

30



DR. MAYANK JAIN
M.B.B.S. M.D (General Medicine)
(Internal Medicine)
Consultant Physician and Intensivist
G-30769
Phone. No. : 9638380768
OPD Days :(Monday , Thursday)

OPR NO:

Consultant Physician Clinic

Patient Name:- *Saiju. Gandhi*
Age / Sex :- *55 yrs.*
Chief Complaints:-

Date: *21/1/23*
Weight:- *75.7 kg*
Height:- *162 cm*
BMI:- *28.8*

→ dry cough 'x' months

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Drug / Food Allergy:-

Pulse:- *76/min*
BP:- *120/80*
SpO2:- *98%*

Past History :-

Family History:-

Systemic Examination:-

→
→

Provisional Diagnosis:

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph. : 0261-7190000 | Email : info.surat@shalby.org.

SHALBY LIMITED

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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai

Investigation :-

Treatment and further advices:-
(Write in Capital Letters)

Rx

(Continue same)

Follow Up Date:- _____

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Incase of emergency Please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 95126600

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



0

No Hurt



2

Hurts Little Bit



4

Hurts Little More



6

Hurts Even More



8

Hurts Whole Lot



10

Hurts Worst



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PID : SUR0000339022 OP-001

REPORT STATUS : Interim



Patient Name : Mr Sanjiv M Gandhi /

Lab ID : 304900035

Gender/Age : Male / 55 Years

DOB : 03-May-1967

Ref. By : Dr. Health Check Up . Shalby

Registered On : 01-Apr-2023 10:19 AM

Collected On : 01-Apr-2023 10:20 AM

Received On : 01-Apr-2023 10:28 AM

Sample Type : Serum, Urine (PP),
Fluoride P, Urine

Parameter	Result	Unit	Biological Ref. Interval
PLASMA GLUCOSE LEVEL			
FASTING PLASMA GLUCOSE			
Plasma Glucose (F) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	102 ✓	mg/dL	74 - 106
Urine Sugar (F) <i>Glucose-oxidase/peroxidase reaction</i>	ABSENT	mg/dL	ABSENT
POST PRANDIAL PLASMA GLUCOSE			
Plasma Glucose (PP) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	118 ✓	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
Urine Sugar (PP) <i>Glucose-oxidase/peroxidase reaction</i>	ABSENT	mg/dL	ABSENT

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

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Dr Pankaj Agrawal

Dr Pankaj Agrawal

M.B., D.C.P
Consulting Pathologist

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Lab ID : 304900035		Collected On : 01-Apr-2023 10:20 AM
Gender/Age : Male / 55 Years	DOB : 03-May-1967	Received On : 01-Apr-2023 10:26 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	14.5	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.01	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	44.8	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	89.5	fL	83 - 101
MCH <i>Calculated</i>	28.9	pg	27 - 32
MCHC <i>Calculated</i>	32.3	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.7	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count <i>Electrical Impedance</i>	8120	cells/cmm	4000 - 10000
---	------	-----------	--------------

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	67	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	27	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	3	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	3	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	276000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	9.2	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs	Normochromic and Normocytic.
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETS	Adequate in number and normal in morphology.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Consulting Pathologist


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Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"B"

RH Type

POSITIVE

ESR 1st hour *

18

mm in 1 hour 0 - 20

Modified Westergren Method

HBA1C

HbA1c - Glycated Haemoglobin *

5.8

%

Boronate Affinity Assay

Non-diabetic: <= 5.6

Pre-diabetic: 5.7-6.4

Diabetic: >= 6.5

Therapeutic goals for glycemic control

Age > 19 years Goal of therapy:

< 7.0 Action suggested: > 8.0

Age < 19 years Goal of therapy:

<7.5

Estimated Average Glucose (eAG) (mg/dL) * 120 mg/dL

Calculated

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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Liver Function Test**Liver Function Test**

SGPT (ALT) <i>Multi Point Rate with P-5-P</i>	24	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	16	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	128	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	27	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.7	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	3.9	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.8	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.4	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.5	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0 Adult : 0.2 - 1.3
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.5	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
BILIRUBIN DIRECT <i>Calculated</i>	0.0	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	173	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	56	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/MgCl2 - Enzymatic</i>	62	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	111	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	100	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	11	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	1.6		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	2.8	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST

RENAL FUNCTION TEST

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	9	mg/dL	9 - 20
UREA <i>Calculated</i>	19	mg/dL	19 - 43
S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i>	0.81	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	6.4	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	9.0	mg/dL	8.4 - 10.2
Sodium <i>Direct Ion Selective Electrode</i>	140	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.51	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	105	mmol/L	98 - 107

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Consulting Pathologist

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
IMMUNOLOGY			
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	120	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	8.92	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	2.94	µIU/mL	0.38 - 5.33

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

PROSTATE SPECIFIC ANTIGEN *

0.6

ng/mL

0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

Clinical Use:

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour	PALE YELLOW		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/ μ L
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	NIL	mg/dL
Urobilinogen	<i>Modified Ehrlich reaction</i>	NORMAL	mg/dL
Ketone	<i>Sodium Nitroprusside reation</i>	NIL	mg/dL
Protein	<i>Protein Error of Indicator Principle</i>	NIL	mg/dL
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	NEGATIVE	mg/dL
Glucose	<i>Glucose-oxidase/peroxidase reaction</i>	NIL	mg/dL
pH	<i>Double Indicator principle</i>	6.0	PH value
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.030	S.G. value
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ μ L
Microscopic Examination			
Pus cells	4-5/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/hpf	0-2/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	NIL		Nil
Cast	NIL/LPF		Nil/LPF
Bacteria	NIL		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil
Others	Sperms		Nil

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Pre - op

Post - op

Health Check-up

Date : 01/04/23

Patient Reg. No. : _____

Patient Name : Sansiv M. Gandhi

Age / Sex : 55/M

Address : Surest

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Swelling : _____

Pul. Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication : statin +, calcium +

On Examination :

Abscess : _____ Foreign lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sittings 1 2 3 Deep Perio Surgery : _____

Restoration : 26 Class IV Fillings : _____

RCT : _____ Extraction : _____

Dentures : _____ Partial Denture : _____

Implants : _____ Crown & Bridge : _____

Prosthetic : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Some Golden Rules :

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv.

- Deep scaling

- Restoration of 26

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

DR. RUJUTA SHELAT
Consultant Ophthalmologist
Reg. No.:- G-48712

Name :- *Sanjiv Gandhi*

Date:- *1/4/23*

Chief Complaints:-

n/c



Wong-Baker FACES[®] Pain Rating Scale



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Pain Assessment:-

Past History:-

- NAD -

Family History:-

Allergy:-

Personal History:- **Habits:-** Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- WT:-

Visual Acuity:- *T 6/6*
o/glas

PH Vision:-

NCT *T 14 mm of hg*

ON Examination Ant. Segmenet

Both Eye

- WOL -

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Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad – 380 015, Gujarat, India
Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667

Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

Investigation:-

BE
WOL

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

Ran

Signature of the Consultant

Patient's Name: Mr. Sanjiv Gandhi

Age: 55 yrs/ male

Date: 01 / 04 / 2023

ECHOCARDIOGRAPHY REPORT

Valves

Mitral valve :Normal, No MR

Aortic valve :Normal, No AR

Tricuspid valve :Normal, No TR

Pulmonary valve:Normal, No PR

Chambers

Left Atrium:Normal

Right Atrium:Normal

Right Ventricle:Normal size cavity,Good RV systolic function With TAPSE:19

Left Ventricle: **Normal size cardiac chambers**, No Regional wall Motion abnormality.

Normal LV systolic function
with Ejection Fraction 60 %.

Grade I Diastolic Flow Pattern.

Septae

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:13 mm with more than 50% collapsibility.

OTHER FINDINGS : **Bilateral lung angle clear**

CONCLUSION:

- **Normal LV Systolic function**
- **No RWMA**
- **Grade I LVDD**
- **EF 60 %**



DR.SUSHIL YADAV
Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease

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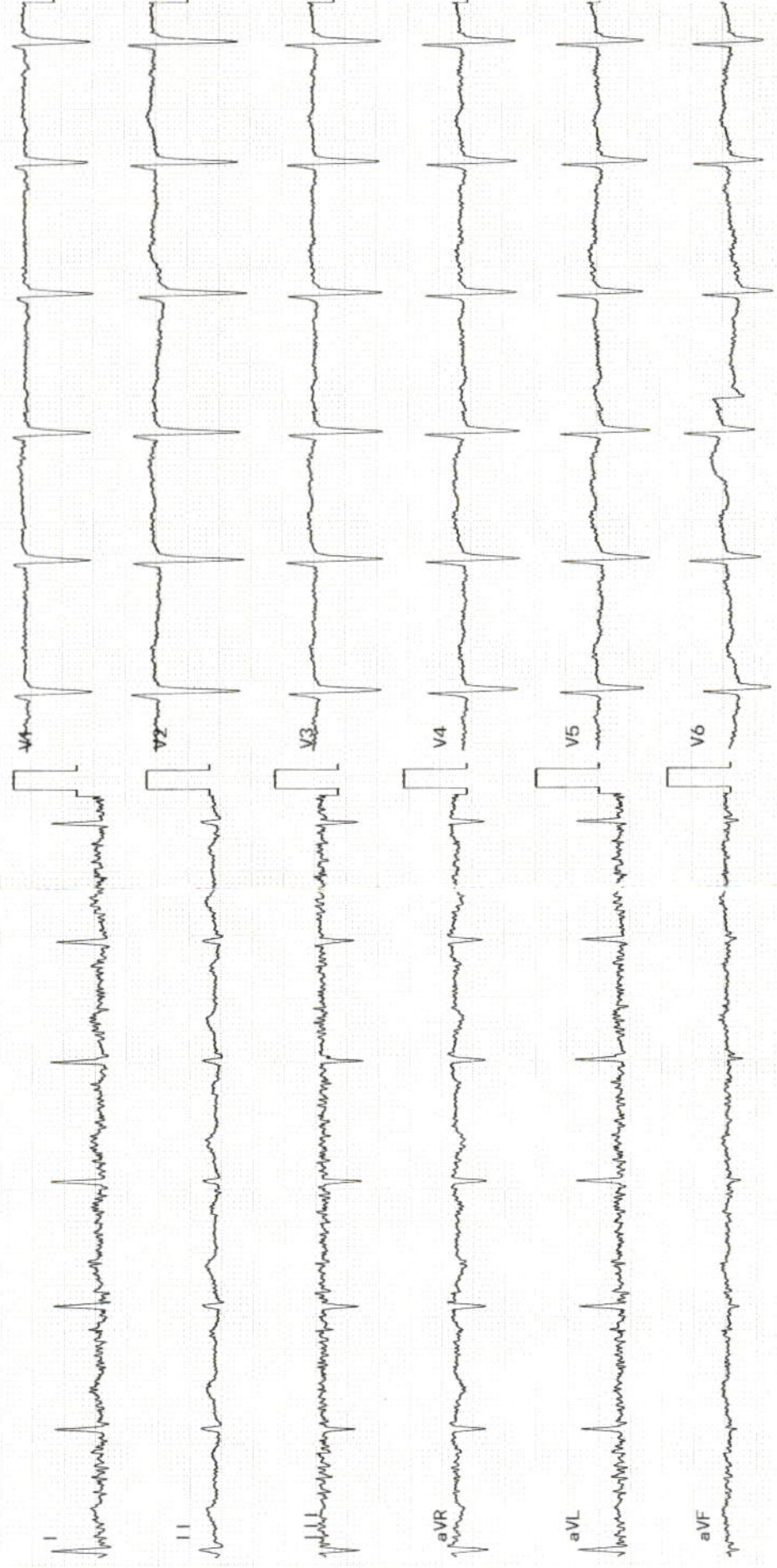
Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai

ID:
 Name:
 Sex: M
 cm
 Birth date: / /
 kg
 Medication:
 Symptoms:
 History:
 Vent. rate 75 bpm
 PR int 164 ms
 QRS dur 114 ms
 QT/QTc(E) int 384/ 413 ms
 P/QRS/T axis 23/ -20/ 34 °
 RV5/SV1 amp 0.74/ 1.08 mV
 RV5+SV1 amp 1.82 mV

years
 1100 Sinus rhythm
 36342 Inferior myocardial infarction with posterior extension, age undetermined
 0102 ARTIFACT PRESENT
 9150 ** abnormal ECG **
 Unconfirmed Report
 Reviewed by:
 Sanjiv bhai

10 mm/mV 25 mm/s Filter: H50 d 35 Hz

10 mm/mV



Patient ID:	SUR00004122	Patient Name:	SANJIV GANDHI
Age:	55 Years	Sex:	M
Accession Number:	4122	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	1-Apr-2023		

CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- **No significant abnormality seen.**

Thanks for referral.



Dr. Nimit R Desai
Consultant Radiologist

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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai

Patient Name: SANJIV M GANDHI		
Age / Sex: 55Yrs. / Male	Study:	USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 01/04/2023	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver shows grade I fatty changes. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R.

Portal vein appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is normal in size. It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- Mild fatty liver
- No any other significant abnormality is seen.

Thanks for referral.



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Consultant Radiologist

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