49y (22/01/1974)

Collected On: 28/11/2023 09:31 AM Received On: 28/11/2023 09:54 AM Reported On: 28/11/2023 11:03 AM

Barcode: 812311280250 Specimen: Whole Blood Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7077009947

#### **HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	11.0 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.39	millions/ μL	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	34.0 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	77.5 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	25.1 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.4	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	14.2 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	197	10 <sup>3</sup> /μL	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	10.9	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	4.7	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	66.9	%	40.0-75.0
Lymphocytes (VCSn Technology)	22.8	%	20.0-40.0
Monocytes (VCSn Technology)	6.7	%	2.0-10.0
Eosinophils (VCSn Technology)	3.1	%	1.0-6.0





Patient Name: Ms Mahua Moitra MRN: 1751000	1233723	Gender/Age : FEMALE , 49y (22/0	01/1974)
Basophils (VCSn Technology)	0.5	%	0.0-2.0
NRBC (VCSn Technology)	0.0	/100 WBC	-
Absolute Neutrophil Count (Calculated)	3.15	$10^3/\mu$ L	1.8-7.8
Absolute Lymphocyte Count (Calculated)	1.08	$10^3/\mu$ L	1.0-4.8
Absolute Monocyte Count (Calculated)	0.32	$10^3/\mu$ L	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.15	10 <sup>3</sup> /μL	0.0-0.45
Absolute Basophil Count (Calculated)	0.03	$10^3/\mu$ L	0.0-0.2

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

-- End of Report-



Dr. Rakhi Mandal MD, Pathology Consultant Pathology MBBS, MD

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Collected On: 28/11/2023 09:31 AM Received On: 28/11/2023 09:55 AM Reported On: 28/11/2023 10:55 AM

Barcode: 802311280346 Specimen: Plasma Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7077009947

#### **CLINICAL CHEMISTRY**

Test Result Unit **Biological Reference Interval** 93 mg/dL

FASTING BLOOD GLUCOSE (FBG) (Glucose

Oxidase, Peroxidase)

Normal: 70-99 Pre-diabetes: 100-125

Diabetes: => 126 ADA standards 2019

-- End of Report-

Dr. Debasree Biswas MD, Biochemistry

Clinical Biochemist MBBS, MD

Dr. Sujata Ghosh PhD, Biochemistry Biochemist M.Sc, Ph. D

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(FASTING BLOOD GLUCOSE (FBG) -> Auto Authorized)







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Collected On: 28/11/2023 09:31 AM Received On: 28/11/2023 09:54 AM Reported On: 28/11/2023 10:24 AM

Barcode: 802311280347 Specimen: Whole Blood Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7077009947

#### **CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.5	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	111.15	-	-

#### Interpretation:

- 1. HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- 2. HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- 3. Any sample with >15% should be suspected of having a haemoglobin variant.

-- End of Report-

Dr. Sujata Ghosh PhD, Biochemistry Biochemist M.Sc, Ph. D

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GISTIN/UIN: 19AABCN1685J1Z5



Emergencies **99033 35544** 



ADA standards 2019

# **DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name: Ms Mahua Moitra MRN: 17510001233723 Gender/Age: FEMALE, 49y (22/01/1974)

Collected On: 28/11/2023 01:39 PM Received On: 28/11/2023 01:51 PM Reported On: 28/11/2023 02:57 PM

Barcode: 802311280786 Specimen: Plasma Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7077009947

#### **CLINICAL CHEMISTRY**

Test Result Unit Biological Reference Interval

POST PRANDIAL BLOOD GLUCOSE (PPBG) 88 mg/dL Normal: 70-139
Pre-diabetes: 140-199
Diabetes: => 200

#### Interpretations:

(ADA Standards Jan 2017)

FBS can be less than PPBS in certain conditions like post prandial reactive hypoglycaemia, exaggerated response to insulin, subclinical hypothyroidism, very lean/anxious individuals. In non-diabetic individuals, such patients can be followed up with GTT.

# -- End of Report-

Dr. Debasree Biswas MD, Biochemistry

Clinical Biochemist MBBS, MD

Dr. Sujata Ghosh PhD, Biochemistry Biochemist M.Sc , Ph. D

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   (POST PRANDIAL BLOOD GLUCOSE (PPBG) -> Auto Authorized)







Final Report

Patient Name: Ms Mahua Moitra MRN: 17510001233723 Gender/Age: FEMALE, 49y (22/01/1974)

Collected On: 28/11/2023 09:31 AM Received On: 28/11/2023 10:15 AM Reported On: 28/11/2023 12:38 PM

Barcode: BR2311280035 Specimen: Whole Blood Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7077009947

**IMMUNOHAEMATOLOGY** 

Test Result Unit

**BLOOD GROUP & RH TYPING** 

Blood Group (Column Agglutination Technology) A

RH Typing (Column Agglutination Technology) Positive

-- End of Report-

Dr. Amal Kumar Saha MBBS, D.PED, ECFMG Blood Bank Officer

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Collected On: 28/11/2023 09:31 AM Received On: 28/11/2023 09:54 AM Reported On: 28/11/2023 12:48 PM

Barcode: 812311280249 Specimen: Whole Blood - ESR Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7077009947

**HAEMATOLOGY LAB** 

Test Result Unit Biological Reference Interval

Erythrocyte Sedimentation Rate (ESR) 36 H mm/1hr 0.0-12.0

(Modified Westergren Method)

-- End of Report-

8

Dr. Rakhi Mandal MD, Pathology Consultant Pathology MBBS, MD

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Patient Name: Ms Mahua Moitra MRN: 17510001233723 Gender/Age: FEMALE, 49y (22/01/1974)

Collected On: 28/11/2023 09:31 AM Received On: 28/11/2023 10:11 AM Reported On: 28/11/2023 11:38 AM

Barcode: 822311280032 Specimen: Urine Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7077009947

#### **CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	30	ml	-
Colour	Straw	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (Mixed PH Indicator)	6.5	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance )	1.006	-	1.002-1.030
Protein (Protein Error Of PH Indicator)	Negative	-	-
Urine Glucose (Glucose Oxidase, Peroxidase)	Negative	-	Negative
Ketone Bodies (Legal's Method)	Negative	-	Negative
Bile Salts (Dual Wavelength Reflectance/Manual)	Negative	-	Negative
Bile Pigment (Bilirubin) (Coupling Of Bilirubin With Diazonium Salt)	Negative	-	Negative
<b>Urobilinogen</b> (Coupling Reaction Of Urobilinogen With A Stable Diazonium Salt In Buffer)	Normal	-	Normal
Urine Leucocyte Esterase (Enzymatic, Indoxyl Ester And Diazonium Salt)	Negative	-	Negative
Blood Urine (Pseudo - Enzymatic Test, Organic Peroxidase And Chromogen)	Trace	-	-
Nitrite (Modified Griess Reaction)	Negative	-	Negative

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Patient Name: Ms Mahua Moitra	MRN: 17510001233723	Gender/Age : FEMALE ,	49y (22/01/1974)	
MICROSCOPIC EXAMINATION				
Pus Cells	0-2	/hpf	1-2	
RBC	0-2	/hpf	0 - 3	
Epithelial Cells	Occasi	onal /hpf	2-3	
Crystals	NIL	-	-	
Casts	NIL	-	-	

-- End of Report-



Dr. Sanjib Kumar Pattari

MD, Pathology

Consultant Pathology MBBS, MD. Reg No: 53635 (WBMC)

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Patient Name	Mahua Moitra	Requested By	EXTERNAL
MRN	17510001233723	Procedure DateTime	2023-11-28 11:24:19
Age/Sex	49Y 10M/Female	Hospital	NH-RTIICS

# **ULTRASONOGRAPHY OF BOTH BREASTS**

All four quadrants of each breast were scanned, followed by evaluation of the subareolar region and axillary tails.

Both breasts parenchyma display a uniform echogenicity and echotexture of the fibrofatty and glandular components, which are in normal proportion for this age and parity.

There is no evidence of any mass lesion, cysts, calcification or ductal dilatation seen.

The subcutaneous, subareolar and retro mammary soft tissue planes are normal.

Both axillary tails are also normal.

There is no evidence of axillary or supraclavicular lymphadenopathy.

## **IMPRESSION:**

• Normal study.

**NB**: Negative sonomammogram does not exclude breast cancer. All imganing results must be considered in the context of the clinical findings. In bulky breasts, an underlying lesion may be obscured.

# **NOT FOR MEDICO LEGAL PURPOSES**

This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, USG also has its limitations. Therefore USG report should be interpreted in correlation with clinical and pathological findings.

All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.

Dr. Sarbari Chatterjee

Consultant Radiologist

\* This is a digitally signed valid document. Reported Date/Time: 2023-11-28 12:03:52

Patient Name	Mahua Moitra	Requested By	EXTERNAL
MRN	17510001233723	Procedure DateTime	2023-11-28 11:24:17
Age/Sex	49Y 10M/Female	Hospital	NH-RTIICS

# **USG OF WHOLE ABDOMEN (SCREENING)**

#### LIVER:

It is normal in size and echogenicity. Focal calcification seen in the right lobe - likely calcified granuloma. The intrahepatic biliary radicles are not dilated.

## **PORTAL VEIN:**

The portal vein is normal in calibre measuring 0.9 cm at the porta. There is no intraluminal thrombus. No collaterals are seen.

#### **GALL BLADDER:**

It is optimally distended. No calculus or sludge is seen within it. The wall is not thickened.

#### CBD:

The common duct is not dilated measuring 0.3 cm at porta. No intraluminal calculus is seen.

## **SPLEEN:**

It is normal in size measuring 8.2 cm and echogenicity. No focal SOL is seen. The splenoportal axis is patent and is normal in dimensions.

## **PANCREAS:**

It is normal in size and echogenicity. The duct is not dilated. No calcification or focal SOL is seen.

KIDNEYS:
Both kidneys are normal in size, position and echogenicity. The corticomedullary differentiation is maintained. No hydronephrosis, calculus or mass is seen.
Right kidney and left kidney measures 9.3 $\times$ 3.8 cm and 9.0 $\times$ 4.2 cm respectively.
URINARY BLADDER:
It is normal in capacity. The wall is not thickened. No intraluminal calculus or mass is seen.
UTERUS:
Post menopausal status measuring $5.0 \times 3.3 \times 2.8$ cm and normal echopattern. No focal SOL is seen. The endometrial echoline is central in position. Endometrium is not thickened . The cervix appears normal.
OVARIES:
Ovaries are not visualised - likely atrophied.
No ascites is seen.
IMPRESSION:
Normal study.

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Dr. Sarbari Chatterjee

Consultant Radiologist

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# ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Ms Mahua Moitra PATIENT MRN : 17510001233723

GENDER/AGE : Female, 49 Years PROCEDURE DATE : 28/11/2023 12:39 PM

LOCATION :- REQUESTED BY : EXTERNAL

• NO SIGNIFICANT ECHOCARDIOGRAPHIC ABNORMALITY DETECTED.

**FINDINGS** 

CHAMBERS LEFT ATRIUM

LEFT ATRIUM : NORMAL SIZED RIGHT ATRIUM : NORMAL SIZED

LEFT VENTRICLE : NORMAL SIZED CAVITY. NO REGIONAL WALL MOTION ABNORMALITY. GOOD SYSTOLIC

FUNCTION WITH EJECTION FRACTION: 68 %. NORMAL DIASTOLIC FLOW PATTERN.

RIGHT VENTRICLE : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION

**VALVES** 

MITRAL : NORMAL.
AORTIC : NORMAL.
TRICUSPID : NORMAL.
PULMONARY : NORMAL.

**SEPTAE** 

IAS : INTACT IVS : INTACT

**ARTERIES AND VEINS** 

AORTA : NORMAL, LEFT AORTIC ARCH

PA : NORMAL SIZE

IVC : NORMAL SIZE & COLLAPSIBILITY

SVC & CS : NORMAL PULMONARY VEINS : NORMAL

PERICARDIUM : NORMAL PERICARDIAL THICKNESS. NO EFFUSION

INTRACARDIAC MASS : NO TUMOUR, THROMBUS OR VEGETATION SEEN

OTHERS : NIL.

Langua las

DR. SANGEETA DAS CONSULTANT GENERAL MEDICINE MBBS SANJOY CHOWDHURY TECHNICIAN

28/11/2023 12:39 PM

 PREPARED BY
 : SARMISTHA PRAMANIK(335772)
 PREPARED ON
 : 28/11/2023 01:12 PM

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 : PAROMITA SARKAR(329190)
 GENERATED ON
 : 28/11/2023 06:16 PM