

### Mr. MEHULKUMAR MACHHAR (38 /M)

UHID : AHIL.0000828208

AHC No : AHILAH183341

Date : 24/12/2022

MEDIWHEEL-FULL BODY CHK-BELOW40-MALE



#### Dear Mr. MEHULKUMAR MACHHAR

Thank you for choosing Apollo ProHealth, India's first personalized, predictive health screening program with health risk assessments curated just for you to guide targeted intervention, continuum of care and a path to wellness. Our holistic care continuum integrates clinical expertise and artificial intelligence to gauge and avert the risk, onset and progression of non-communicable diseases (NCDs).

### In this personalized health report, you will find your

- Medical History and Physical examination results
- Investigations Results
- Artificial Intelligence powered risk scores
- Physician's Impressions on your Health
- Path to Wellness: A personalized management protocol, including follow-up assessments
- Vaccination counselling advice

### Apollo ProHealth encompasses the following processes:

Personalized Health Risk Assessment (pHRA): Based on your online risk assessment, medical history, physical examination, and psychological evaluation, we recommended a health screening assessment for you, including diagnostic and imaging tests. Based on the results of these assessments, we have advised additional follow-up tests and consultations - details of which we have included in your report. Your physician will explain their relevance, and we strongly suggest you comply with the recommendations.

**Health Mentor:** We have assigned a dedicated health mentor to proactively work with you towards your health goals and ensure that you regularly adhere to the guidance and recommendations from clinical and nutrition consultants. Your health mentor will call you periodically to track your progress







ProHealth App: You will get access to the Apollo ProHealth App, which will facilitate easy navigation of personal health records, progress towards your health goals, appointment booking, customized tips and guidance for health and lifestyle management, and regularly connecting with your Health Mentor through the in-app chat. Until you return for your 2nd-year assessment, you will receive periodic updates and reminders to motivate you to keep up the momentum regarding health goal milestones.

Follow- Up Consultation:

For any follow-up consultations, you can visit your ProHealth physician in-person at the center or you can book a virtual consultation through <a href="https://www.apollo247.com/specialties">https://www.apollo247.com/specialties</a> or through the Apollo 247 app on your phone.

Scan the QR code to download the Apollo 247 App



You can also download the Apollo 247 app on

ANDROID IOS

Disclaimer: The services offered in the program may vary as per the respective agreements made in the program or center or agreed mutual consent.

Note: You are entitled to one complimentary follow-up consultation with your ProHealth physician within a period of 1 year. Please contact your health mentor for the complimentary consult coupon code. This is available for ProHealth Super, Regal and Covid Recovery and Wellness programs





Date

24/12/2022 Apolio HOSPITALS

Examined by : Dr. SHASHIKANT NIGAM

UHID : AHIL.0000828208

MEDIWHEEL-FULL BODY CHK-BELOW40-MALE

AHC No : AHILAH183341



For Annual health checkup No specific complaints

### Present Known illness

No history of : - Diabetes mellitus, Hypertension, Dyslipidemia, Heart disease



### **Drug Allergy**

NO KNOWN ALLERGY

:24/12/2022



### Systemic Review

Cardiovascular system

- Nil Significant

Respiratory system

- Nil Significant

Oral and dental

- Nil Significant

Gastrointestinal system

- Nil Significant

Genitourinary system

- Nil Significant

Gynaec history

- Nil Significant

Central nervous system

- Nil Significant

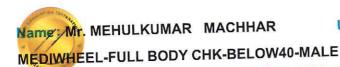
Eyes

.

- Nil Significant

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Date : 24/12/2022

AHC No : AHILAH183341

HOSPITALS

Organization is Accredited by Joint Com**Eight** ternational

Nil Significant

Musculoskeletal system

Spine and joints

- Nil Significant

Skin

Nil Significant

**General symptoms** 

- Nil Significant

### Past medical history

Do you have any

- No

allergies?

Allergies

- Nil

Past medical history

nil significant

Covid 19

- No

Post detection (3

- No

Weeks)

Hospitalization for

- No

Covid 19

1

### Surgical history

Surgical history

- Nil



#### Personal history

Ethnicity

Indian Asian

Marital status

Married

Profession

- corporate employed

Diet

- Vegetarian

Alcohol

- does not consume alcohol

Smoking

No

Chews tobacco

- No

Physical activity

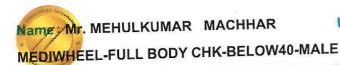
- Active



#### **!!!** Family history

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Date : 24/12/2022 AHC No : AHILAH1833

on mizet ather

- has expired

Mother

- alive

**Brothers** 

- 1

Sisters

- 3

Hypertension

- mother

Coronary artery

- mother

disease

Cancer

- father

Type

- Prostate

### **Physical Examination**



#### General

General appearance

- normal

Build

- normal

Height

- 170

Weight

- 74.8

**BMI** 

- 25.88

Pallor

- No

Oedema

- no



#### Cardiovascular system

Heart rate (Per minute)

- 56

Rhythm

- Regular

- B.P. Supine

Systolic(mm of Hg)

- 140

Diastolic(mm of Hg)

- 90

Heart sounds

- S1S2+

#### Respiratory system

Breath sounds

- Normal vesicular breath sounds



#### Abdomen

Organomegaly

- No

**Tenderness** 

- No

Printed By:

MUKTA S ADALTI

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AHC No : AHIL

## Crystization is Accredited by Joint Committee TOR ROUTINE EXAMINATION

Urinalysis, is the physical, chemical and microscopic examination of the urine and is one of the most common methods of medical diagnosis. It is used to detect markers of diabetes, kidney disease, infection etc.

Test Name	Result	Unit	Level	Range
Volume	30	mL		
Specific Gravity	1.015			
Colour:	Pale-Yellow			
Transparency:	Clear			
рН	5			
Protein :	Nil			
Sugar:	Nil			
Blood:	Negative			
Ketone	Absent			
Bile Pigments:	Absent			
Urobilinogen	Nil	E.U./dL		
Nitrite	Negative			
Pus Cells	Occassional			0-5
RBC	Nil	/hpf		0-5/hpf
Epithelial Cells	Occassional			
Casts:	Absent			
Crystals:	Absent			

### COMPLETE BLOOD COUNT WITH ESR

Test Name	Result	Unit	Level	Range
Hemoglobin (Photometric Measurement)  Packed cell volume(Carculated)  RBC COUNT (Impedance)  MCV (From RBC Histogram)  MCH(Calculated)  MCHC(Calculated)	14.9 45.7 5.4 84.6 27.56 32.6	gm% % Million/ul fl pg %	•	13.0-17.0 40-50 4.5-5.9 80-100 27-32 31-36
RDW(Calculated)	14.6 * 9010	% /cu mm	•	11.5-14.5 4000-11000
WBC Count (Impedance)				



Within Normal Range



Borderline High/Low



**Out of Range** 

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# Name Mr. MEHULKUMAR MACHHAR

UHID : AHIL.0000828208

Date : 24/12/2022

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MEDIWHEEL-FULL BODY CHK-BELO	W40-MALE			AHC No
Cryserivation is Accordited Joint Commiss Neutrophils	54	%	•	40-75
Lymphocytes	37	%		20-40
Monocytes	07	%		2-10
Eosinophils	02	%		01-06
Basophils	00	%		0-1
Platelet Count (Impedance)	180600	/cu mm		150000-450000
MPV (Calculated)	10.3	fl		7-11
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Automated/ optic- electronic)	03	mm/1st hr	•	0-15

### **URINE GLUCOSE(FASTING)**

Test Name Result Unit Level Range

Urine Glucose (Post Prandial) Nil

### URINE GLUCOSE(POST PRANDIAL)

Test Name Result Unit Level Range

Urine Glucose (Post Prandial) Nil

### **BLOOD GROUPING AND TYPING (ABO and Rh)**

Test Name Result Unit Level Range

BLOOD GROUP: O Positive

#### LFT (LIVER FUNCTION TEST)

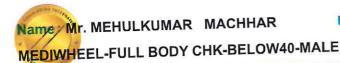
Liver function tests(LFT), are groups of clinical biochemistry blood assays that give information about the state of a patient's liver. These tests can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and follow the response to treatment.

the extent of known liver damage, and lollo	W the response			Daniel
Test Name	Result	Unit	Level	Range
ALT(SGPT) - SERUM / PLASMA	24	U/L		0-50
ALI(GGI I) GLIGHT				
ALKALINE PHOSPHATASE -	106	U/L		Adult(Male): 40 - 129
SERUM/PLASMA				
		224		> 1 year Male : <40
AST (SGOT) - SERUM	19	U/L		> 1 year wate. 140
				0.300-1.200
Total Bilirubin	0.723	mg/dL		0.300-1.200
Di I Dilimbia	0.228	mg/dL		Upto 0.3 mg/dl
Direct Bilirubin	0.22			
Within Normal Range	Borderlin	e High/Low	Out	t of Range
within Mornia Range	45.55	<del></del>		

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Date AHC No : AHILA

Organization is According by Joint Commiss**in direct** Billirubin

0.495

mg/dL

1 Day ≤5.1 mg/dL 2 Days ≤7.2 mg/dL 3-5 Days ≤10.3 mg/dL 6-7 Days ≤8.4 mg/dL 8-9 Days ≤6.5 mg/dL 10-11 Days ≤4.6 mg/dL 12-13 Days ≤2.7 mg/dL 14 Days - 9 Years 0.2-0.8 mg/dL 10-19 Years 0.2-1.1 mg/dL ≥20 Years 0.2-1.2 mg/dL

### **CREATININE - SERUM / PLASMA**

Test Name	Result	Unit	Level	Range
CREATININE - SERUM / PLASMA	0.82	mg/dL		Adult Male: 0.6 - 1.3

Result

### LFT (LIVER FUNCTION TEST)

Liver function tests(LFT), are groups of clinical biochemistry blood assays that give information about the state of a patient's liver. These tests can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and follow the response to treatment.

Test Name	Result	unit	P. C. A. C. I	1101/90
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	28	U/L	•	Male : 10 - 71 Female : 6 - 42
GLUCOSE - SERUM / PLASMA (F	ASTING)			
Test Name	Result	Unit	Level	Range
Glucose - Plasma (Fasting)	103 *	mg/dL	•	70 - 100 : Normal 100 - 125 : Impaired Glucose Tolerance >= 126 : Diabetes Mellitus

### GLUCOSE - SERUM / PLASMA (POST PRANDIAL) - PPBS

Test Name	Result	Unit	Level	Range	
Glucose - Plasma (Post Prandial)	130	mg/dL		70-140	
GLYCOSYLATED HEMOGLOBIN	(HBA1C) - WH	OLE BLOO	D		
Test Name	Result	Unit	Level	Range	

Within Normal Range

Borderline High/Low

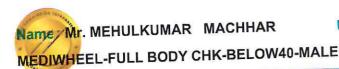
**Out of Range** 

Range

Level







Date : 24/12/2022 AHC No : AHILAH183341

Organization Glycosylated Hemoglobin (HbA1c)

5.4

%

Normal < 5.7

%Increased risk for Diabetes 5.7 - 6.4%

Diabetes >= 6.5%

Monitoring criteria for Diabetes Mellitus <7.0 : Well Controlled Diabetes 7.1 – 8.0 : Unsatisfactory Control > 8.0 : Poor Control & Needs Immediate

Treatment

Estimated Average Glucose.

108.00

#### LFT (LIVER FUNCTION TEST)

Liver function tests(LFT), are groups of clinical biochemistry blood assays that give information about the state of a patient's liver. These tests can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and follow the response to treatment.

the extent of known liver damage, and follow	w the response t	o treatment.		
Test Name	Result	Unit	Level	Range
PROTEIN TOTAL - SERUM / PLASMA	7.28	g/dL		6.00-8.00
PROTEIN TOTAL - SERUM / PLASMA	7.28	g/dL		6.00-8.00
ALBUMIN - SERUM	5.12	g/dL		Adult(18 - 60 Yr): 3.5 - 5.2
ALBUMIN - SERUM	5.12	g/dL		Adult(18 - 60 Yr): 3.5 - 5.2
Globulin-Serum/Plasma	2.16 *			2.20-4.20
Globulin-Serum/Plasma	2.16 *			2.20-4.20
A/G ratio	2.37 *		•	1.00-2.00
A/G ratio	2.37 *		•	1.00-2.00
THYROID PROFILE (T3,T4 AND T	SH)			
Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE - SERUM	1.57	nmol/L	•	Adults(20-120 Yrs): 1.2 - 3.1 Pregnant Female : First Trimester : 1.61 - 3.53 Second Trimester : 1.98 - 4.02 Third Trimester : 2.07 - 4.02
TOTAL T4: THYROXINE - SERUM	81.21	nmol/L	•	Adults(20-100 Yrs ):66 - 181 Pregnant Female :

Within Normal Range
Borderline High/Low
Out of Range

1.9

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For Enquiry/Approximents Contact +91 76988 15003 / +91 79 66701880

µIU/mL



Regd. Office

19. Bishop Gardens, R.A. Puram, Chemiai - 600 028

CIN No.: U851:07N199:7PL039016 | GSTin: 24AABCA4150H2Z5

For online appointment: www.askapollo.com

First Trimester: 94.3 - 190 Second Trimester: 102 - 207 Third Trimester: 89 - 202

14-120 years: 0.27 - 4.20



TSH: THYROID STIMULATING

HORMONE - SERUM

AHC No : AHL

#### URIC ACID - SERUM

Uric acid is a product of the metabolic breakdown of purine. High blood concentrations of uric acid can lead to gout. It is also associated with other medical conditions including diabetes and the formation of kidney stones.

Test Name	Result	Unit	Level	Range
URIC ACID - SERUM	8.2 *	mg/dL	•	Male : 3.4-7.0 Female : 2.4-5.7
BUN (BLOOD UREA NITROGEN)				
Test Name	Result	Unit	Level	Range
BUN (BLOOD UREA NITROGEN)	10	mg/dL		6-20
UREA - SERUM / PLASMA	21	mg/dL		15 - 50
LIPID PROFILE - SERUM				
Test Name	Result	Unit	Level	Range
Total Cholesterol	160	mg/dl	•	0 - 200 : Desirable 200 - 240 : Borderline High 240 - 280 : High > 280 : Very High
Triglycerides - Serum	268 *	mg/dL		0-150
HDL CHOLESTEROL - SERUM / PLASMA (Direct Enzymatic Colorimetric)	36 *	mg/dL	•	< 40 : Major risk factor for heart disease 40 - 59 : The higher The better. >=60 : Considered protective against heart disease
LDL Cholesterol (Direct LDL)	86	mg/dL	•	100 : Optimal 100-129 : Near Optimal 130-159 : Borderline High 160-189 : High >=190 : Very High
VLDL CHOLESTEROL	54 *		•	< 40 mg/dl
C/H RATIO	4			0-4.5

#### X-RAY CHEST PA

X-ray imaging creates pictures of the inside of your body. Chest X-ray can reveal abnormalities in the lungs, the heart, and bones that sometimes cannot be detected by examination.

NORMAL STUDY.





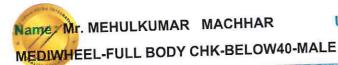


**Out of Range** 

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Date : 24/12/2022 AHC No : AHILAH183341

Organization is Annual Englanding State of the State of t

Haematology

STOOL ROUTINE

CARDIOLOGY

ECHO/TMT

**ECG** 

Within Normal Range



Borderline High/Low



**Out of Range** 

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### Organization's Accredited by Joint Commission Institutive Summary



.BODY WEIGHT 74.8 KG, DEAL BODY WEIGHT 54-66 KG

IMPAIRED GLUCOSE TOLERANCE

.DYSLIPIDEMIA

.ECG - NORMAL SINUS RHYTHM

.TMT — TEST IS NEGATIVE, EXERCISE TIME 8:15 , WORKLOAD 10.1 METS

.USG ABDOMEN - GRADE I FATTY LIVER

.CHEST X-RAY - NORMAL

.EYE - NORMAL

### **Wellness Prescription**

#### Advice On Diet :-



BALANCED DIET LOW FAT DIET LOW CARBOHYDRATE DIET

### Advice On Physical Activity :-



REGULAR 30 MINUTES WALK FOR HEALTH AND 60 MINUTES FOR WEIGHT REDUCTION PRACTICE YOGA AND MEDITATION MAINTAIN WEIGHT BETWEEN 54-66 KG

### Follow-up and Review Plan

Printed By : MUKTA S ADALTI



CHECK FBS AND PPBS ONCE IN A MONTH CHECK HBA1C NOW AND ONCE IN 3 MONTHS CHECK LIPID PROFILE EVERY 6 MONTHS

Scan the QR code

in AskApollo App to book your follow-up appointments and investigations

35/12/100

AHC Physician / Consultant Internal Medicine

Dr. Shashikant Nigam MBBS, MD (Gen. Med.)

Consultant Internal Medicine

Consultant Internal Medicine

Consultant Internal Medicine

Apollo Hospitals International Ltd., Gandhinagar.

Apollo Hospitals Internal Medicine

Consultant Internal Medicine

Consultant Internal Medicine

Consultant Internal Medicine

Apollo Hospitals Internal Medicine not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the Consulting Physician. Additional tests, consultations and follow up may be required in some cases.

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For online appointment: www.askapollo.com Keep the records carefully and bring them along during your next visit to our Hospital





#### DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

Patient Details :

Mr. MEHULKUMAR MACHHAR | Male | 38Yr 2Mth 4Days

**UHID** 

AHIL.0000828208

Patient Location:

AHC

Patient Identifier:

AHILAH183341

DRN

: 222067008

Completed on:

24-DEC-2022 12:47

**Ref Doctor** 

DR. SHASHIKANT NIGAM

#### USG WHOLE ABDOMEN

#### FINDINGS:

Liver appears normal in size and shows uniform bright echotexture. No evidence of focal pathology seen. Intra and extra hepatic biliary radicles are not dilated. Portal vein is normal in calibre. Intrahepatic portal radicles appear normal.

Gall bladder appears normal with no evidence of calculus. Wall thickness appears normal. No evidence of pericholecystic collection.

Visualized Head, and body of pancreas appear normal in size and echotexture. No focal lesions identified. Pancreatic duct appears normal in caliber.

Spleen measures 9.8 cms and shows uniform echotexture.

Both kidneys are normal in size and show normal echopattern with good corticomedullary differentiation. Cortical outlines appear smooth. No evidence of calculi. Pelvicalyceal system on both sides appear normal.

No evidence of ascites or lymphadenopathy.

Urinary bladder is normal in contour and outline. Wall thickness appears normal. No evidence of any intraluminal pathology seen.

Prostate measures 18 cc, is normal in size and echopattern.

IMPRESSION:

Grade I fatty liver.

Rest normal study.

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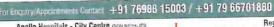
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717876

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Mr. MEHULKUMAR MACHHAR

AHIL.0000828208

AHILAH183341

#### **USG WHOLE ABDOMEN**

--- END OF THE REPORT ----

DR. VAIBHAVI PATEL

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26-Dec-2022 12:29

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Apollo Hospitals International Limited
Plot No.-1A, Bhat, GIDC, Gandhinagar, Gujarat - 382428, India.
Phone : +91.79 56701800 | Fax No. : +91.79 56701843
E-mail : info@apolloahd.com | www.ahmedabad.apollohospitals.com



Regd. Office

19. Bishop Gardens. R.A. Puram, Chennal - 600 028

CIN No.: U85110TN1997PLC039016 | GSTin: 24AABC44150H2Z5

For online appointment: www.askapollo.com







### DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

**Patient Details** 

Mr. MEHULKUMAR MACHHAR | Male | 38Yr 2Mth 4Days

**UHID** 

AHIL.0000828208

**Patient Location:** 

Patient Identifier:

AHILAH183341

DRN

122148055

Completed on:

24-DEC-2022 12:16

Ref Doctor

DR. SHASHIKANT NIGAM

#### X-RAY CHEST PA

#### FINDINGS:

Lung fields are clear.

Cardio thoracic ratio is normal.

Both costophrenic angles are clear.

Domes of diaphragm are well delineated.

Bony thorax shows no significant abnormality.

#### **IMPRESSION**

NORMAL STUDY.

-- END OF THE REPORT ---

T.V. Pail

TIRTH VINAYKUMAR PARIKH

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26-Dec-2022 12:28

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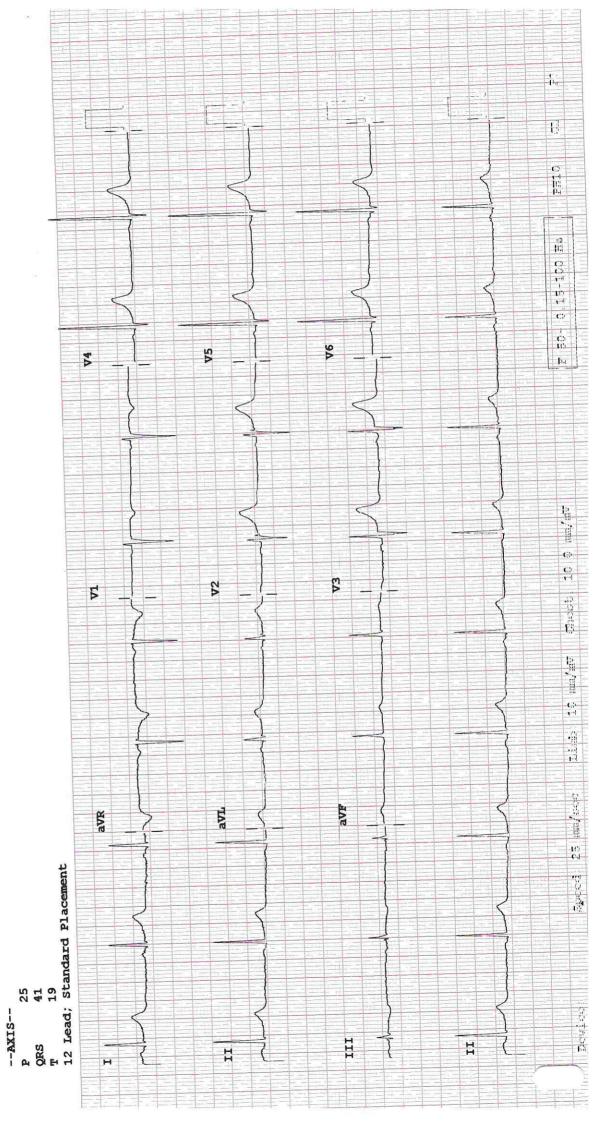


140 82 435 416

PR QRSD QT QTC

55

Rate





AHIL.0000828208 Mr. MEHULKUMAR MACHHAR

38 Year(s) / Male

# IATION RECORDS

UN RECOILED

 $(BE)^{6/6} - 6.25/-2.25@_{-3}$ 

OP7

Name:

UHID:

Distance Vision:

, kight Eye -

Left Eye -

u i del

Near Vision:

Right Eye:

Left Eye: N 6

APLN.TN - Right Eye

14

Left Eye-

6

mmHg

Both Eye - Colour Vision

Both Eye - Anterior Segment Examinations -

WNL

Both Eye Posterior Segment Examinations –

wNZ

4

Doctor's Signature

AHMROP028V1

Dr. Jagriti Sinha
MS (Opthalmology)
MS (Opthalmology)
Jr. Computant
Jr. Computant Lid., Gandhinagar,
Apollo Hospita 3 transacratical Lid., G 68792

Ophthalmologist Name

24-Dec-2022	38years 170cm Referred by: DR.S Test ind:	74kg  74kg  DR.SUBIR GHOSH, MHC		Reason for Termination: THK ACHIEWED.  Comments: TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT HIGH WORKLOAD  Comments: TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA RESPONSE  NORMAL HEYMODAYNAMIC RESPONSE AND BRADYCARDIA RESPONSE  NO ANGINA OCCURRED, NO ARRHYTHEMIAS AT PROVOKED  NO GALLOP // MURMUR AT PEAK EXERCISE  NO GALLOP // MURMUR AT PEAK EXERCISE  TEST TERMINATED DUE TO THR ACHIEVED  COOD EFFORT TOLERANCE.	THE ACHIEVED. GATIVE FOR INDU AMIC RESPONSE AI I NO ARRHYTHEM IR AT PEAK EXERC E TO THE ACHIEV NCE.	CIBLE ISCHEMIA A ND BRADYCARDIA IAS AT PROVOKED JSE ED	RESPONSE
BASELINE EXERCISE 0:00 62bpm BP: 130/80	MAX ST EXERCISE 7:35 151bpm	PEAK EXERCISE 8:15 157bpm BP: 140/90	TEST END RECOVERY 3:41 84bpm BP: 130/80	BASELINE EXERCISE 0:00 62bpm BP: 130/80	MAX ST EXERCISE 7:35 151bpm	PEAK EXERCISE 8:15 157bpm BP: 140/90	TEST END RECOVERY 3:41 84bpm BP: 130/80
	7 7 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.9	6.00	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	6.0 0.0	V1 0.8 1.1.2	V1 -0.2
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2.4	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	11.0	V2 0.9 0.3	V2 0.8 0.8	0.8	V2-7-100 0.55
}_C:0	11.2	2.1	0.0	)	V3 V	X3 X	V3
aV.R	aVR 0.0.1	aVR -11.2	aVR -1.10	V4 0.8 0.8	V4 V1	V 4 0.9 6.0 1.3 6.1	V4 0.9 0.7
aVI. 0.0	aVL, 0.7	aVI 1.3 1.0-0.1	aVL. 0.3	V <sub>5</sub>	V5 V5 0.8	V5 0.0 1.8	V5 9.0 0.8
aV.F.	avr. 2.2	aV.F. 2.1.3	av.F 0.6	0.0 0.0	V6.3 0.3 0.1	0.0 0.0 1.3	V6 0.4 0.6