



**LABORATORY REPORT**

Name : Ms. Pratibha Gupta  
Sex/Age : Female/45 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 306100446  
Reg. Date : 10-Jun-2023 08:51 AM  
Collected On :  
Report Date : 10-Jun-2023 02:32 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :160

Weight (kgs) :63.6

Blood Pressure : 110/70mmHg

Pulse : 75/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

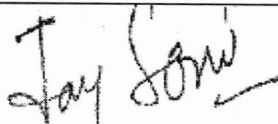
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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

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भारत सरकार  
INDIA

Download Date: 25/05/2021



प्रतिभा गुप्ता  
Pratibha Gupta  
जन्म तारीख/DOB: 01/05/1978  
स्त्री/ FEMALE

5996 7210 2157  
VID : 9101 5981 7485 5109

Issue Date: 11/10/2019

भारो आधार, भारी ओज्ज

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

*Pratibha Gupta*

9099993458





MC-3466



## TEST REPORT

<b>Reg. No</b> : 306100446	<b>Ref Id</b> :	<b>Collected On</b> : 10-Jun-2023 08:51 AM
<b>Name</b> : Ms. Pratibha Gupta		<b>Reg. Date</b> : 10-Jun-2023 08:51 AM
<b>Age/Sex</b> : 45 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9099993458
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : EDTA Whole Blood

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

Hemoglobin (Colorimetric method)	L 11.2	g/dL	12.5 - 16.0
Hematocrit (Calculated)	L 35.10	%	37 - 47
RBC Count (Electrical Impedance)	4.55	million/cmm	4.2 - 5.4
MCV (Calculated)	L 77.2	fL	78 - 100
MCH (Calculated)	L 24.6	Pg	27 - 31
MCHC (Calculated)	31.9	%	31 - 35
RDW (Calculated)	H 14.2	%	11.5 - 14.0
WBC Count Flowcytometry with manual Microscopy	7000	/cmm	4000 - 10500
MPV (Calculated)	9.0	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[ % ]		EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	66.20	%	42.02 - 75.2	4634 /cmm	2000 - 7000
Lymphocytes (%)	23.00	%	20 - 45	1610 /cmm	1000 - 3000
Eosinophils (%)	3.70	%	0 - 6	469 /cmm	200 - 1000
Monocytes (%)	6.70	%	2 - 10	259 /cmm	20 - 500
Basophils (%)	0.40	%	0 - 1	28 /cmm	0 - 100

### PERIPHERAL SMEAR STUDY


RBC Morphology Microcytic+ Hypochromic+ & Anisocytosis +  
WBC Morphology Normal

### PLATELET COUNTS

Platelet Count (Electrical Impedance) 307000 /cmm 150000 - 450000  
Electrical Impedance  
Platelets Platelets are adequate with normal morphology.  
Parasites Malarial parasite is not detected.  
Comment -

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MD (Pathology)

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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>	07	mm/hr	ESR AT 1 hour : 3-12
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**ERYTHRO SEDIMENTATION RATE, BLOOD -**

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena 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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**HEMOGLOBIN A1 C ESTIMATION**  
Specimen: Blood EDTA

*Hb A1C	5.0	% 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	96.80	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)

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

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Flouride F, Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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**FASTING PLASMA GLUCOSE**  
Specimen: Flouride plasma

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	99.30	mg/dL	70 - 110
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Criteria for the diagnosis of diabetes

1. HbA1c  $\geq$  6.5 \*  
Or
2. Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.  
Or
3. Two hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.  
Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.

\*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.  
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

**POST PRANDIAL PLASMA GLUCOSE**  
Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	102.0	mg/dL	70 - 140
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MC-3466



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

Parameter	Result	Unit	Biological Ref. Interval
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### Lipid Profile

Cholesterol	167.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	93.30	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	39.10	mg/dL	High Risk : < 40 Low Risk : = 60
<i>Accelerator selective detergent method</i>			
LDL	109.24	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	18.66	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.79		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.27		0 - 5.0
<i>Calculated</i>			

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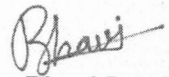
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**BIO - CHEMISTRY**
LFT WITH GGT

<b>Total Protein</b> <i>Biuret Reaction</i>	7.19	gm/dL	Premature 1 day : 3.4 - 5.0 1 Day to Moth : 4.6 to 6.8 2 to 12 Months : 4.8 to 7.6
<b>Albumin</b> <i>By Bromocresol Green</i>	4.95	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
<b>Globulin</b> <i>Calculated</i>	2.24	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	2.21		0.8 - 2.0
<b>SGOT</b> <i>UV without P5P</i>	17.60	U/L	0 - 40
<b>SGPT</b> <i>UV without P5P</i>	13.50	U/L	0 - 40
<b>Alkaline Phosphatase</b> <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>	64.7	IU/l	42 - 98
<b>Total Bilirubin</b> <i>Vanadate Oxidation</i>	0.43	mg/dL	0 - 1.2
<b>Conjugated Bilirubin</b>	0.13	mg/dL	0.0 - 0.4
<b>Unconjugated Bilirubin</b> <i>Calculated</i>	0.30	mg/dL	0.0 - 1.1

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum
<b>GGT</b> SZASZ Method	14.40	mg/dL < 32

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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	3.26	mg/dL	2.6 - 6.0
<b>Creatinine</b> <i>Enzymatic Method</i>	0.77	mg/dL	0.6 - 1.1
<b>BUN</b> <i>UV Method</i>	6.60	mg/dL	6.0 - 20.0

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

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

Quantity	30 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	6.0	4.6 - 8.0
Sp. Gravity	1.030	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	Occasional/hpf	Absent
Erythrocytes (Red Cells)	Nil	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>Sample Type</b>	:		: Serum
<b>Location</b>	: CHPL				

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**IMMUNOLOGY**
**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	<b>0.72</b>	ng/mL	0.86 - 1.92
--	-------------	-------	-------------

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>	<b>6.60</b>	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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<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

**TSH** 1.840  $\mu$ 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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\* This test has been out sourced.

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Dr. Bhavi Patel  
MD (Pathology)

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'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



**TEST REPORT**

<b>Reg. No</b> : 306100446	<b>Ref Id</b> :	<b>Collected On</b> : 10-Jun-2023 08:51 AM
<b>Name</b> : Ms. Pratibha Gupta		<b>Reg. Date</b> : 10-Jun-2023 08:51 AM
<b>Age/Sex</b> : 45 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9099993458
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Body Fluid

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

**CYTOPATHOLOGY**  
**CYTOLOGY REPORT**

**CYTOLOGY REPORT**

CYTOLOGY REPORT

Specimen :  
Conventional PAP smear

Gross Examination :  
Single unstained slide is received. PAP stain is done.

Microscopic Examination :  
Smear is satisfactory for evaluation. Sheets and clusters of superficial and intermediate squamous cells in background of mild inflammation.  
No evidence of intraepithelial lesion / malignancy.

Impression :  
Cervical smear - Negative for intraepithelial lesion or malignancy.

(The Bethesda System for the reporting of cervical cytology, 2014).

Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

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

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Dr. Bhavi Patel  
MD (Pathology)

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**LABORATORY REPORT**

Name : Ms. Pratibha Gupta  
Sex/Age : Female/45 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 306100446  
Reg. Date : 10-Jun-2023 08:51 AM  
Collected On :  
Report Date : 10-Jun-2023 01:50 PM

**Electrocardiogram**

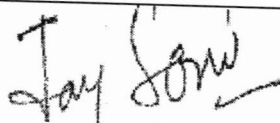
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



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

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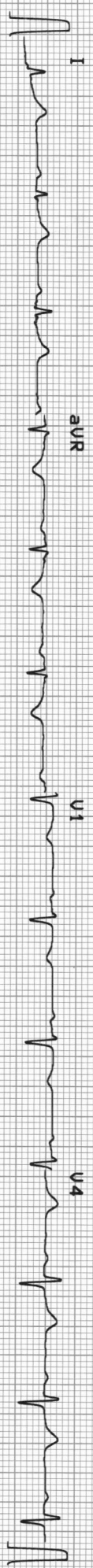
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PRATIBHA  
GUPTA  
10  
49 years / 64 kg  
Female

HR 75/min  
Intervals:  
RR 800 ms  
P 80 ms  
PR 158 ms  
QRS 74 ms  
QT 374 ms  
QTc 420 ms  
(Bazett)  
10 mm/mV

Axis:  
P 36°  
QRS 38°  
T 26°

P (II) 0.08 mV  
S (V1) -0.47 mV  
R (V5) 0.54 mV  
Sokol. 1.50 mV



10 mm/mV  
25 mm/s

0.05-25 Hz F50 SSF 5B5 10.06.2023 09:15:26

CUROVIS HEALTHCARE

*Pratibha*

AT-102plus 1.24 C

SCHILLER

Part No.2.157017M

CE 0123

ORC



**LABORATORY REPORT**

**Name** : Ms. Pratibha Gupta  
**Sex/Age** : Female/45 Years  
**Ref. By** :  
**Client Name** : Mediwheel

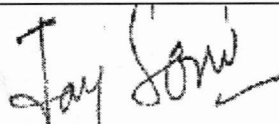
**Reg. No** : 306100446  
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**2D Echo Colour Doppler**

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: 38 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.



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M.D, GENERAL MEDICINE

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LABORATORY REPORT

Name	: Ms. Pratibha Gupta	Reg. No	: 306100446
Sex/Age	: Female/45 Years	Reg. Date	: 10-Jun-2023 08:51 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 10-Jun-2023 08:48 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.**

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**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE



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**LABORATORY REPORT**

<b>Name</b> :	Ms. Pratibha Gupta	<b>Reg. No</b> :	306100446
<b>Sex/Age</b> :	Female/45 Years	<b>Reg. Date</b> :	10-Jun-2023 08:51 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	10-Jun-2023 08:48 PM

**USG ABDOMEN**

**Liver** appears normal in size & 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.

**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 lesion.

**Uterus** appears normal. No adnexal mass is seen.

No evidence of ascites.

No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

**COMMENTS :**

**NO SIGNIFICANT ABNORMALITY DETECTED.**

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**DR DHAIVAL PATEL**  
Consultant Radiologist  
MB,DMRE



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**LABORATORY REPORT**

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**BILATERAL MAMMOGRAM:-**

*(Dedicated digital mammography with Craniocaudal and media lateral oblique view was performed.)*

- Inhomogenously dense fibro glandular breast parenchyma noted on either side.
- No evidence of clustered microcalcification.
- No evidence of mass or architectural distortion is seen.
- No evidence of skin thickening or nipple retraction is seen.
- No evidence of axillary lymphadenopathy.

**COMMENT :**

- Dense breast parenchyma on either side on mammogram.  
BI-RADS- I
- No direct or indirect sign of malignancy on present study.
- **BIRADS Categories :**
  - 0 Need imaging evaluation.
  - I Negative
  - II Benign finding
  - III probably benign finding.
  - IV Suspicious abnormality.
  - V Highly suggestive of malignancy.
- *The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.*

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

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**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE



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Reg No: 0494

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## LABORATORY REPORT

**Name** : Ms. Pratibha Gupta  
**Sex/Age** : Female/45 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 306100446  
**Reg. Date** : 10-Jun-2023 08:51 AM  
**Collected On** :  
**Report Date** : 10-Jun-2023 02:34 PM

### Eye Check - Up

No Eye Complaints

#### RIGHT EYE

SP: +0.75

CY: -0.75

AX: 77

#### LEFT EYE

SP : +1.00

CY : -0.75

AX :65

	Without Glasses	With Glasses
Right Eye	6/5	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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Dr Kejal Patel

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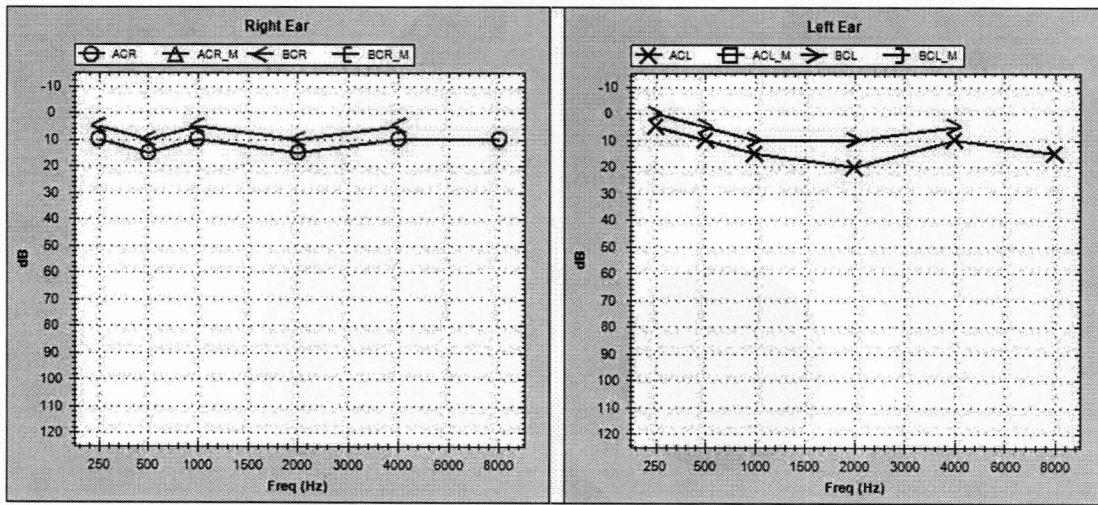


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 Ref. By :  
 Client Name : Mediwheel

Reg. No : 306100446  
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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	10.5	10.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits.



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