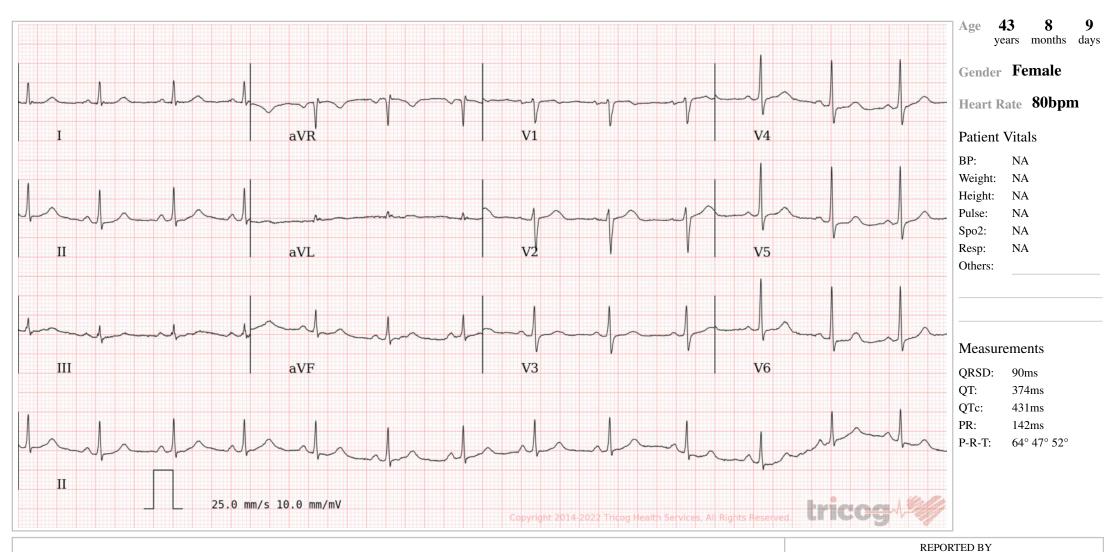
SUBURBAN DIAGNOSTICS - ANDHERI WEST



Patient Name: SHABANA JAVEED KHAKHU

Date and Time: 10th Sep 22 11:54 AM

Patient ID: 2225323063



ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

KEI OKIED DI

DR RAVI CHAVAN MD, D.CARD, D. DIABETES Cardiologist & Diabetologist 2004/06/2468

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



Name : Mrs Shabana Javeed Khakhu

Age / Sex : 43 Years/Female

Ref. Dr : Reg. Date : 10-Sep-2022

Reg. Location: Andheri West (Main Center) **Reported**: 10-Sep-2022/13:40



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· 10 Sep 2022/12:40

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.8cm), shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen.

The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal.

No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal.

No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 8.8 x 3.0cm. Left kidney measures 9.2 x 4.7cm.

SPLEEN:

The spleen is normal in size (8.1cm) and echotexture.

No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal.

It measures 7.7 x 5.3 x 4.8cm in size.

The endometrial thickness is 8.5mm.



Name : Mrs Shabana Javeed Khakhu

Age / Sex : 43 Years/Female

Ref. Dr :

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OVARIES:

Both the ovaries are well visualised and appears normal.

Dominant follicle is noted in the right ovary.

Right ovary = 3.4×1.4 cm

Left ovary = 2.3×1.7 cm.

IMPRESSION:-

No significant abnormality is seen.

------End of Report------

Chlibelde

DR. NIKHIL DEV M.B.B.S, MD (Radiology) Reg No – 2014/11/4764 Consultant Radiologist



Name : Mrs Shabana Javeed Khakhu

Age / Sex : 43 Years/Female

Ref. Dr

Reg. Location : Andheri West (Main Center)

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Name : MRS.SHABANA JAVEED KHAKHU

: 43 Years / Female Age / Gender

Consulting Dr. Collected Reported

Reg. Location : Andheri West (Main Centre)



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	10.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.38	3.8-4.8 mil/cmm	Elect. Impedance
PCV	32.5	36-46 %	Calculated
MCV	74.2	80-100 fl	Measured
MCH	23.2	27-32 pg	Calculated
MCHC	31.2	31.5-34.5 g/dL	Calculated
RDW	17.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6700	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSO	DLUTE COUNTS		
Lymphocytes	34.4	20-40 %	
Absolute Lymphocytes	2304.8	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	462.3	200-1000 /cmm	Calculated
Neutrophils	56.1	40-80 %	
Absolute Neutrophils	3758.7	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	147.4	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	26.8	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	371000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Measured
PDW	12.8	11-18 %	Calculated

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Name : MRS.SHABANA JAVEED KHAKHU

Age / Gender : 43 Years / Female

Consulting Dr. : - Collected : 10-Sep-2022 / 11:01

Reg. Location : Andheri West (Main Centre) Reported :10-Sep-2022 / 13:57

RBC MORPHOLOGY

Target Cells

Normoblasts

Hypochromia Mild
Microcytosis Mild
Macrocytosis Anisocytosis Mild
Poikilocytosis Mild

Polychromasia -

Basophilic Stippling -

Basoprilic Stippling -

Others -

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 12 2-20 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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Name : MRS.SHABANA JAVEED KHAKHU

Age / Gender : 43 Years / Female

Consulting Dr.

Fluoride Plasma

Reg. Location : Andheri West (Main Centre)



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:10-Sep-2022 / 18:11 Reported

Hexokinase

Hexokinase

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

GLUCOSE (SUGAR) FASTING. 82.9 Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

GLUCOSE (SUGAR) PP, Fluoride 115.0 Non-Diabetic: < 140 mg/dl Plasma PP/R

Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) **Absent Absent**

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Name : MRS.SHABANA JAVEED KHAKHU

Age / Gender : 43 Years / Female

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO **KIDNEY FUNCTION TESTS**

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	19.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.57	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	123	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	3.3	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.5	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.6	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	5.0	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West *** End Of Report ***





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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 5.5 (HbA1c), EDTA WB - CC

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 %

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HPLC

Diabetic Level: >/= 6.5 %

Estimated Average Glucose 111.2 mg/dl Calculated

(eAG), EDTA WB - CC

Intended use:

• In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

• In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly

• For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

• HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.

• The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO **EXAMINATION OF FAECES**

RESULTS BIOLOGICAL REF RANGE PARAMETER

PHYSICAL EXAMINATION

Colour Brown Brown Form and Consistency Liauid Semi Solid Mucus Present Absent Blood Absent Absent

CHEMICAL EXAMINATION

Reaction (pH) Alkaline (7.5)

Occult Blood Present Absent

MICROSCOPIC EXAMINATION

Protozoa Absent Absent Flagellates Absent Absent Ciliates Absent Absent **Parasites** Absent Absent Macrophages Absent Absent Mucus Strands Flakes +++ Absent Fat Globules Absent Absent RBC/hpf Absent Absent WBC/hpf 6-8* Absent

Clumps restricted to mucus flakes.

Yeast Cells Absent Absent

Undigested Particles Present +

Concentration Method (for ova) No ova detected Absent Reducing Substances Absent

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION	<u> </u>		
Leukocytes(Pus cells)/hpf	5-6	0-5/hpf	
Red Blood Cells / hnf	Absent	0-2/hpf	

Red Blood Cells / hpf Absent 0-2/hpf

Epithelial Cells / hpf 8-10

Casts Absent Absent Crystals **Absent Absent** Amorphous debris Absent Absent

Bacteria / hpf +(>20/hpf) Less than 20/hpf

Others

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Age / Gender : 43 Years / Female

Consulting Dr. : - Collected : 10-Sep-2022 / 11:01

Reg. Location : Andheri West (Main Centre) Reported :10-Sep-2022 / 14:30

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO BLOOD GROUPING & Rh TYPING

PARAMETER RESULTS

ABO GROUP B

Rh TYPING POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- · ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	189.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	77.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	66.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	123	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	108.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	15.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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Name : MRS.SHABANA JAVEED KHAKHU

Age / Gender : 43 Years / Female

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO **THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.9	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	2.77	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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Name : MRS.SHABANA JAVEED KHAKHU

Age / Gender : 43 Years / Female

Consulting Dr. : - Collected : 10-Sep-2022 / 11:01

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Interpretation

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
- can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

- 1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
- Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3. Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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Age / Gender : 43 Years / Female

Consulting Dr. : -

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO LIVER FUNCTION TESTS

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.30	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	17.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	10.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	64.8	35-105 U/L	Colorimetric

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***





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M.D.(PATH)
Consultant Pathologist & Lab
Director

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F

CID# : **2225323063** SID# : 177805448450

Name : MRS.SHABANA JAVEED KHAKHU Registered : 10-Sep-2022 / 10:53

Age / Gender : 43 Years/Female Collected : 10-Sep-2022 / 10:53

Consulting Dr. : - Reported : 10-Sep-2022 / 16:43

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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

*** End Of Report ***

Dr.R K BHANDARI M.D.,D.M.R.E CONSULTANT RADIOLOGIST

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