Barcode No	: 490485	Registration	: 03/Sep/2024 04:35PM
Patient Name	**: MR. ADITYA JAISWAL**	Received	: 03/Sep/2024 04:36PM
Age/Gender	: 36 Y 0 M 0 D /M	Reported	: 03/Sep/2024 05:27PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: WHOLE BLOOD EDTA		

HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range

ERYTHROCYTE SEDIMENTATION RATE

ERYTHROCYTE SEDIMENTATION RATE Westergren	**16**	mm/1st hr	0-15

COMMENTS: ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders, and renal diseases. · Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).
Falsely decreased levels may indicate Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

BLOOD GROUP ABO & RH

ABO Gel Columns agglutination	A
Rh Typing Gel agglutination	POSITIVE

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

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Sample Type	: WHOLE BLOOD EDTA		

HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range
COMPLETE BLOOD COUNT			
HAEMOGLOBIN (Hb) Colorimetric SLS	14.5	gm/dl	13.00-17.00
RED BLOOD CELLS- RBC COUNT Electrical Impedance	**5.7**	10^6/uL	4.50-5.50
PACKED CELL VOLUME (PCV) -HEMATOCRIT Calculated	46.1	%	40-50
MCV Calculated	**80.8**	fL	83-101
MCH Calculated	**25.3**	pg	27-32
MCHC Calculated	**31.4**	g/dl	32-36
RED CELL DISTRIBUTION WIDTH (RDW-CV) Whole blood EDTA,Flow Cytometry	**14.9**	%	11.5-14.5
RED CELL DISTRIBUTION WIDTH (RDW - SD) Whole Blood EDTA,Calculated	39.3	fl	39.0-46.0
PLATELET COUNT Electrical Impedance	**141**	10^3/µL	150-410
PLATELET DISTRIBUTION WIDTH (PDW) Whole Blood EDTA,Calculated	16.5	fL	9.00-17.00
PCT(PLATELETCRIT) Whole blood EDTA,Flow Cytometry	0.18	%	0.108-0.282
MEAN PLATELET VOLUME - MPV Calculated	**13.7**	fL	7.00-12.00
P-LCR	57.2		
P-LCC Calculated	75.00	%	30.0-90.0
TOTAL LEUKOCYTE COUNT (TLC) Laser - Based Flow Cytometry / Microscopy	7.54	10^3/µL	4.0-10.0
DIFFERENTIAL LEUKOCYTE COUNT			
Neutrophils Laser - Based Flow Cytometry / Microscopy	56.4	%	40-80

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Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: WHOLE BLOOD EDTA		

HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range
Lymphocytes Laser - Based Flow Cytometry / Microscopy	37.6	%	20-40
Eosinophils Laser - Based Flow Cytometry / Microscopy	2.0	%	1-6
Monocytes Laser - Based Flow Cytometry / Microscopy	4.0	%	2-10
Basophils Whole blood EDTA,Flow Cytometry	00	%	0.00-1.00
ABSOLUTE NEUTROPHIL COUNT Whole Blood EDTA,Calculated	4.25	10^3/µL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT Calculated	2.84	10^3/µL	1.00-3.00
ABSOLUTE EOSINOPHIL COUNT Calculated	0.15	10^3/µL	0.02-0.50
ABSOLUTE MONOCYTE COUNT Calculated	0.3	10^3/µL	0.20-1.00

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Barcode No	: 490486	Registration	: 03/Sep/2024 04:35PM
Patient Name	**: MR. ADITYA JAISWAL**	Received	: 03/Sep/2024 04:36PM
Age/Gender	: 36 Y 0 M 0 D /M	Reported	: 03/Sep/2024 05:13PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST			
TOTAL BILIRUBIN Diazo	0.99	mg/dL	0.10 - 1.2
CONJUGATED (D. Bilirubin) Diazo	0.23	mg/dL	0.0 - 0.30
UNCONJUGATED (I.D. Bilirubin) Calculated	0.76	mg/dl	0.0 - 1.0
S.G.P.T UV without P5P	16	U/L	0-35
SGOT UV without P5P	21	U/L	0-40
ALKALINE PHOSPHATASE AMP	80.66	U/L	53 - 128
TOTAL PROTEINS Biuret	7.4	g/dL	6.4 - 8.3
ALBUMIN Bromocresol Green	4.2	g/dL	3.5 - 5.2
GLOBULIN Calculated	3.21	g/dL	2.30-4.50
A/G RATIO Calculated	1.31		1.0-2.3

INTERPRETATION

Bilirubin Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice).
Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts.
Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.
AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. Ast levels may also increase after a heart attck or strenuous activity.
ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health.
GGT may be higher with diabetes, heart failure, hyperthyroidism, or pancreatitis. Higher GGT levels also may mean liver damage from heavy, chronic alcohol abuse. GGT levels that are higher than normal may also signal a viral infection
Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyriodism, Leukemia, Lymphoma, paget`s disease, Rickets, Sarcoidosis etc. Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-including drugs etc.
Serum total protein, in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation

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Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range

or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition,

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Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
TOTAL CHOLESTEROL Cholesterol Oxidase,PAP	152.19	mg/dl	<200 Desirable~200 – 239 Borderline >240 High Risk
TRIGLYCERIDES GPO-TRINDER	112.3	mg/dL	Normal : <161~High : 161 - 199~Hyper Triglyceridemic : 200 - 499~Very High : >499
H D L CHOLESTEROL Direct Enzymatic Colorimetric	43	mg/dl	>40 Recommended Range
L D L CHOLESTEROL Calculated	86.73	mg/dl	70-130
VLDL Spectrophotmetry/Calculated	22.46	mg/dl	0.00-45.0
T. CHOLESTEROL/ HDL RATIO Calculated	3.54	Ratio	3.40-4.40
LDL / HDL RATIO Calculated	2.02	Ratio	1.0-3.5

COMMENT :-

(#). A lipid panel measures five different types of lipids from a blood sample, including:
(1). Total cholesterol: This is your overall cholesterol level — the combination of LDL-C, VLDL-C and HDL-C.
(2). Low-density lipoprotein (LDL) cholesterol: This is the type of cholesterol that's known as "bad cholesterol." It can collect in your blood vessels and increase your risk of cardiovascular disease.
(3). Very low-density lipoprotein (VLDL) cholesterol: This is a type of cholesterol that's usually present in very low amounts when the blood sample is a fasting samples since it's mostly comes from food you've recently eaten. An increase in this type of cholesterol in a fasting sample may be a sign of abnormal lipid metabolism.
(4). High-density lipoprotein (HDL) cholesterol: This is the type of cholesterol that's known as "good cholesterol." It helps decrease the buildup of LDL in your blood vessels.
(5).Triglycerides: This is a type of fat from the food we eat. Excess amounts of triglycerides in your blood are associated with cardiovascular disease and pancreatic inflammation.

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Patient Name	**: MR. ADITYA JAISWAL**	Received	: 03/Sep/2024 04:36PM
Age/Gender	: 36 Y 0 M 0 D /M	Reported	: 03/Sep/2024 05:15PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: Serum		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
HBA1C			
HBA1c HPLC	5.8	%	
ESTIMATED AVG. GLUCOSE	119.76	mg/dl	

Ref Range for HBA1c
Non-Diabetic :- 4.0 – 5.6
Increased Risk:- 5.7 – 6.4
In Diabetics:
Excellent Control: 6.5 – 7.0
Fair To Good Control: 7.0 – 8.0
Unsatisfactory Control:- 8.0 – 10
Poor Control: >10

COMMENT:

The Glycosylated Hemoglobin (HbA1c or A1c) test evaluates the average amount of glucose in the blood over the last 2 to 3 months.
This test is used to monitor treatment in someone who has been diagnosed with diabetes.
It helps to evaluate how well the person's glucose levels have been controlled by treatment over time. This test may be used to screen for and diagnose diabetes or risk of developing diabetes.
Depending on the type of diabetes that a person has, how well their diabetes is controlled, and on doctor recommendations, the HbA1c test may be measured 2 to 4 times each year.
The American Diabetes Association recommends HbA1c testing in diabetics at least twice a year.
When someone is first diagnosed with diabetes or if control is not good, HbA1c may be ordered more frequently.
Note: If a person has anemia, few type of hemoglobinopathy, hemolysis, or heavy bleeding, HbA1c test results may be falsely low.
If someone is iron-deficient, the HbA1c level may be increased.
If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.

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Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: Serum		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
FASTING BLOOD SUGAR			
Plasma Glucose Fasting Glucose Oxidase/Peroxidase	96.7	mg/dL	70 -110

INTERPRETATION:

Fasting blood sugar test. A blood sample will be taken after an overnight fasting blood sugar level less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

GGT			
GGT IFCC	26	U/L	12.0-58.0

INTERPRETATION:

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

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Barcode No	: 490484	Registration	: 03/Sep/2024 04:35PM
Patient Name	**: MR. ADITYA JAISWAL**	Received	: 03/Sep/2024 04:36PM
Age/Gender	: 36 Y 0 M 0 D /M	Reported	: 03/Sep/2024 05:31PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: Urine		

CLINICAL PATHOLOGY

Test Description	Observed Value	Unit	Reference Range
URINE FOR SUGAR - FASTING			
Result Benedicts test	NIL		Nil

INTERPRETATION:
When the glucose level in blood exceeds the renal thresholds of glucose (160-180mg/dl) glucose starts to appear in urine. Glucose in urine gets excreted in diabetes mellitus. Elevated level of glucose in urine may also be a result of renal glucosuria. Other causes of glucose in urine are hyperthyroidism, high sugar diet, liver cirrhosis.

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Age/Gender	: 36 Y 0 M 0 D /M	Reported	: 03/Sep/2024 05:33PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: SERUM		

HORMONE ASSAYS

Test Description	Observed Value	Unit	Reference Range

THYROID PROFILE. (T3,T4,TSH)

TRIODOTHYRONINE TOTAL (T3) CLIA	1.02	ng/mL	0.8 - 1.9

Summary & Interpretation:.
Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organsT3 is mainly formed extrathyroidally , particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration.It Occurs under the influence of medicaments such as propanolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

THYROXINE TOTAL (T4) CLIA	9.6	ug/dL	5.0 - 13.0

Summary & Interpretation:
The hormons thyroxime (T4) is the main product secreted by the thyroid gland. The major part of total thyroxime (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken in to account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications : the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

THYROID STIMULATING HORMONE (TSH) CLIA	1.245	µIU/mL	0.35 - 4.75

Summary & Interpretation
TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circardian secretion sequence.The determination of TSH serves as the initial test in thyroid diagnostics, Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularl suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:
1.TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between6-10 pm .The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. 4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41– 5.18

***** End Of Report *****

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CARDIOPRINT

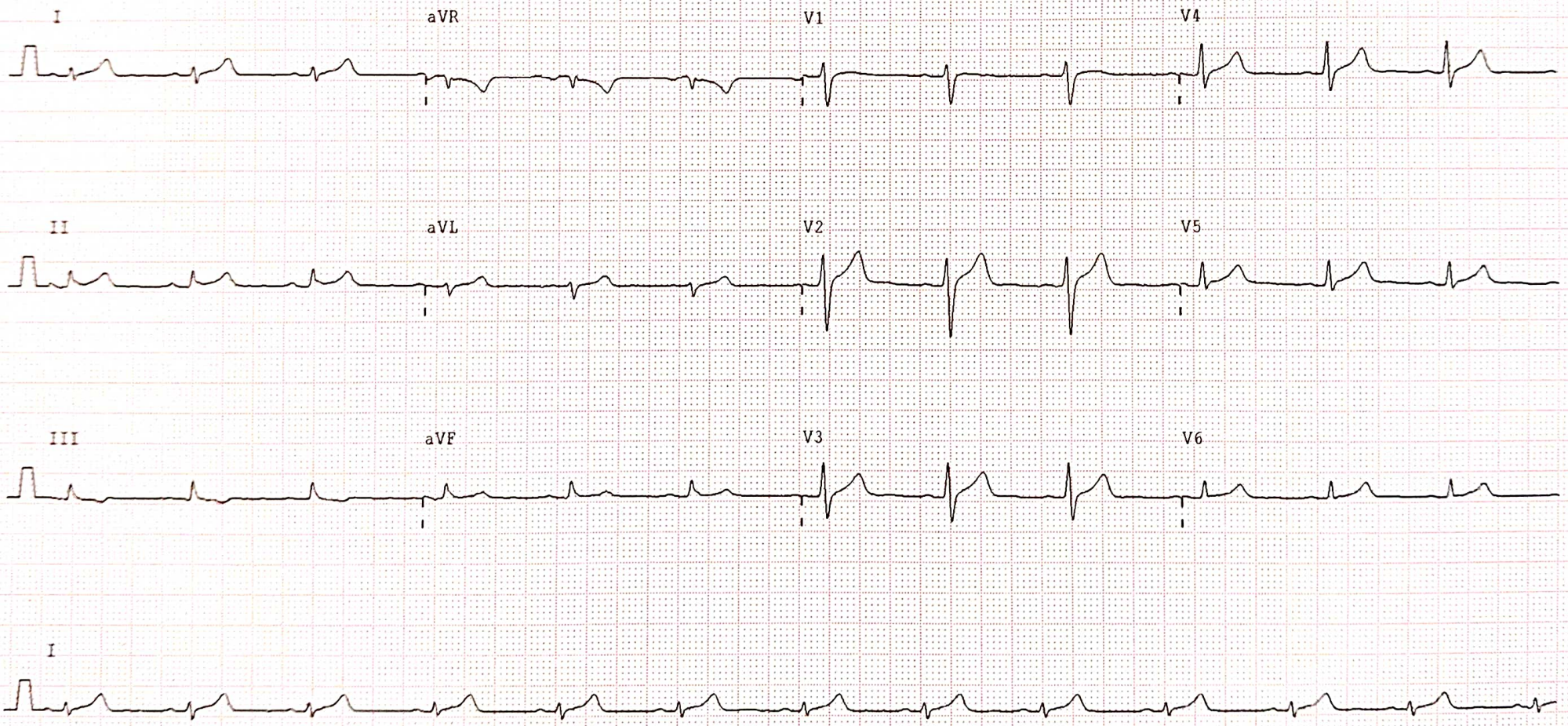
ID:152 CASE:DDDD ADITYA JAISWALL 03/09/2024 09:14:20

AGE:36 Y M D MALE HEALIC MULTISPECILITY CLINIC

Cms Kg INDRAPURAM

RATE	:	73 bpm	SINUS BRADYCARDIA
R-R	:	813 ms	POSSIBLE RIGHT VENTRICULAR HYPERTROPHY
P-R	:	144 ms	
QRS	:	88 ms	
QT	:	350 ms	
QTc	:	373 ms	
--AXIS--			
P	:	41°	
QRS	:	78°	
T	:	23°	

12 SL: REPORT FORMAT:3x4+1L SM REF:SELF Dr.



25mm/sec 5 mm/mV Notch: ON BLC:ON 0.05-35 Hz ALLENGERS PISCES 1012(VER- :1.11)CLINICALLY CORRELATE THE FINDINGS

HEALIC MULTISPECIALITY CLINIC

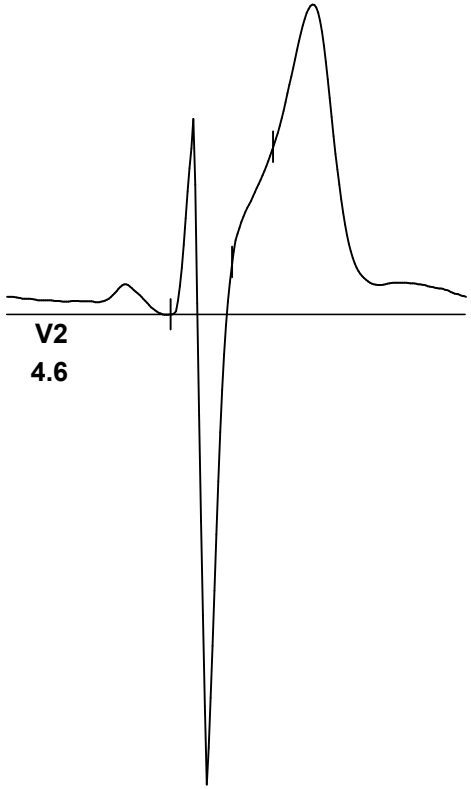
BRUCE:Standing(0:07)

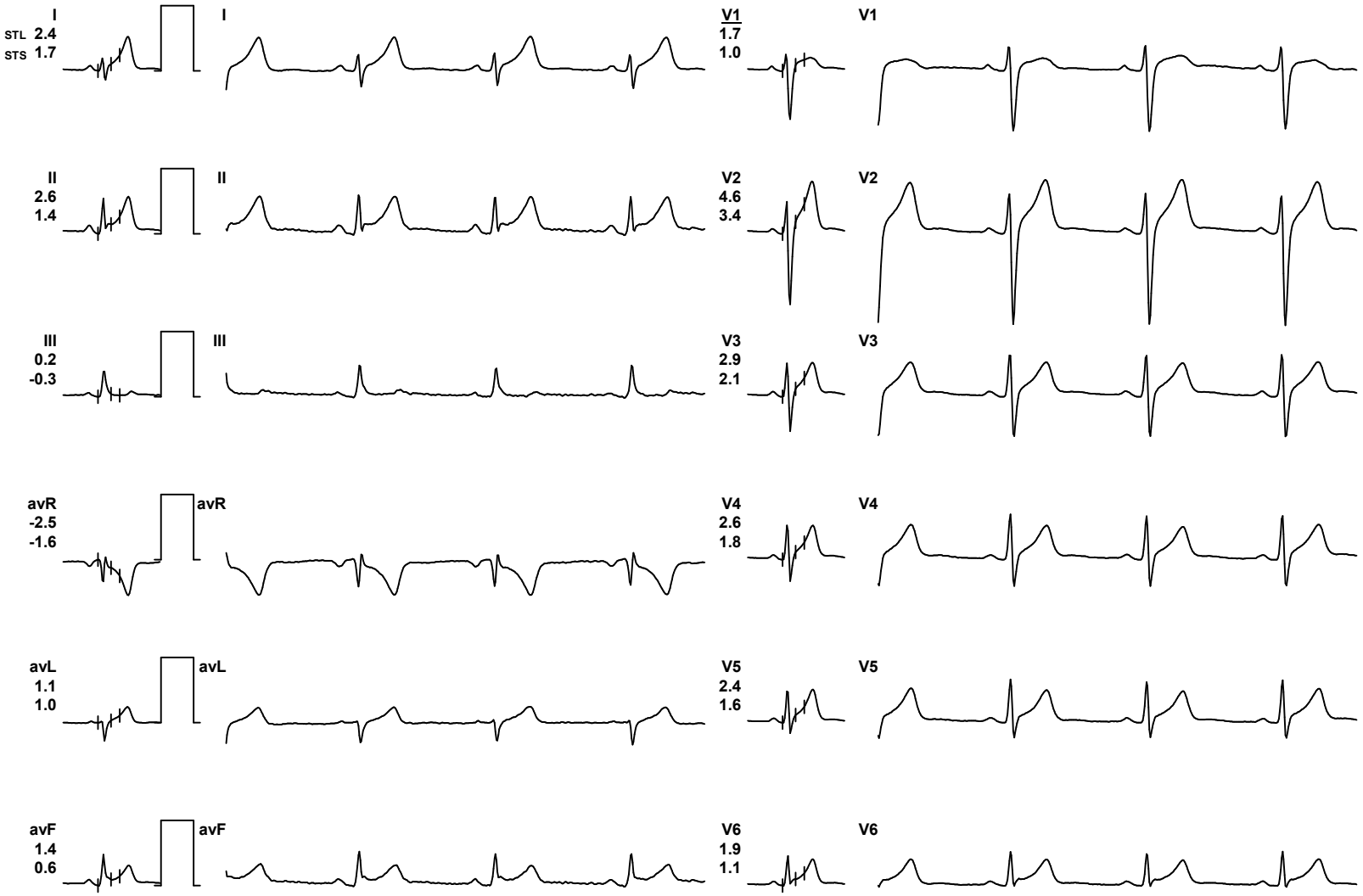
ADITYA JAISWAL / 36 Yrs / M / 0 Cms / 78 Kg / HR : 75

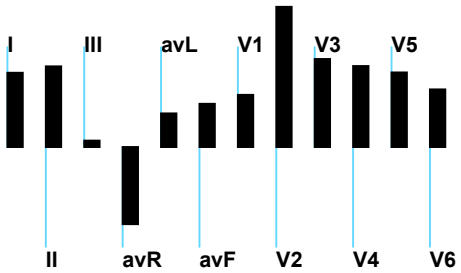
Date: 03 - 09 - 2024 METS: **1.0/ 75** bpm **41%** of THR BP: **---/--- mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **00:00** **0.0** mph, **0.0%**

4X **80 mS Post J**

25 mm/Sec. 1.0 Cm/mV







REMARKS:

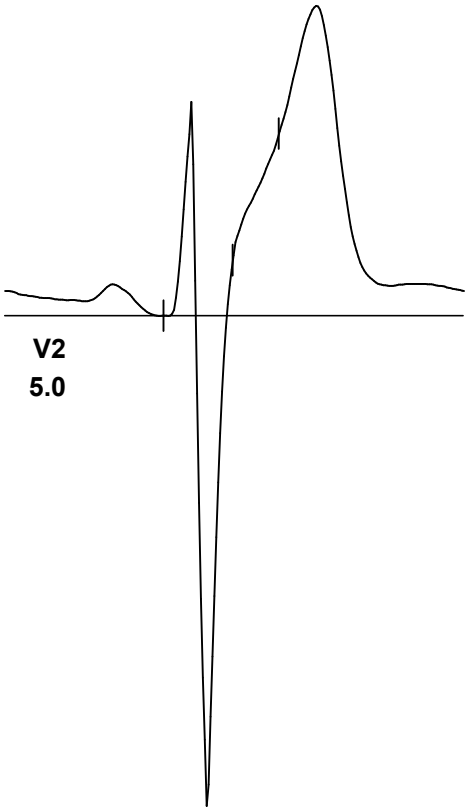
HEALIC MULTISPECIALITY CLINIC

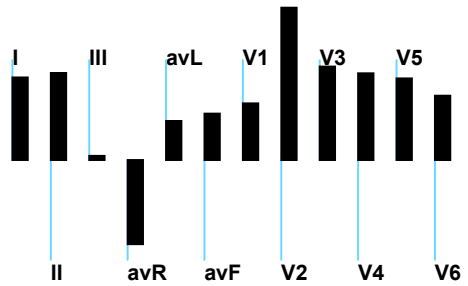
ExStart

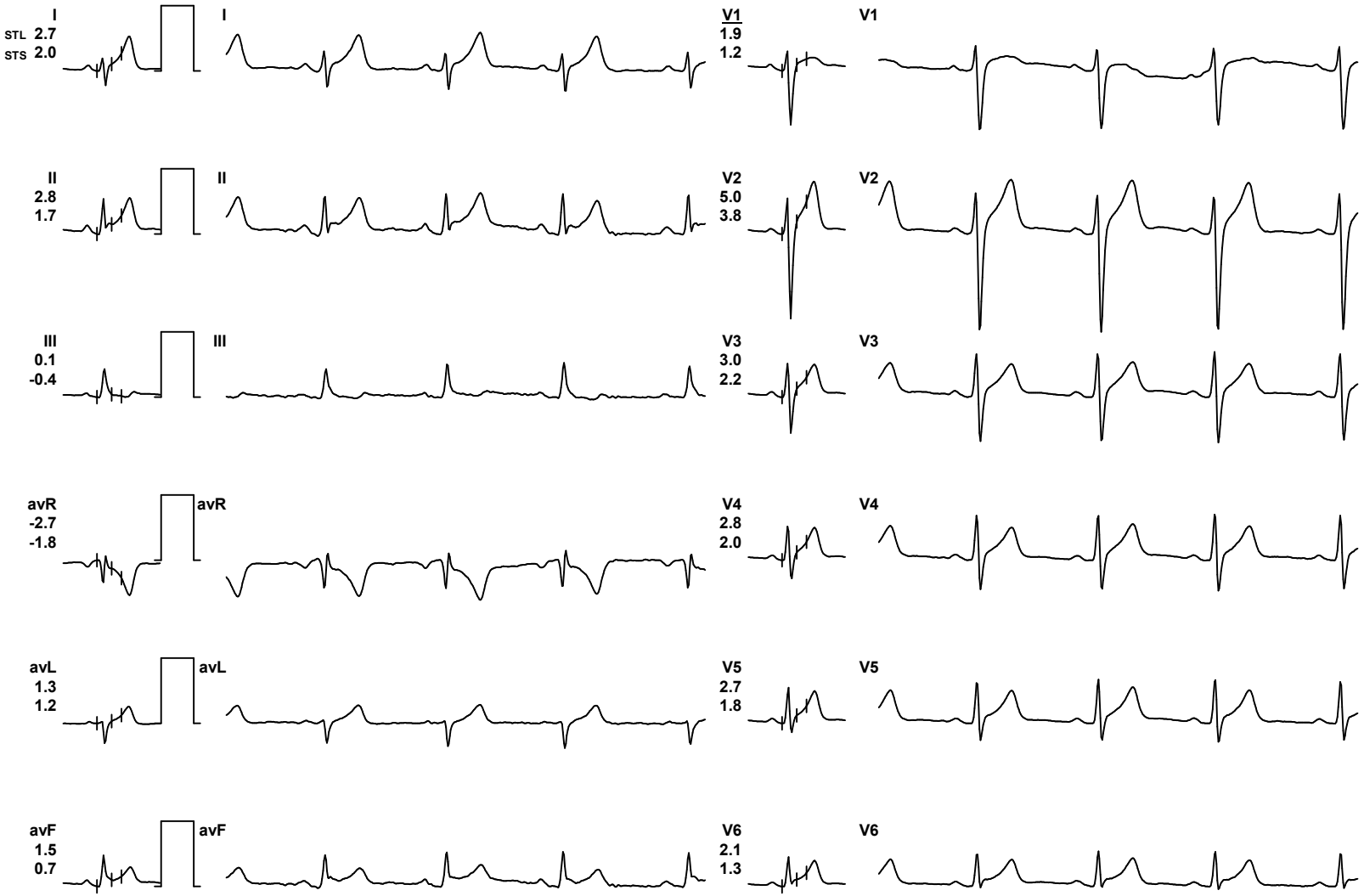
ADITYA JAISWAL / 36 Yrs / M / 0 Cms / 78 Kg / HR : 80

Date: 03 - 09 - 2024 METS: **1.0/ 80** bpm **43%** of THR BP: **---/--- mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **00:00** **0.0** mph, **0.0%**

4X **80 mS Post J** **25 mm/Sec. 1.0 Cm/mV**







REMARKS:

HEALIC MULTISPECIALITY CLINIC

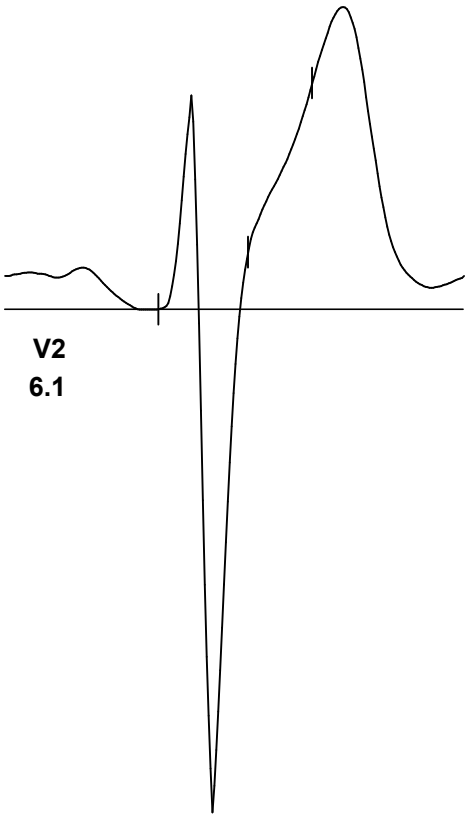
BRUCE:Stage 1(3:00)

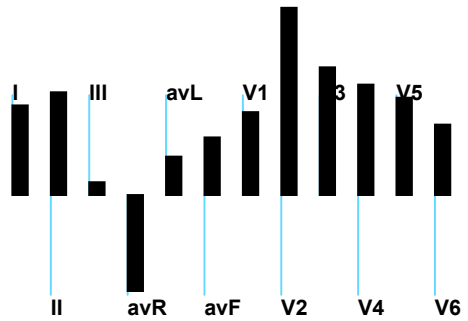
ADITYA JAISWAL / 36 Yrs / M / 0 Cms / 78 Kg / HR : 104

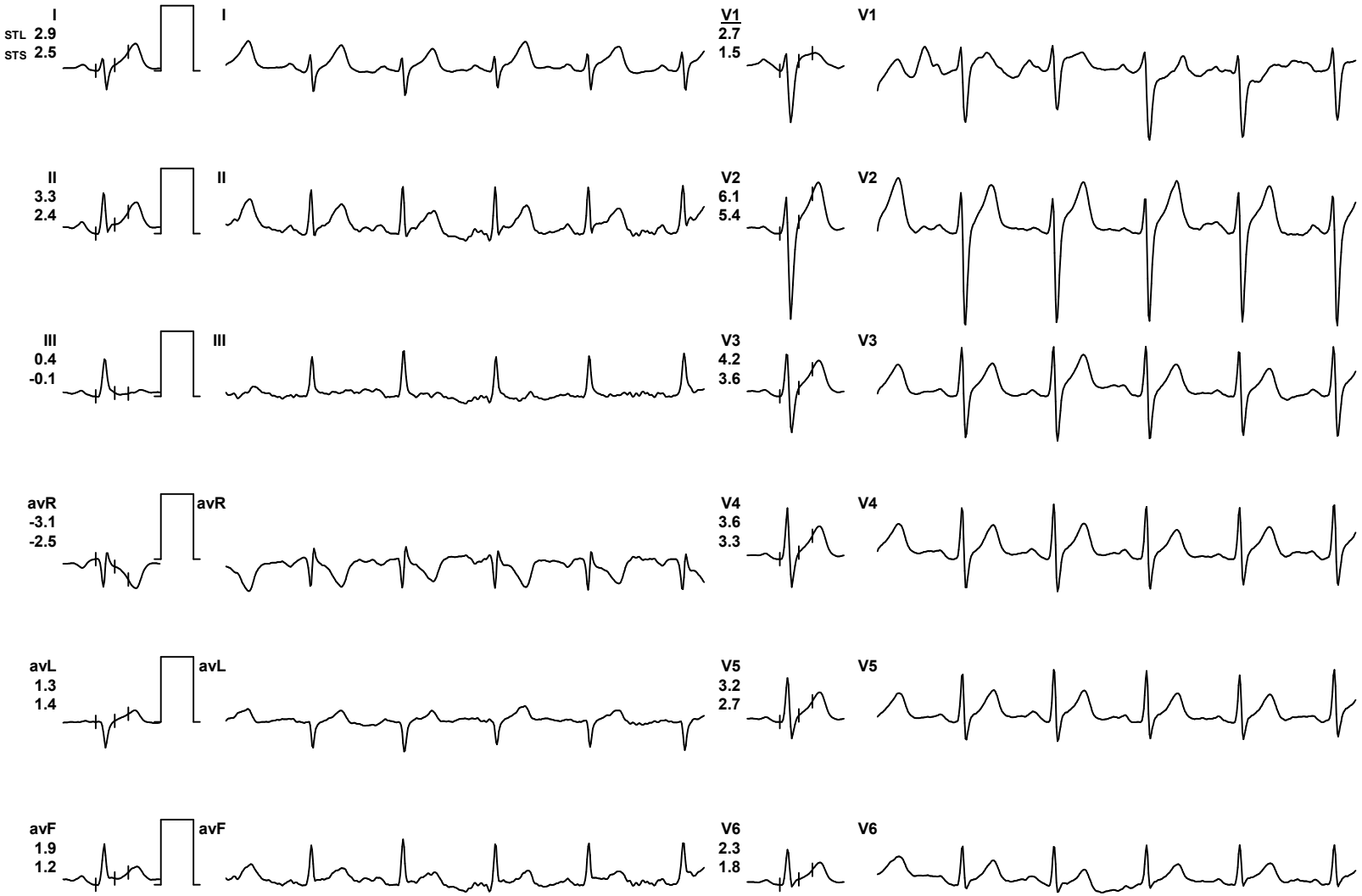
Date: 03 - 09 - 2024 METS: **4.7/ 104** bpm **57%** of THR BP: **120/83 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **03:00** **1.7** mph, **10.0%**

25 mm/Sec. 1.0 Cm/mV

4X **80 mS Post J**







REMARKS:

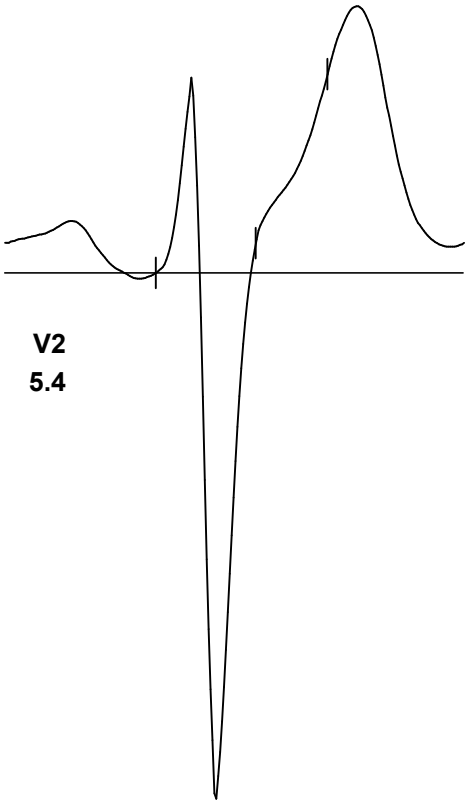
HEALIC MULTISPECIALITY CLINIC **BRUCE:Stage 2(3:00)**

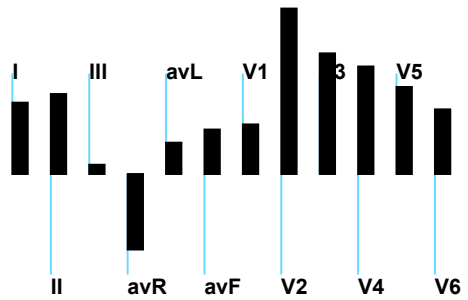
ADITYA JAISWAL / 36 Yrs / M / 0 Cms / 78 Kg / HR : 116

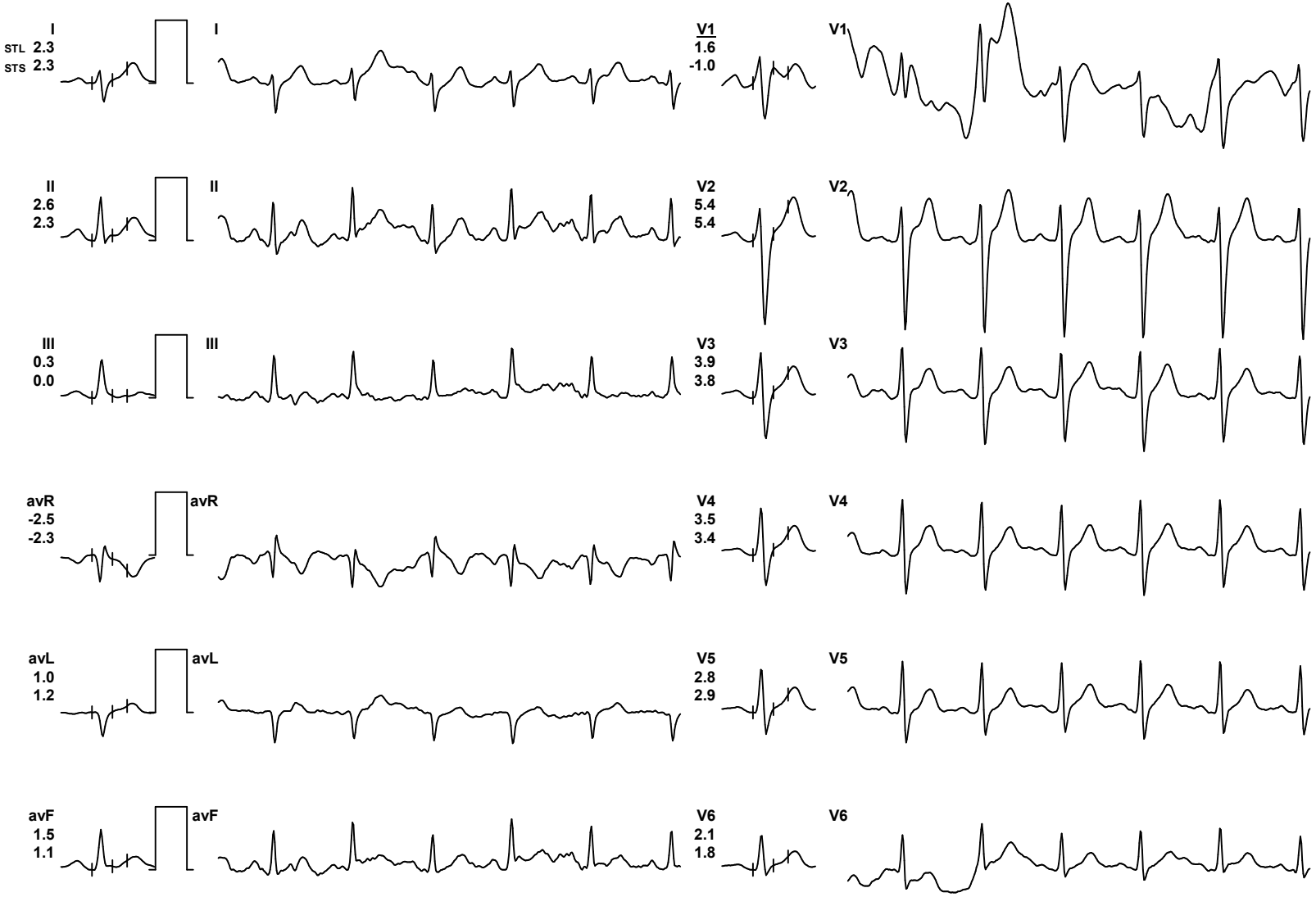
Date: 03 - 09 - 2024 METS: **7.1/ 116** bpm **63%** of THR BP: **121/84 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **06:00** **2.5** mph, **12.0%**

25 mm/Sec. 1.0 Cm/mV

4X **80 mS Post J**







REMARKS:

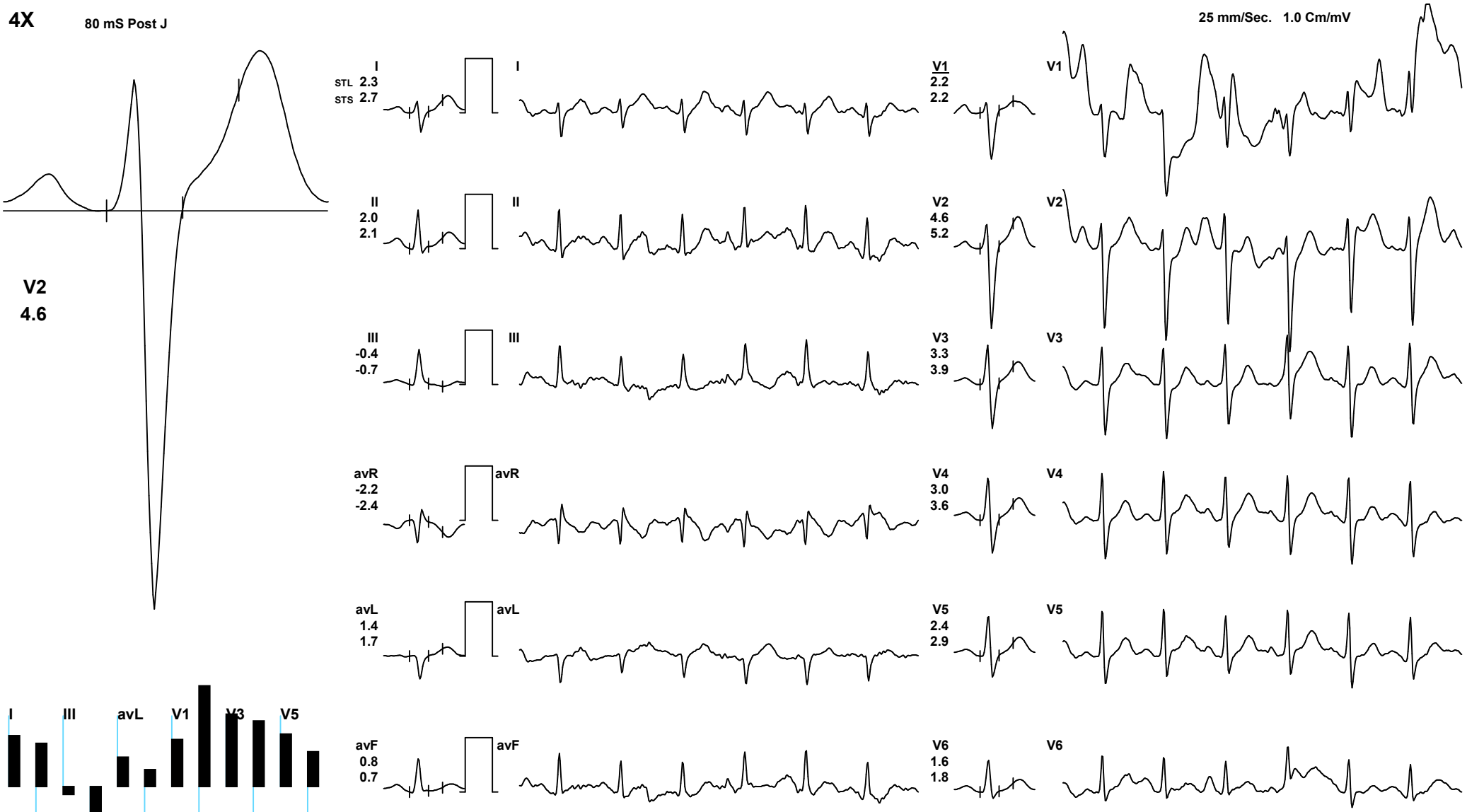
HEALIC MULTISPECIALITY CLINIC

BRUCE:Stage 3(3:00)

ADITYA JAISWAL / 36 Yrs / M / 0 Cms / 78 Kg / HR : 130

Date: 03 - 09 - 2024 METS: **10.2/ 130** bpm **71%** of THR BP: **122/85 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **09:00** **3.4** mph, **14.0%**

25 mm/Sec. 1.0 Cm/mV



REMARKS:

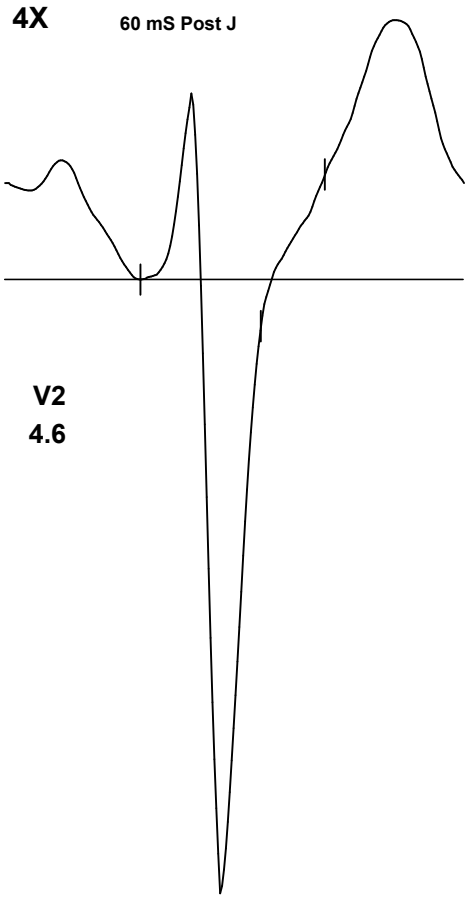
HEALIC MULTISPECIALITY CLINIC

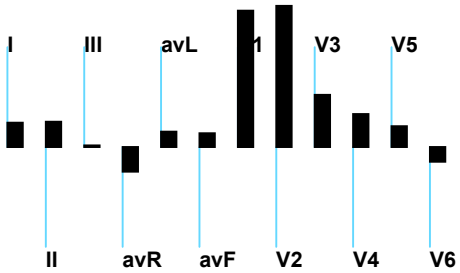
PeakEx

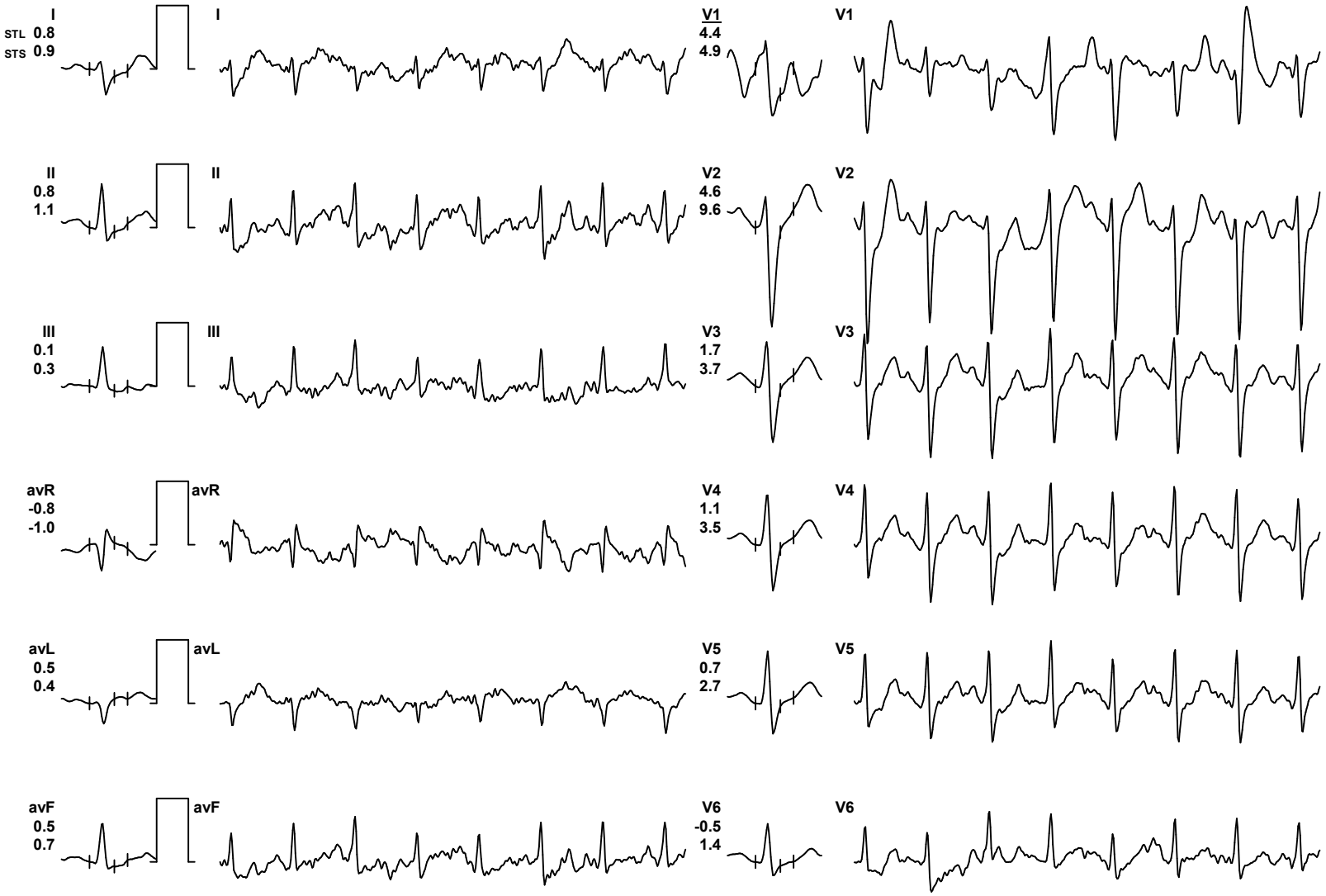
ADITYA JAISWAL / 36 Yrs / M / 0 Cms / 78 Kg / HR : 150

Date: 03 - 09 - 2024 METS: **11.1/ 150** bpm **82%** of THR BP: **122/85 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **09:47** **4.2** mph, **16.0%**

25 mm/Sec. 1.0 Cm/mV







REMARKS:

HEALIC MULTISPECIALITY CLINIC

Recovery(0:30)

ADITYA JAISWAL / 36 Yrs / M / 0 Cms / 78 Kg / HR : 138

Date: 03 - 09 - 2024 METS: **7.3/ 138** bpm **75%** of THR BP: **122/85 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime: **09:47** **0.0** mph, **0.0%**

25 mm/Sec. 1.0 Cm/mV

REMARKS:

HEALIC MULTISPECIALITY CLINIC

Report

C-3, PLOT NO GH-11, AHINSHA KHAND-2, INDRAPURAM EMail:

ADITYA JAISWAL / 36 Yrs / M / 0 Cms / 78 Kg
Date: 03 - 09 - 2024

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Standing	00:06	0:06	00.0	00.0	01.0	075	41 %	---/---	000	00	
ExStart	01:02	0:56	00.0	00.0	01.0	080	43 %	---/---	000	00	
BRUCE Stage 1	04:02	3:00	01.7	10.0	04.7	104	57 %	120/83	124	00	
BRUCE Stage 2	07:02	3:00	02.5	12.0	07.1	116	63 %	121/84	140	00	
BRUCE Stage 3	10:02	3:00	03.4	14.0	10.2	130	71 %	122/85	158	00	
PeakEx	10:49	0:47	04.2	16.0	11.1	150	82 %	122/85	183	00	
Recovery	11:18	0:30	00.0	00.0	07.3	138	75 %	122/85	168	00	

FINDINGS :

Exercise Time : 09:47
Initial HR (ExStrt) : 80 bpm 43% of Target 184
Initial BP (ExStrt) : 0/0 (mm/Hg)
Max WorkLoad Attained : 11.1 Good response to induced stress
Max ST Dep Lead & Avg ST Value : III & -0.4 mm in Stage 3

Max HR Attained 150 bpm 82% of Target 184
Max BP Attained 122/85 (mm/Hg)

Test End Reasons : Test Complete

REPORT :

Doctor : BIRENDRA