



anurag sri <anurag.idc@gmail.com>

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Health Check up Booking Request(bobE45837), Beneficiary Code-45072

1 message

Mediwheel <wellness@mediwheel.in> To: anurag.idc@gmail.com Cc: customercare@mediwheel.in

Tue, Sep 5, 2023 at 1:19 AM

011-41195959 Mediwheel Your wellness partne Email:wellness@mediwheel.in 919123 PC-2613 Dear Chandan Healthcare Limited, City : Lucknow . Address : Indradeep Comlex, Sanjay Gandhi Puram, We have received the confirmation for the following booking . Name : MR. SRIVASTAVA PRATYUSH Age : 29 Gender : Male Package Name : Full Body Health Checkup Male Below 40 **User** Location : 18 Tar Wali Gali, Hussainganj, Lucknow, Lucknow, Uttar Pradesh, 226001 **Contact Details** : 8604837256 **Booking Date** : 05-09-2023 Appointment Date: 09-09-2023

Member Information					
Booked Member Name	Age	Gender	Cost(In INR)		
MR. SRIVASTAVA PRATYUSH	29	Male	Cashless		
Total a	mount to be paid	Cashless			

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Full Body Health Checkup Male Below 40 - Includes (37)Tests

Tests included in . this Package

Ecg, Eye Check Up, TSH, X-ray Chest, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen, Glycosylated Haemoglobin (hba1c), Hdl, Vdl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

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Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar Ph: 7706041643,7706041644 CIN : U85196UP1992PLC014075



Patient Name	: Mr.PRATYUSH SRIVASTAVA	Registered On	: 09/Sep/2023 09:20:43
Age/Gender	: 29 Y 4 M 6 D /M	Collected	: 09/Sep/2023 09:26:35
UHID/MR NO	: IDCD.0000102569	Received	: 09/Sep/2023 09:56:54
Visit ID	: IDCD0253122324	Reported	: 09/Sep/2023 14:23:44
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Bloo	d			
Blood Group	0			ERYTHROCYTE
				MAGNETIZED
				TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE	2		ERYTHROCYTE
				MAGNETIZED
				TECHNOLOGY / TUBE
				AGGLUTINA
Complete Blood Count (CBC) * , Whole E	Blood			
Haemoglobin	13.80	g/dl	1 Day- 14.5-22.5 g/dl	
			1 Wk- 13.5-19.5 g/dl	
		1 1 2	1 Mo- 10.0-18.0 g/dl	
			3-6 Mo- 9.5-13.5 g/dl	
	A Barrie		0.5-2 Yr- 10.5-13.5 g/dl	
			2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl	
			12-18 Yr 13.0-16.0 g/dl	
			Male- 13.5-17.5 g/dl	
			Female- 12.0-15.5 g/dl	
TLC (WBC)	5,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	52.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	40.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils Basenhile	3.00 0.00	% %	1-6 <1	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Basophils ESR	0.00	70	<1	ELECTRONIC IMPEDANCE
Observed	12.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	<9	
PCV (HCT)	41.00	%	40-54	
Platelet count				
Platelet Count	3.40	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	29.30	%	35-60	ELECTRONIC IMPEDANCE





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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.34	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.16	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	98.50	fl	80-100	CALCULATED PARAMETER
MCH	33.10	pg	28-35	CALCULATED PARAMETER
MCHC	33.60	%	30-38	CALCULATED PARAMETER
RDW-CV	12.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,912.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	168.00	/cu mm	40-440	

Dr. Shoaib Irfan (MBBS, MD, PDCC)

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Age/Gender	: 29 Y 4 M 6 D /M	Collected	: 09/Sep/2023 15:05:08
UHID/MR NO	: IDCD.0000102569	Received	: 09/Sep/2023 16:16:31
	: IDCD0253122324	Reported	: 09/Sep/2023 17:01:21
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING , Plasma				
Glucose Fasting	112.00	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
c) I.G.T = Impared Glucose Tolerance.

Glucose PP Sample:Plasma After Meal	120.40	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
			>200 Diabetes	

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.c) I.G.T = Impared Glucose Tolerance.

Dr. Shoaib Irfan (MBBS, MD, PDCC)

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEM OGLOBIN (HBA1C)	* * . EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c) Glycosylated Haemoglobin (HbA1c) Estimated Average Glucose (eAG)	5.10 32.00 99	% NGSP mmol/mol/IFCC mg/dl		HPLC (NGSP)

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. **Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

<u>Clinical Implications:</u>

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

Dr. Anupam Singh (MBBS MD Pathology)

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Visit ID	: IDCD0253122324	Reported	: 09/Sep/2023 12:33:29
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) <i>Sample:Serum</i>	8.59	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	0.97	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample:Serum	8.90	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT)	28.40 17.70	U/L U/L	< 35 < 40	IFCC WITHOUT P5P
Gamma GT (GGT) Protein	12.60	IU/L	11-50 6.2-8.0	OPTIMIZED SZAZING BIURET
Albumin	7.25	gm/dl gm/dl	3.4-5.4	BIORET B.C.G.
Globulin	3.01	gm/dl	1.8-3.6	CALCULATED
A:G Batio	1.41	Billy di	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	188.39	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.57	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.18	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.39	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	171.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	50.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	95	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High	
			160-189 High > 190 Very High	
VLDL	25.90	mg/dl	2 190 Very High 10-33	CALCULATED
Triglycerides	129.50	mg/dl	 < 150 Normal 150-199 Borderline High 200-499 High >500 Very High 	GPO-PAP





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

Dr. Shoaib Irfan (MBBS, MD, PDCC)

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Age/Gender	: 29 Y 4 M 6 D /M	Collected	: 09/Sep/2023 15:21:11
UHID/MR NO	: IDCD.0000102569	Received	: 09/Sep/2023 15:42:49
Visit ID	: IDCD0253122324	Reported	: 09/Sep/2023 17:10:54
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE*,	, Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++) 200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
Katalan and Andrews	ADCENT		>2 (++++)	
Ketone Bile Salts	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:	ABSENT		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Epithelial cells	0-1/h.p.f			MICROSCOPIC
	0 1/11.p.1			EXAMINATION
Puscells	0-1/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Others	ABSENT			EXAMINATION
others	ADJEINT			
STOOL, ROUTINE EXAMINATION *	, Stool			
Color	YELLOW			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic (5.0)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Ova	ABSENT			
Cysts Others	ABSENT ABSENT			
SUGAR, FASTING STAGE*, Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation: (+) < 0.5				
SUGAR, PP STAGE* , Urine		1.1		
Suga <mark>r, PP St</mark> age	ABSENT			
Interpretation: (+) < 0.5 gms%				

Dr. Shoaib Irfan (MBBS, MD, PDCC)

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UHID/MR NO	: IDCD.0000102569	Received	: 09/Sep/2023 13:54:19
Visit ID	: IDCD0253122324	Reported	: 09/Sep/2023 16:14:55
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	95.36	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.620	μlU/mL	0.27 - 5.5	CLIA
Terterent de l'entre				
Interpretation:	0.3-4.5 µIU/mL First Trimester			

0.3-4.5	µIU/mL	First Trimester
0.5-4.6	µIU/mL	Second Trimester
0.8-5.2	µIU/mL	Third Trimester
0.5-8.9	µIU/mL	Adults 55-87 Years
0.7-27	µIU/mL	Premature 28-36 Week
2.3-13.2	µIU/mL	Cord Blood > 37Week
0.7-64	µIU/mL	Child(21 wk - 20 Yrs.)
1-39	µIU/mL	Child 0-4 Days
1.7-9.1	µIU/mL	Child 2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Dr. Anupam Singh (MBBS MD Pathology)







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Age/Gender	: 29 Y 4 M 6 D /M	Collected	: N/A
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Visit ID	: IDCD0253122324	Reported	: 09/Sep/2023 14:43:16
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Both hilar shadows and broncho-vascular markings are prominent.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION : • BRONCHITIS.

Dr. Anoop Agarwal MBBS,MD(Radiology)







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

LIVER

- Liver is normal in size (~ 145 mm) with grade-I fatty changes with few areas of focal fat sparing.
- The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

GALL BLADDER & CBD

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic. No wall thickening or pericholecystic fluid noted.
- Visualised proximal common bile duct is normal in caliber.

PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Both the kidneys are normal in size and echotexture.
- A hyperechoic SOL ~ approx 13 x 12 mm having subtle internal vascular channels seen at lower polar region of left kidney.....likely angiomyolipoma. (Adv:- Triple phase CECT correlation if clinically indicated).
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

• The spleen is normal in size and has a normal homogenous echo-texture.

LYMPH NODES

• No significant lymph node noted.



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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

URINARY BLADDER

• Urinary bladder is well distended. Bladder wall is normal in thickness and is regular.

PROSTATE

• Prostate is normal in size & measures ~ 9.4 grams.

IMPRESSION

- Grade-I fatty changes in liver.
- A hyperechoic SOL having subtle internal vascular channels seen at lower polar region of left kidney.....likely angiomyolipoma. (Adv:- Triple phase CECT correlation if clinically indicated).

Report prepared by- shanaya

Dr. Anil Kumar Verma

MBBS, DMRD

(This report is a professional opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding sonographic correlation of clinical findings)





ECG/EKG

Dr. Anil Kumar Verma (MBBS, DMRD)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open
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