V1	V2	V3	V4
V6	Standard		

ID: 005061

Diagnosis Information:

Female / mmHg
28Years
cm kg

Ms. Arya T.

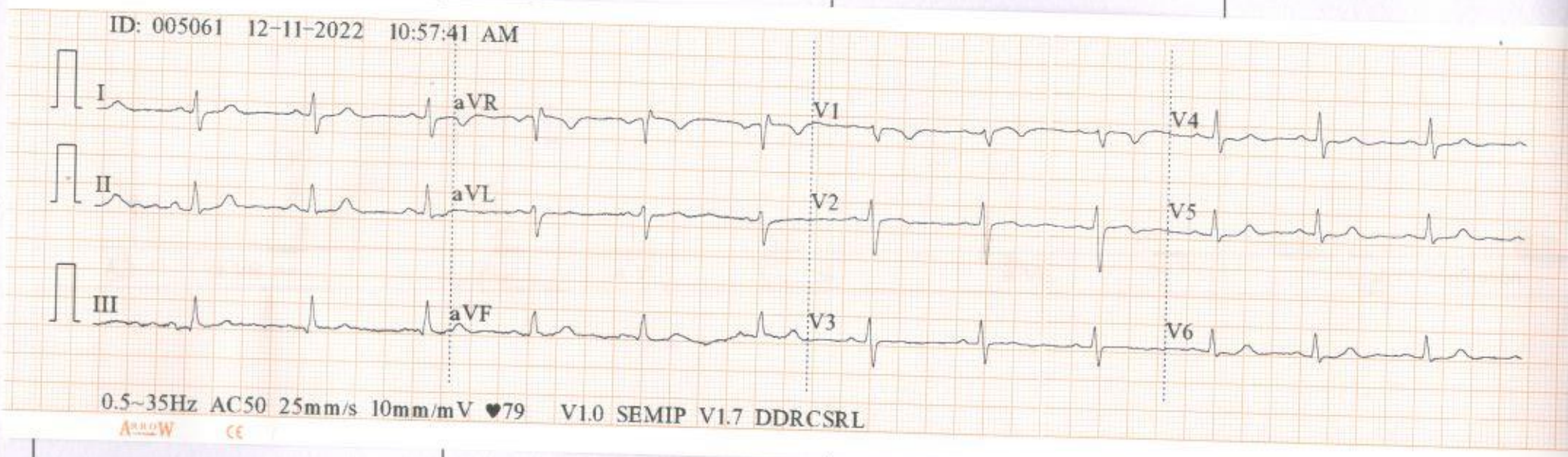
HR	: 76	bpm
P	: 99	ms
PR	: 142	ms
QRS	: 88	ms
QT/QTc	: 359/405	ms
P/QRS/T	: 39/97/53	°
RV5/SV1	: 0.435/0.234	mV

DRC SRL Diagnostics Pvt. Ltd. MEDICAL COLLEGE

Report Confirmed by:

ARROW CE

Standard	L 1	L II	L III	L III Inspiration



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Patient Ref. No. 666000002278156

LABORATORY SERVICES

Cert. No. MC-2812

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
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KERALA, INDIA
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Email : customercare.ddrc@srl.in

PATIENT NAME : ARYA T PATIENT ID : **ARYAF1211944182**

ACCESSION NO : **4182VK005061** AGE : 28 Years SEX : Female

DRAWN : RECEIVED : 12/11/2022 08:55 REPORTED : 14/11/2022 08:13

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

*** TREADMILL TEST**

TREADMILL TEST	REPORT ATTACHED

OPTHAL

OPTHAL	REPORT ATTACHED

*** PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION	REPORT ATTACHED

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Test Report Status	Results		Units
MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT			
*** SERUM BLOOD UREA NITROGEN**			
BLOOD UREA NITROGEN	9	Adult(<60 yrs) : 6 to 20	mg/dL
*** BUN/CREAT RATIO**			
BUN/CREAT RATIO	10.1		
CREATININE, SERUM			
CREATININE	0.89	18 - 60 yrs : 0.6 - 1.1	mg/dL
*** GLUCOSE, POST-PRANDIAL, PLASMA**			
GLUCOSE, POST-PRANDIAL, PLASMA	91	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
GLUCOSE, FASTING, PLASMA			
GLUCOSE, FASTING, PLASMA	84	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
*** GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD**			
GLYCOSYLATED HEMOGLOBIN (HBA1C)	4.8	Normal : 4.0 - 5.6%.% Non-diabetic level : < 5.7%. Diabetic : >6.5% Glycemic control goal More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%. Glycemic targets in CKD :- If eGFR > 60 : < 7%. If eGFR < 60 : 7 - 8.5%.	
MEAN PLASMA GLUCOSE	91.1		mg/dL
*** CORONARY RISK PROFILE (LIPID PROFILE), SERUM**			
CHOLESTEROL	184	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	62	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	51	General range : 40-60	mg/dL

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DIRECT LDL CHOLESTEROL	128		Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	**133**	**High**	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
CHOL/HDL RATIO	3.6		3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	2.5		0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
VERY LOW DENSITY LIPOPROTEIN	12.4		Desirable value : 10 - 35	mg/dL
*** LIVER FUNCTION TEST WITH GGT**				
BILIRUBIN, TOTAL	1.03		< 1.1	mg/dL
BILIRUBIN, DIRECT	0.35		General Range : < 0.2	mg/dL
BILIRUBIN, INDIRECT	**0.68**	**High**	0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.0		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.3		20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.7		2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.6		1.00 - 2.00	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19		Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16		Adults : < 34	U/L
ALKALINE PHOSPHATASE	58		Adult (<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	12		Adult (female) : < 40	U/L
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN	7.0		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM				
URIC ACID	4.6		Adults : 2.4-5.7	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD				

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Test Report Status	Results		Units
ABO GROUP	TYPE O		
RH TYPE	POSITIVE		
BLOOD COUNTS			
HEMOGLOBIN	13.5	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.46	3.8 - 4.8	mil/µL
WHITE BLOOD CELL COUNT	5.70	4.0 - 10.0	thou/µL
PLATELET COUNT	220	150 - 410	thou/µL
RBC AND PLATELET INDICES			
HEMATOCRIT	39.4	36 - 46	%
MEAN CORPUSCULAR VOL	88.3	83 - 101	fL
MEAN CORPUSCULAR HGB.	30.2	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.2	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	14.7	12.0 - 18.0	%
MEAN PLATELET VOLUME	7.6	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT - NLR			
SEGMENTED NEUTROPHILS	57	40 - 80	%
ABSOLUTE NEUTROPHIL COUNT	3.25	2.0 - 7.0	thou/µL
LYMPHOCYTES	33	20 - 40	%
ABSOLUTE LYMPHOCYTE COUNT	1.88	1 - 3	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.7		
EOSINOPHILS	3	1 - 6	%
ABSOLUTE EOSINOPHIL COUNT	0.17	0.02 - 0.50	thou/µL
MONOCYTES	7	2 - 10	%
ABSOLUTE MONOCYTE COUNT	0.40	0.20 - 1.00	thou/µL
BASOPHILS	0	0 - 2	%
ABSOLUTE BASOPHIL COUNT	0.0		thou/µL
ERYTHRO SEDIMENTATION RATE, BLOOD			
SEDIMENTATION RATE (ESR)	13	0 - 20	mm at 1 hr
STOOL: OVA & PARASITE	RESULT PENDING		
*** SUGAR URINE - POST PRANDIAL**			
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	
*** THYROID PANEL, SERUM**			
T3	123.70	80 - 200	ng/dL

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T4	7.68	5.1 - 14.1	µg/dl
TSH 3RD GENERATION	3.800	Non-Pregnant : 0.4-4.2 Pregnant Trimester-wise : 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3	µIU/mL
URINE ANALYSIS			
COLOR	YELLOWISH		
APPEARANCE	CLEAR		
PH	6.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.020	1.003 - 1.035	
PROTEIN	NEGATIVE	NOT DETECTED	
KETONES	NEGATIVE	NOT DETECTED	
BLOOD	NEGATIVE	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
NITRITE	NEGATIVE	NOT DETECTED	
EPITHELIAL CELLS	0-1	0-5	/HPF
CHEMICAL EXAMINATION, URINE			
GLUCOSE	NEGATIVE	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
MICROSCOPIC EXAMINATION, URINE			
WBC	0-1	0-5	/HPF
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CASTS	NEGATIVE		
CRYSTALS	NEGATIVE		
REMARKS	NIL		

Interpretation(s)
SERUM BLOOD UREA NITROGEN-
Causes of Increased levels
Pre renal
• High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
• Renal Failure
Post Renal
• Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels
• Liver disease
• SIADH.

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CREATININE, SERUM-
Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
• Myasthenia Gravis
• Muscular dystrophy
GLUCOSE, POST-PRANDIAL, PLASMA-
ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water,over a period of 5 minutes.
GLUCOSE, FASTING, PLASMA-
ADA 2012 guidelines for adults as follows:
Pre-diabetics: 100 - 125 mg/dL
Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)
GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-
Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks.
Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycated hemoglobin values due to a somewhat longer life span of the red cells.
Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these conditions, alternative forms of testing such as glycated serum protein (fructosamine) should be considered.
"Targets should be individualized; More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations.''

References
1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R.Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 879-884.
2. Forsham PH. Diabetes Mellitus:A rational plan for management. Postgrad Med 1982, 71,139-154.
3. Mayer TK, Freedman ZR: Protein glycosylation in Diabetes Mellitus: A review of laboratory measurements and their clinical utility. Clin Chim Acta 1983, 127, 147-184.
CORONARY RISK PROFILE (LIPID PROFILE), SERUM-
Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk.It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the ""good"" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely.HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease.
Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

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Test Report Status	Results	Units

Recommendations:
Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.
TOTAL PROTEIN, SERUM-
Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation 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, Nephrotic syndrome,Protein-losing enteropathy etc.
URIC ACID, SERUM-
Causes of Increased levels
Dietary
• High Protein Intake.
• Prolonged Fasting,
• Rapid weight loss.
Gout
Lesch nyhan syndrome.
Type 2 DM.
Metabolic syndrome.

Causes of decreased levels
• Low Zinc Intake
• OCP's
• Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels
• Drink plenty of fluids
• Limit animal proteins
• High Fibre foods
• Vit C Intake
• Antioxidant rich foods
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-
Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.
BLOOD COUNTS-
The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
RBC AND PLATELET INDICES-
The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
WBC DIFFERENTIAL COUNT - NLR-
The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.
ERYTHRO SEDIMENTATION RATE, BLOOD-
Erythrocyte sedimentation rate (ESR) is a non - specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0 -1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Reference :
1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition
2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin
3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th Edition"
SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST
THYROID PANEL, SERUM-

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Triiodothyronine T3 , is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in Pregnancy	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

	T3 (ng/dL)	T4 (µg/dL)
New Born:	75 - 260	1-3 day: 8.2 - 19.9
.		1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.
Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:
1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
3. Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition
MICROSCOPIC EXAMINATION, URINE-
Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders
Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever
Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.
Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.
Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.
Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.
Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.
pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.
Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.
Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.
Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of hemolytic anemia

Scan to View Details

Scan to View Report

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

Patient Ref. No. 666000002278156

LABORATORY SERVICES

Cert. No. MC-2812

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS
ASTER SQUARE BUILDING, ULLOOR,
MEDICAL COLLEGE P.O
TRIVANDRUM, 695011
KERALA, INDIA
Tel : 93334 93334, Fax : CIN - U85190MH2006PTC161480
Email : customercare.ddrc@srl.in

PATIENT NAME : ARYA T PATIENT ID : **ARYAF1211944182**

ACCESSION NO : **4182VK005061** AGE : 28 Years SEX : Female

DRAWN : RECEIVED : 12/11/2022 08:55 REPORTED : 14/11/2022 08:13

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status	Results	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

*** ECG WITH REPORT**

REPORT

REPORT GIVEN

*** USG ABDOMEN AND PELVIS**

REPORT

REPORT GIVEN

*** CHEST X-RAY WITH REPORT**

REPORT

REPORT GIVEN

****End Of Report****
Please visit www.srlworld.com for related Test Information for this accession
TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

BABU K MATHEW
HOD -BIOCHEMISTRY

DR.VAISHALI RAJAN
HOD - HAEMATOLOGY

PADMANABHAN NAIR
HOD - HORMONES

DR. SRI SRUTHY
CONSULTANT
MICROBIOLOGIST

Scan to View Details

Scan to View Report

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. ARYA · T ·	
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):	① cheek
3. Age/Date of Birth	:	28, 11-11-1994	Gender: F/M ✓
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)	

PHYSICAL DETAILS:

a. Height ..... 164 ..... (cms) b. Weight ..... 75 ..... (Kgs) c. Girth of Abdomen ..... (cms)

d. Pulse Rate ..... 86 ..... (/Min) e. Blood Pressure:

	Systolic	Diastolic
1st Reading	120	80
2nd Reading		

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	61	Angioplasty	–
Mother	51	DM.	–
Brother(s)	–	–	–
Sister(s)	–	–	–

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
✓	✓	✓

PERSONAL HISTORY

a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N ✓

b. Have you undergone/been advised any surgical procedure? Y/N ✓

c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N ✓

d. Have you lost or gained weight in past 12 months? Y/N ✓

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N ✓
- Any disorders of Respiratory system? Y/N ✓
- Any Cardiac or Circulatory Disorders? Y/N ✓
- Enlarged glands or any form of Cancer/Tumour? Y/N ✓
- Any Musculoskeletal disorder? Y/N ✓
- Any disorder of Gastrointestinal System? Y/N ✓
- Unexplained recurrent or persistent fever, and/or weight loss Y/N ✓
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Antenatal Period Y/N
- Are you presently taking medication of any kind? Thyroxine 12.5 OD. 1 month. Y/N

DDRC SRL Diagnostics Private Limited
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com
Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai – 400062.

- Any disorders of Urinary System? Y/N
- Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs? Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries? Y/N

d. Do you have any history of miscarriage/ abortion or MTP Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc Thyroxine 25mg. Y/N

f. Are you now pregnant? If yes, how many months? Y/N

CONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examine's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

.....

.....

- Do you think he/she is MEDICALLY FIT or UNFIT for employment.

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Dr. SERIN LOPEZ. MBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. 77656

Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch :

Date & Time :

DDRC SRL Diagnostics Private Limited
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com
Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai – 400062.

DDRC SRL

Patient Details **Date: 12-Nov-22** **Time: 1:45:32 PM**

Name: ARYA T ID: 4182VK005061

Age: 28 y **Sex: F** **Height: 167 cms** **Weight: 75 Kgs**

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 192 bpm **THR:** 172 (90 % of Pr.MHR) bpm

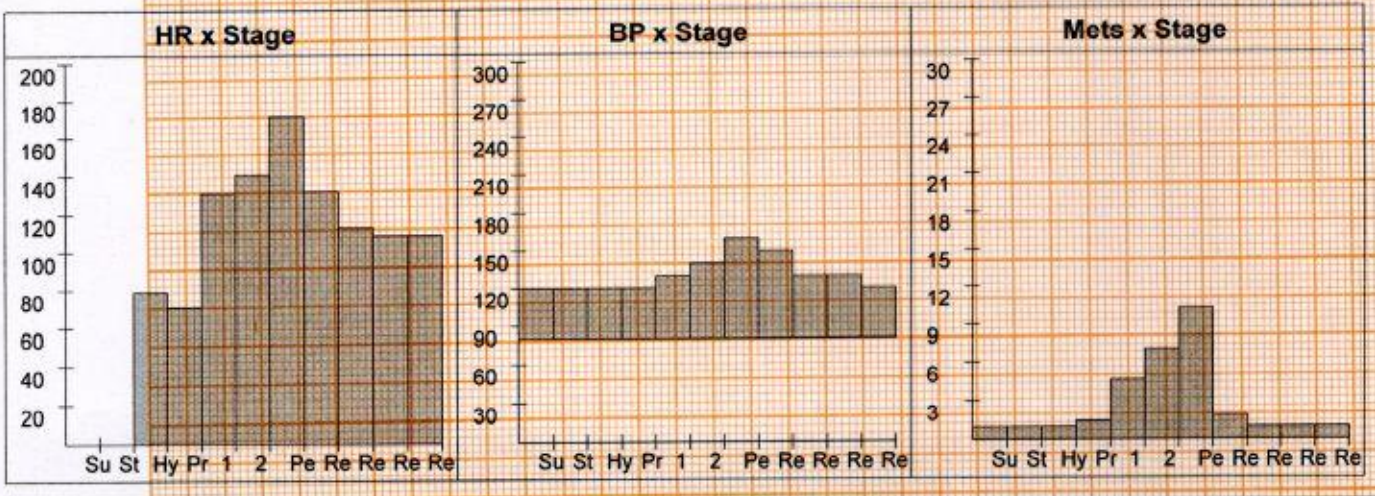
Total Exec. Time: 7 m 51 s **Max. HR:** 172 (90% of Pr.MHR)bpm **Max. Mets:** 10.20

Max. BP: 160 / 80 mmHg **Max. BP x HR:** 27520 mmHg/min **Min. BP x HR:** 6320 mmHg/min

Test Termination Criteria: THR ATTAINED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 8	1.0	0	0	0	120 / 80	0.00 I	0.00 II
Standing	0 : 1	1.0	0	0	0	120 / 80	0.00 I	0.00 II
Hyperventilation	0 : 23	1.0	0	0	79	120 / 80	-0.42 aVR	0.71 II
1	3 : 0	4.6	1.7	10	131	130 / 80	-1.27 III	2.48 II
2	3 : 0	7.0	2.5	12	141	140 / 80	-1.49 V6	2.48 II
Peak Ex	1 : 51	10.2	3.4	14	172	160 / 80	-1.06 III	2.83 II
Recovery(1)	1 : 0	1.8	1	0	132	150 / 80	-1.91 aVR	3.89 II
Recovery(2)	1 : 0	1.0	0	0	113	130 / 80	-1.91 aVR	3.89 II
Recovery(3)	1 : 0	1.0	0	0	109	130 / 80	-0.64 aVR	2.12 II
Recovery(4)	0 : 24	1.0	0	0	109	120 / 80	-0.64 aVR	1.77 II



DDRC SRL

Patient Details **Date:** 12-Nov-22 **Time:** 1:45:32 PM

Name: ARYA T ID: 4182VK005061

Age: 28 y **Sex:** F **Height:** 167 cms **Weight:** 75 Kgs

Interpretation

The patient exercised according to the Bruce protocol for 7 m 51 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 0 bpm, rose to a max. heart rate of 172 (90% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg.
NO ANGINA/ARRHYTHMIAS/SOB
GOOD EFFORT TOLERANCE
NO SIGNIFICANT ST CHANGES
TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Ref. Doctor: Bank of Baroda

Doctor: DR.J.PRABAKARAN

DR. J. PRABAKARAN
Consulting Cardiologist

(Summary Report edited by user)

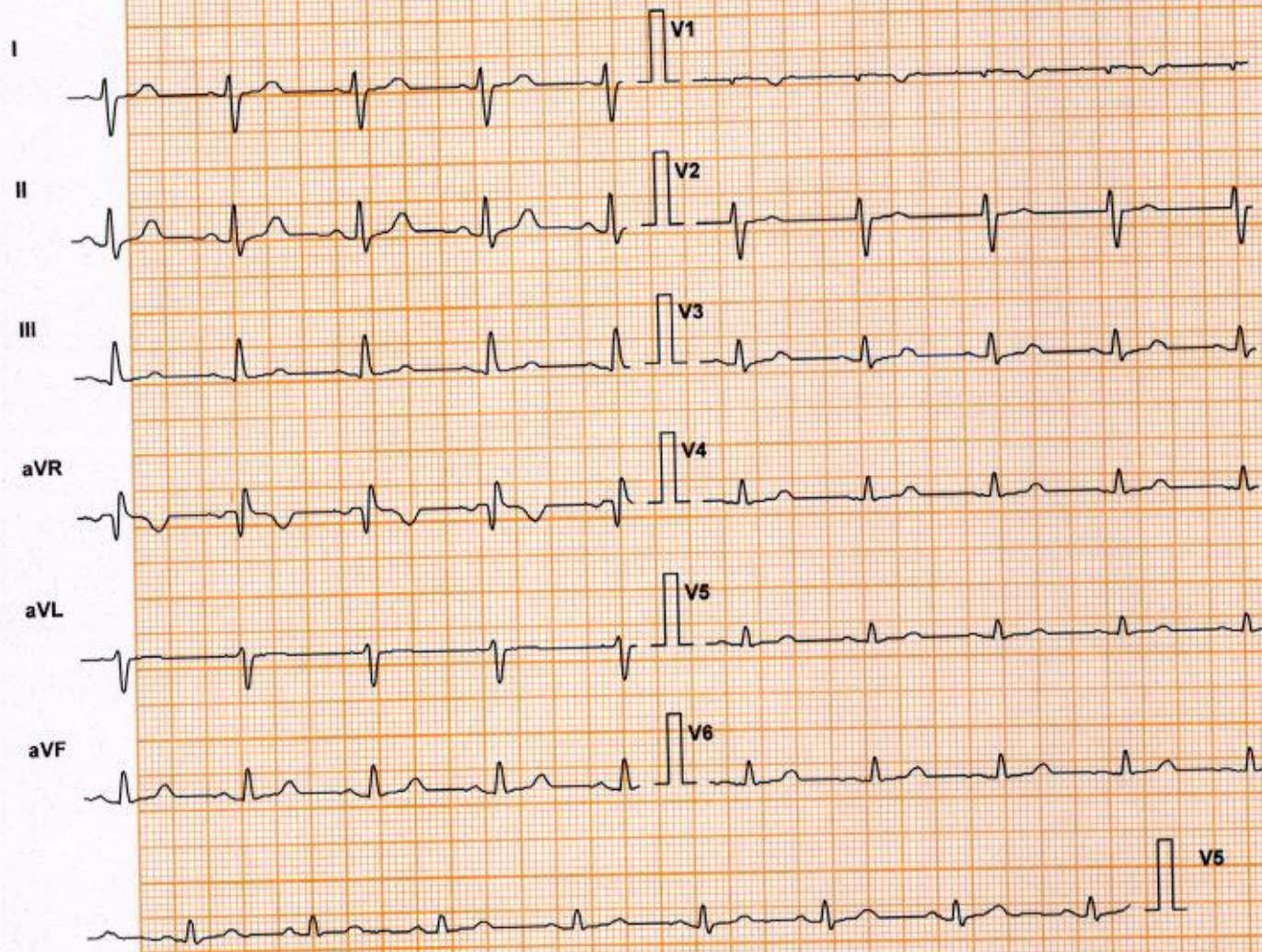
DDRC SRL

ARYA T (28 F)
Protocol: Bruce
Exec Time : 0 m 0 s

ID: 4182VK005061
Stage: Supine
Stage Time : 0 m 2 s

Date: 12-Nov-22
Speed: 0 mph
HR: 82 bpm

B.P: 120 / 80
Grade: 0 %
(THR: 172 bpm)



I	0.4	aVR	-0.4	V1	0.0	V4	0.4	ST Level (mm)
	0.4		-0.4		0.0		0.4	ST Slope (mV / s)
II	0.8	aVL	0.2	V2	0.2	V5	0.2	
	0.7		0.4		0.4		0.4	
III	0.2	aVF	0.4	V3	0.4	V6	0.2	
	0.4		0.4		0.4		0.4	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms *J = R + 60 ms*

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

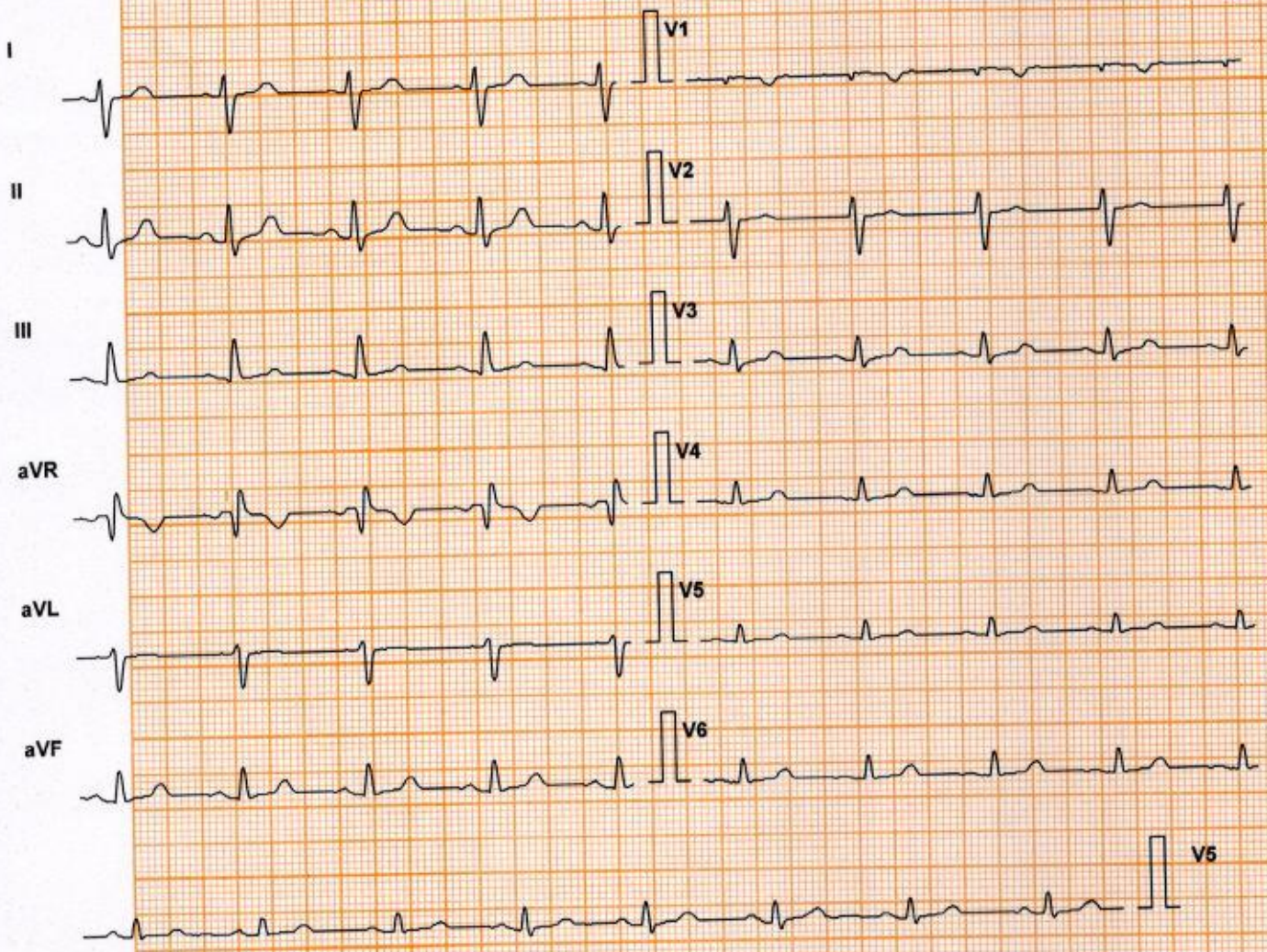
DDRC SRL

ARYA T (28 F)
Protocol: Bruce
Exec Time : 0 m 0 s

ID: 4182VK005061
Stage: Standing
Stage Time : 0 m 3 s

Date: 12-Nov-22
Speed: 0 mph
HR: 82 bpm

B.P: 120 / 80
Grade: 0 %
(THR: 172 bpm)



I	0.4	aVR	-0.4	V1	0.0	V4	0.4	ST Level (mm)
	0.4		-0.4		0.0		0.4	ST Slope (mV / s)
II	0.8	aVL	0.2	V2	0.2	V5	0.2	
	0.7		0.4		0.4		0.4	
III	0.2	aVF	0.4	V3	0.4	V6	0.2	
	0.4		0.4		0.4		0.4	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

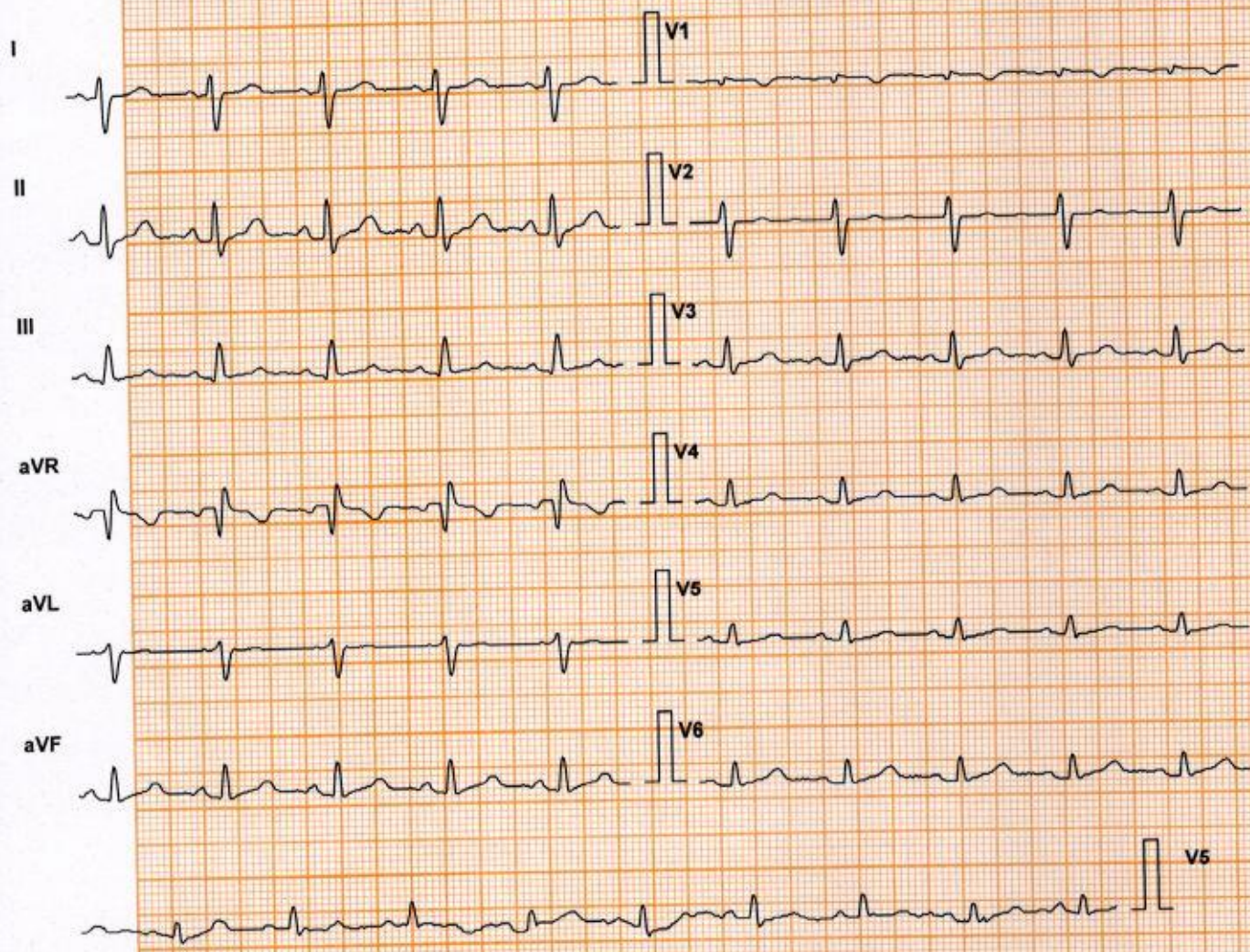
DDRC SRL

ARYA T (28 F)
Protocol: Bruce
Exec Time : 0 m 0 s

ID: 4182VK005061
Stage: Hyperventilation
Stage Time : 0 m 17 s

Date: 12-Nov-22
Speed: 0 mph
HR: 91 bpm

B.P: 120 / 80
Grade: 0 %
(THR: 172 bpm)



I	0.2	aVR	-0.6	V1	0.0	V4	0.6	ST Level (mm)
	0.0		-0.4		0.0		0.7	ST Slope (mV / s)
II	1.1	aVL	-0.2	V2	0.0	V5	0.2	
	1.1		-0.4		0.0		0.4	
III	0.4	aVF	0.6	V3	0.6	V6	0.8	
	0.4		0.7		0.4		0.7	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

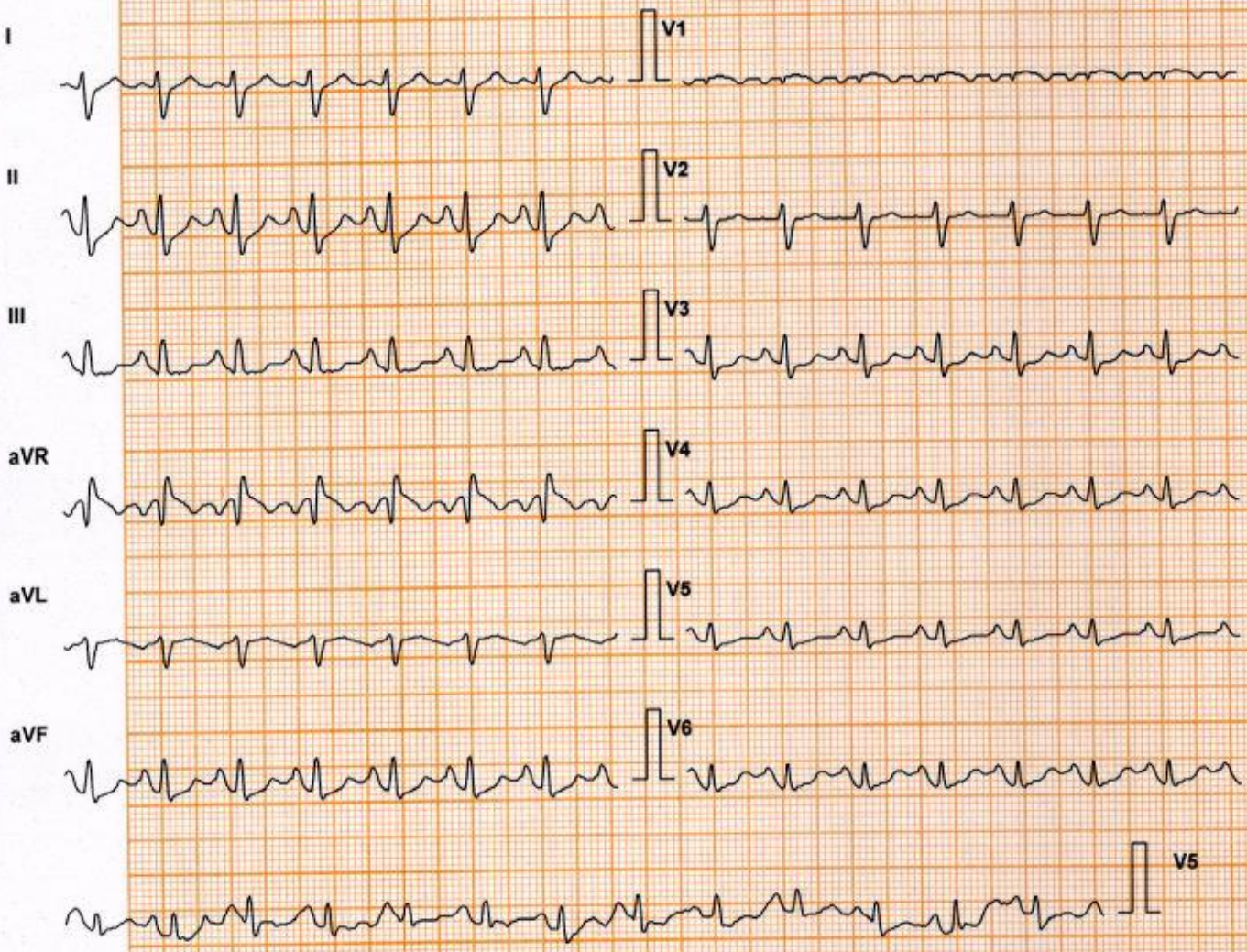
DDRC SRL

ARYA T (28 F)
Protocol: Bruce
Exec Time : 2 m 54 s

ID: 4182VK005061
Stage: 1
Stage Time : 2 m 54 s

Date: 12-Nov-22
Speed: 1.7 mph
HR: 133 bpm

B.P: 130 / 80
Grade: 10 %
(THR: 172 bpm)



I	0.4	aVR	-0.6	V1	0.2	V4	-0.2	ST Level (mm)
	1.1		-1.8		-0.4		0.7	ST Slope (mV / s)
II	0.4	aVL	0.6	V2	0.2	V5	0.0	
	2.1		0.7		0.4		0.7	
III	-0.4	aVF	0.0	V3	-0.4	V6	0.4	
	0.4		1.1		0.4		1.1	

Chart Speed: 25 mm/sec
Filter: 35 Hz
Mains Filt: ON
Amp: 10 mm
Linked Median

Schiller Spandan V 4.7
Iso = R - 60 ms
J = R + 60 ms
Post J = J + 60 ms

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM. KOTTAYAM. COCHIN. CALICUT.

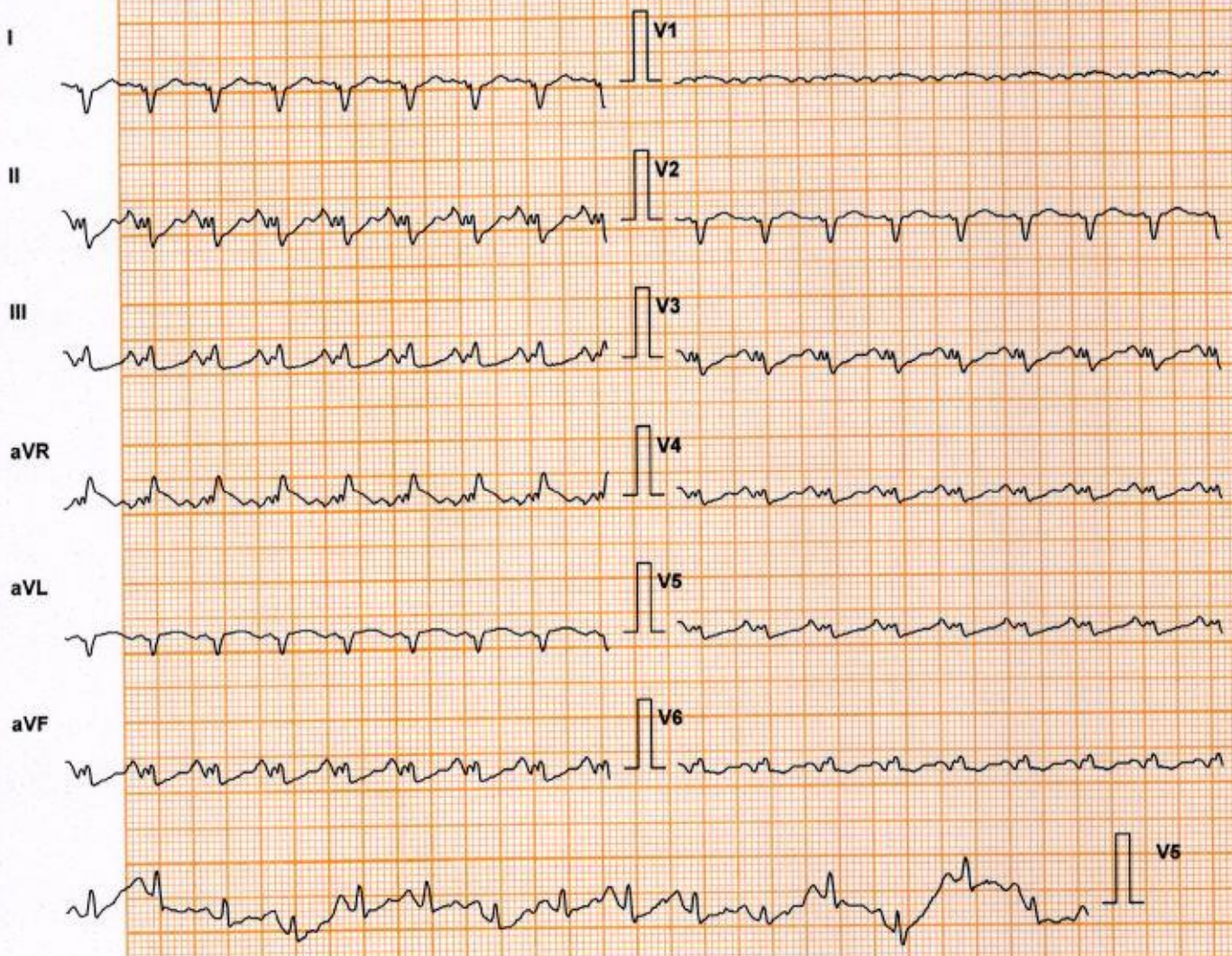
DDRC SRL

ARYA T (28 F)
Protocol: Bruce
Exec Time : 5 m 54 s

ID: 4182VK005061
Stage: 2
Stage Time : 2 m 54 s

Date: 12-Nov-22
Speed: 2.5 mph
HR: 153 bpm

B.P: 140 / 80
Grade: 12 %
(THR: 172 bpm)



I	0.0	aVR	0.0	V1	0.0	V4	-0.2	ST Level (mm)
	0.7		-1.4		-0.4		0.7	ST Slope (mV / s)
II	-0.2	aVL	0.4	V2	0.4	V5	-0.4	
	1.8		0.4		1.1		0.7	
III	-0.4	aVF	-0.4	V3	-0.2	V6	0.0	
	0.4		1.1		1.1		0.0	

Chart Speed: 25 mm/sec
Filter: 35 Hz
Mains Filt: ON
Amp: 10 mm
Schiller Spandan V 4.7
Iso = R - 60 ms *J = R + 60 ms* *Post J = J + 60 ms*
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

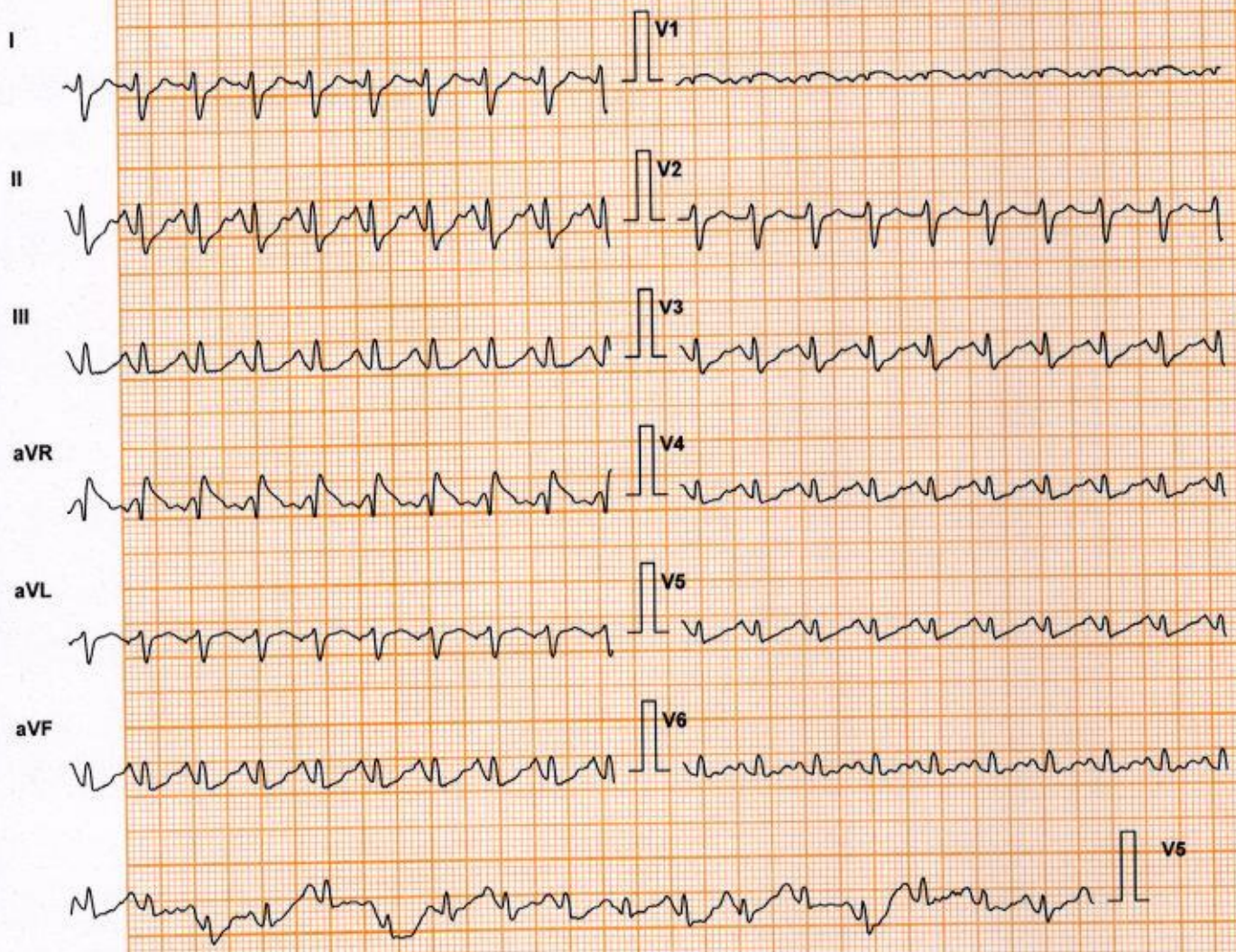
DDRC SRL

ARYA T (28 F)
Protocol: Bruce
Exec Time : 7 m 45 s

ID: 4182VK005061
Stage: Peak Ex
Stage Time : 1 m 45 s

Date: 12-Nov-22
Speed: 3.4 mph
HR: 172 bpm

B.P: 160 / 80
Grade: 14 %
(THR: 172 bpm)



I	0.4	aVR	0.0	V1	0.2	V4	-0.2	ST Level (mm)
	1.8		-2.1		-0.7		1.1	ST Slope (mV / s)
II	-0.2	aVL	0.6	V2	0.6	V5	-0.4	
	2.5		0.7		1.1		1.1	
III	-0.6	aVF	-0.4	V3	-0.4	V6	0.2	
	0.4		1.4		1.4		0.0	

Chart Speed: 25 mm/sec
Filter: 35 Hz
Mains Filt: ON
Amp: 10 mm
Linked Median

Schiller Spandan V 4.7
Iso = R - 60 ms *J = R + 60 ms* *Post J = J + 60 ms*

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

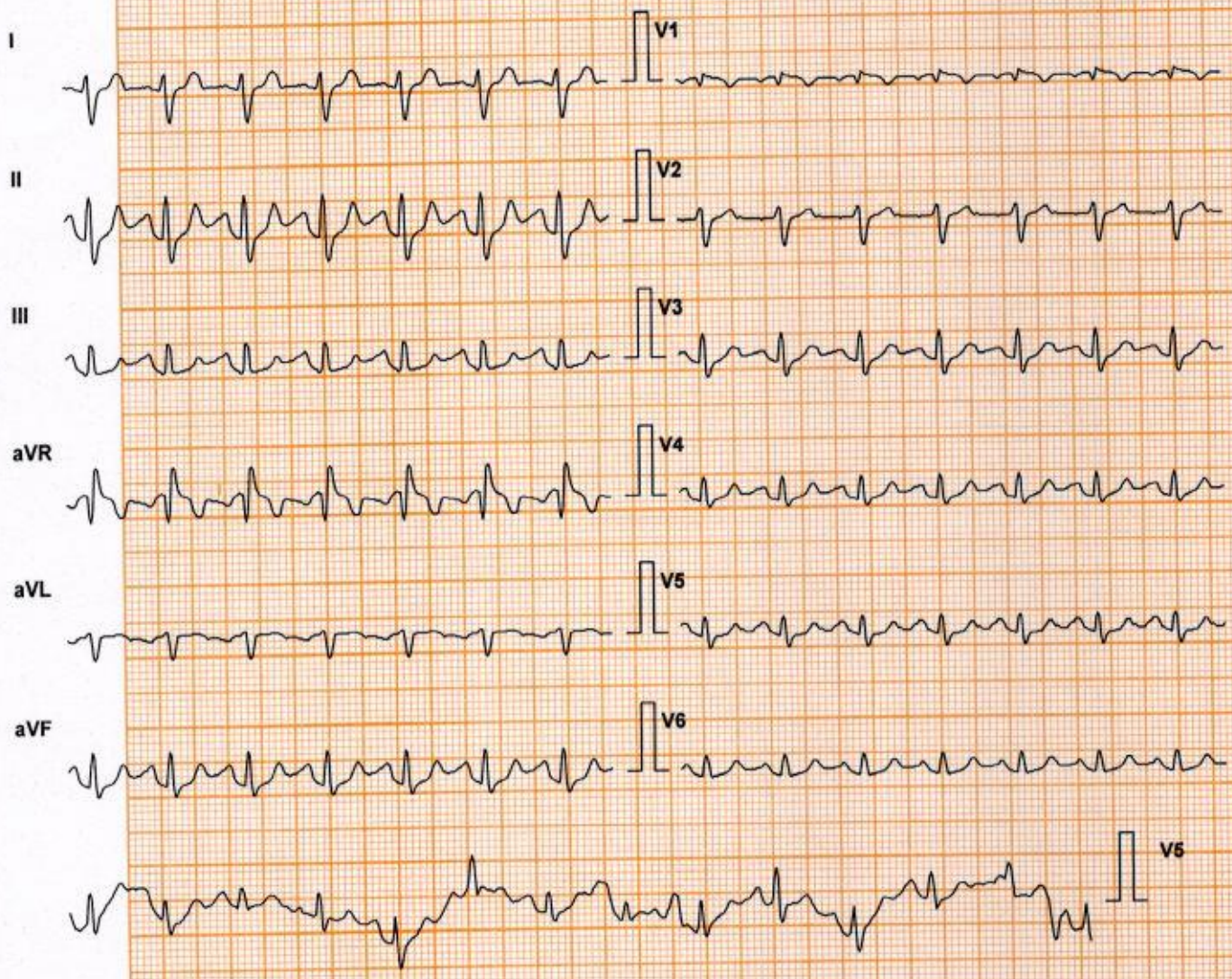
DDRC SRL

ARYA T (28 F)
Protocol: Bruce
Exec Time : 7 m 51 s

ID: 4182VK005061
Stage: Recovery(1)
Stage Time : 0 m 54 s

Date: 12-Nov-22
Speed: 1 mph
HR: 127 bpm

B.P: 150 / 80
Grade: 0 %
(THR: 172 bpm)



I	0.4	aVR	-0.6	V1	-0.2	V4	0.6	ST Level (mm)
	1.1		-1.4		-0.4		1.1	ST Slope (mV / s)
II	1.3	aVL	0.2	V2	0.4	V5	0.0	
	2.5		0.0		0.7		0.7	
III	0.4	aVF	0.6	V3	0.6	V6	0.4	
	0.7		1.4		1.4		0.7	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

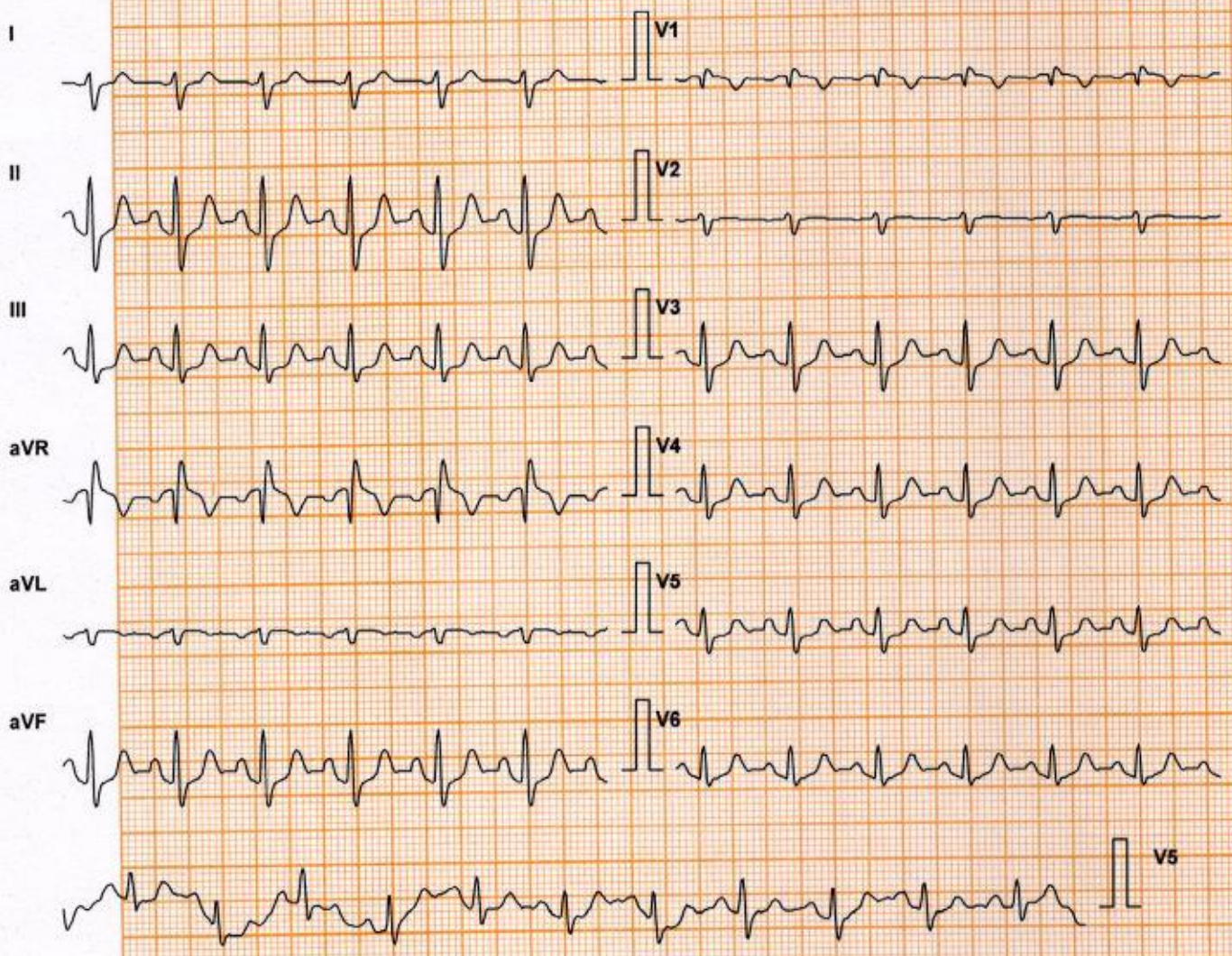
DDRC SRL

ARYA T (28 F)
Protocol: Bruce
Exec Time : 7 m 51 s

ID: 4182VK005061
Stage: Recovery(2)
Stage Time : 0 m 54 s

Date: 12-Nov-22
Speed: 0 mph
HR: 115 bpm

B.P: 130 / 80
Grade: 0 %
(THR: 172 bpm)



I	0.2	aVR	-0.4	V1	-0.2	V4	0.2	ST Level (mm)
	0.7		-1.1		-0.4		1.1	ST Slope (mV / s)
II	0.4	aVL	0.2	V2	0.2	V5	0.0	
	1.8		0.0		0.4		0.7	
III	0.0	aVF	0.2	V3	0.4	V6	0.2	
	0.7		1.1		1.4		1.1	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

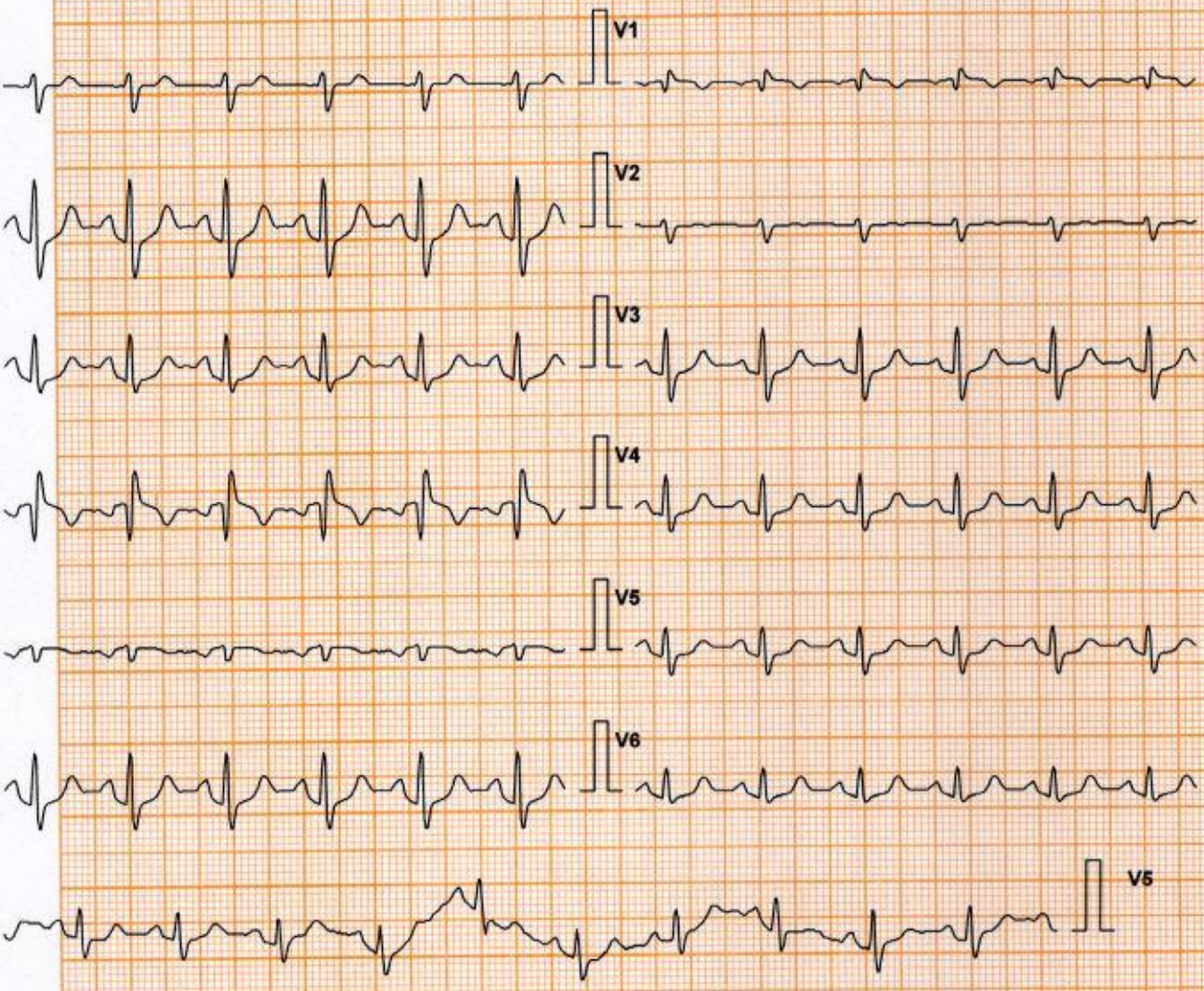
DDRC SRL

ARYA T (28 F)
Protocol: Bruce
Exec Time : 7 m 51 s

ID: 4182VK005061
Stage: Recovery(3)
Stage Time : 0 m 54 s

Date: 12-Nov-22
Speed: 0 mph
HR: 107 bpm

B.P: 130 / 80
Grade: 0 %
(THR: 172 bpm)



I	0.0	aVR	-0.4	V1	0.2	V4	0.2	ST Level (mm)
	0.4		-1.1		-0.4		0.7	ST Slope (mV / s)
II	0.6	aVL	0.0	V2	0.0	V5	0.2	
	1.8		0.0		0.0		0.4	
III	0.4	aVF	0.4	V3	0.4	V6	0.2	
	1.1		1.4		1.1		0.4	

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

DDRC SRL DIAGNOSTICS (P) LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

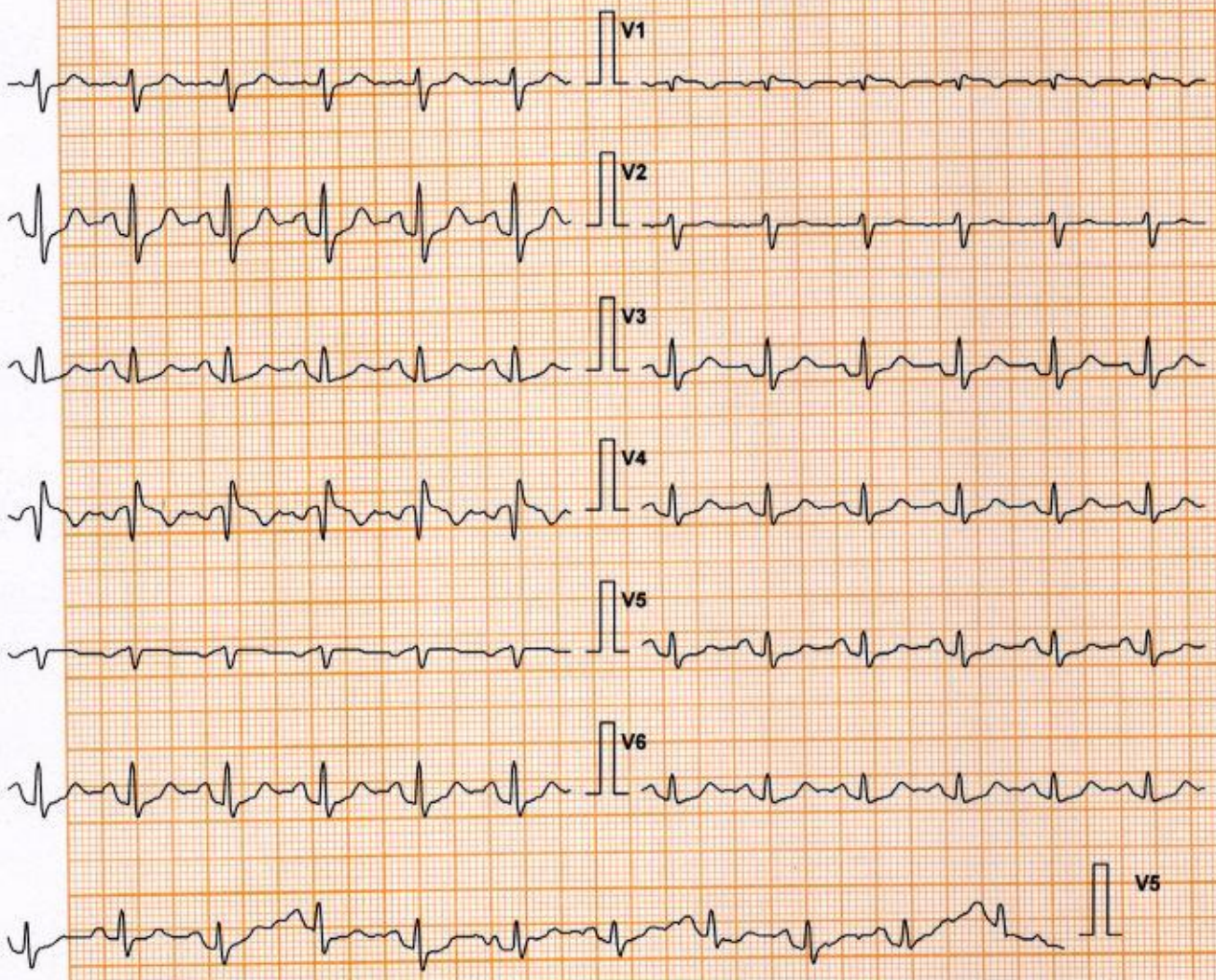
DDRC SRL

ARYA T (28 F)
Protocol: Bruce
Exec Time : 7 m 51 s

ID: 4182VK005061
Stage: Recovery(4)
Stage Time : 0 m 18 s

Date: 12-Nov-22
Speed: 0 mph
HR: 109 bpm

B.P: 120 / 80
Grade: 0 %
(THR: 172 bpm)



I	0.2	aVR	-0.4	V1	0.2	V4	0.4	ST Level (mm)
	0.7		-1.1		0.0		0.7	ST Slope (mV / s)
II	0.6	aVL	0.2	V2	0.0	V5	0.0	
	1.4		0.4		0.0		0.4	
III	0.2	aVF	0.4	V3	0.8	V6	0.0	
	0.7		1.1		0.7		1.1	

Chart Speed: 25 mm/sec
Filter: 35 Hz
Mains Filt: ON
Amp: 10 mm
Schiller Spandan V 4.7
Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms
Linked Median

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COLOUR DOPPLER
ULTRASOUND SCANNING
ECHO

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

RADIOLOGY DIVISION

Acc no:**4182VK005061**	**Name: Mrs. Arya T**	Age: **28 y**	Sex:**Female**	Date: **12.11.22**

ULTRA SOUND BREAST (BOTH)

Sonomammogram of both breasts was done using 5 - 10 MHz linear transducer.

RIGHT:

Breast composition - Heterogeneous background echotexture - predominantly glandular breast. **Coarsening, hypoechogenicity of glandular elements and hyperechogenicity of periglandular stromal elements noted - ? Nature / physiological ? Due to fibroadenotic changes.**

Oval iso to hypoechoic area measuring 6.9 x 3.9 mm noted between 4 & 5 O' clock position and deep to outer areolar margin. Another similar appearing area measuring 4.5 x 2.5 mm noted between 10 & 11 O' clock position. These showed circumscribed margins, posterior enhancement and no significant internal vascularity - Possibly small fibroadenomas. D / D - focal area of prominent adenosis.

No cysts / intramammary duct dilatation.

Nipple areolar complex normal.

A few morphologically benign axillary lymphnodes noted, largest measuring 1.5 x 0.6 cm.

LEFT:

Breast composition - Heterogeneous background echotexture - predominantly glandular breast. . **Coarsening, hypoechogenicity of glandular elements and hyperechogenicity of periglandular stromal elements noted - ? Nature / physiological ? Due to fibroadenotic changes.** No mass / cysts / intramammary duct dilatation.

Nipple areolar complex normal.

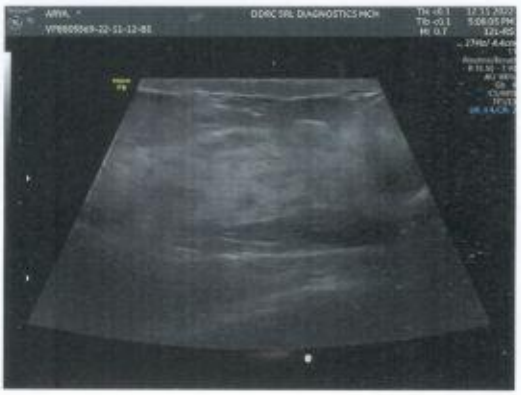
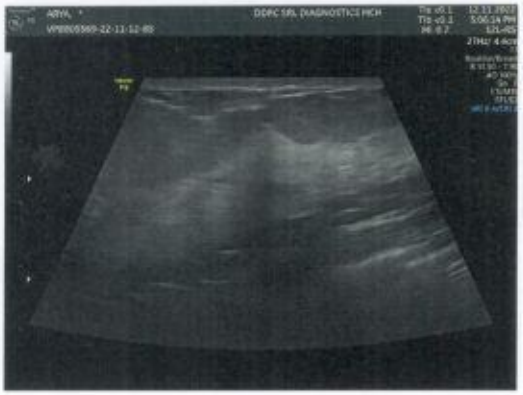
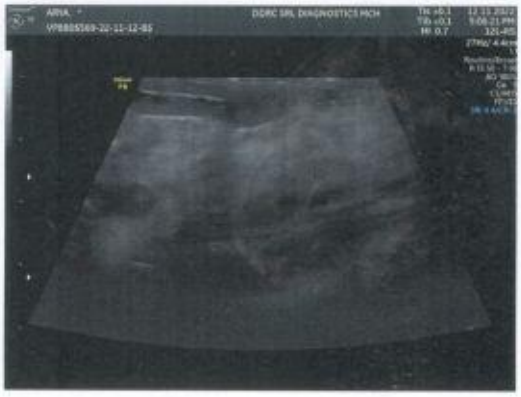
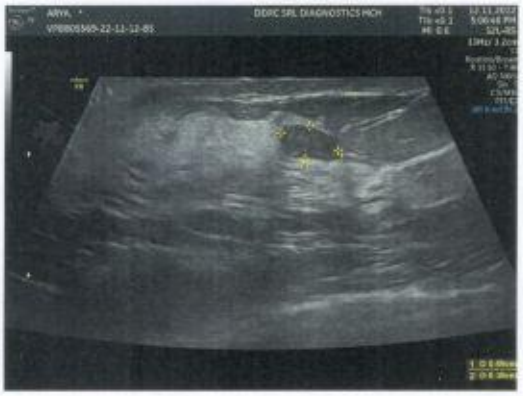
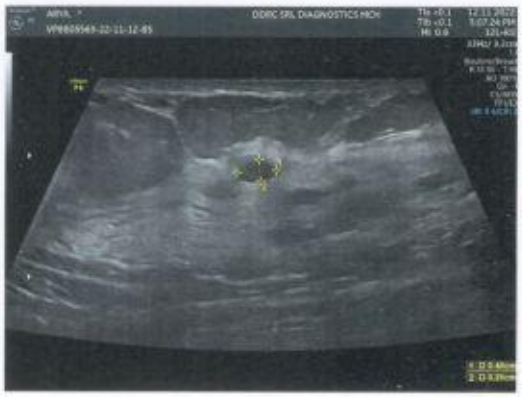
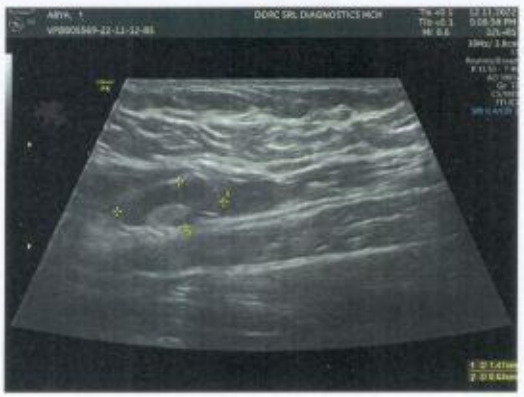
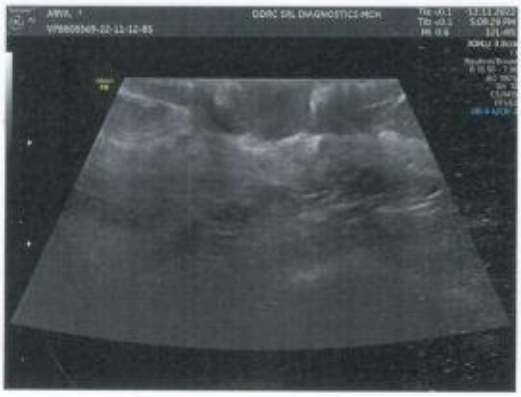
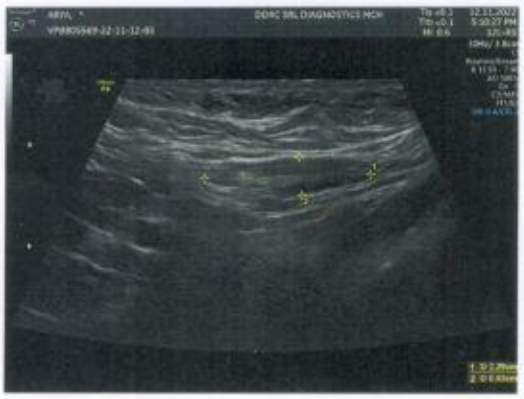
A few morphologically benign axillary lymphnodes noted, largest measuring 2.3 x 0.5 cm

CONCLUSION:-

- ***Possibility of small fibroadenomas in right breast. D / D - focal area of prominent adenosis.***

Dr. Nisha Unni MD , DNB (RD)
Consultant radiologist.

Thanks for referral. Your feedback will be appreciated.
(Please bring relevant investigation reports during all visits).
Because of technical and technological limitations complete accuracy cannot be assured on imaging. Suggested correlation with clinical findings and other relevant investigations consultations , and if required repeat imaging recommended in the event of controversities. AR

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Acc no:4182VK005061	Name: Mrs. Arya T	Age: 28 y	Sex:Female	Date: 12.11.22

US SCAN WHOLE ABDOMEN (TAS ONLY)

LIVER is normal in size (13.2 cm). Margins are regular. **Hepatic parenchyma shows minimally increased echogenicity.** No focal lesions seen. No dilatation of intrahepatic biliary radicles. CBD is not dilated. Portal vein is normal in caliber (10.8 mm).

GALL BLADDER is partially distended and grossly normal. No pericholecystic fluid seen.

SPLEEN is normal in size (9.8 cm) and parenchymal echotexture. No focal lesion seen.

PANCREAS obscured by bowel air.

RIGHT KIDNEY is normal in size (10.7 x 3.8 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

LEFT KIDNEY is normal in size (12.6 x 3.9 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

PARAAORTIC AREA obscured by bowel air.

URINARY BLADDER is distended, normal in wall thickness, lumen clear.

UTERUS measures 9 x 3.7 x 4.8 cm, myometrial echopattern normal. No focal lesions seen.

Endometrial thickness is 9.8 mm.

Right ovary measures 3.7 x 1.7 cm. Left ovary not separately identified. No adnexal mass seen. No fluid in pouch of Douglas.

No ascites or pleural effusion.

Gaseous distension of bowel loops noted. No obvious bowel wall thickening seen sonologically.

CONCLUSION:-

- **No significant abnormality detected in present study.**

Dr. Nisha Unni MD , DNB (RD)
Consultant radiologist.

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(Please bring relevant investigation reports during all visits)
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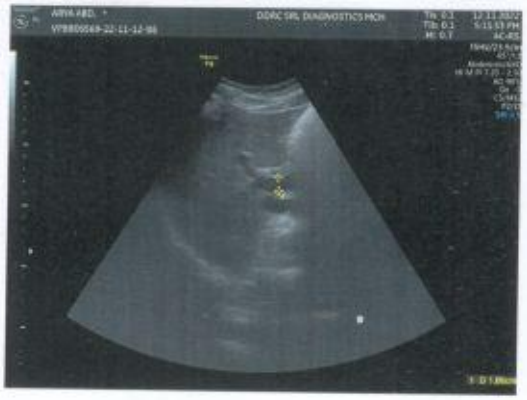
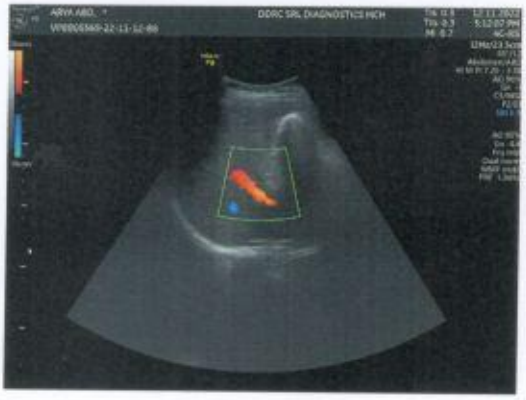
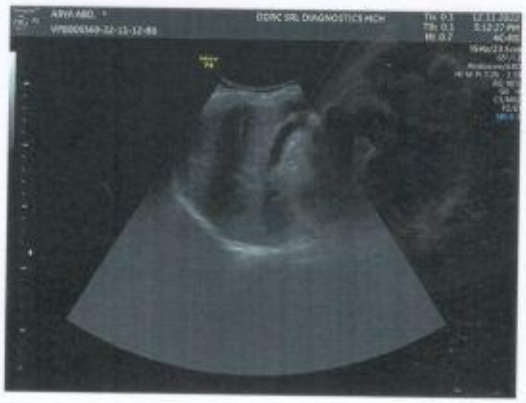
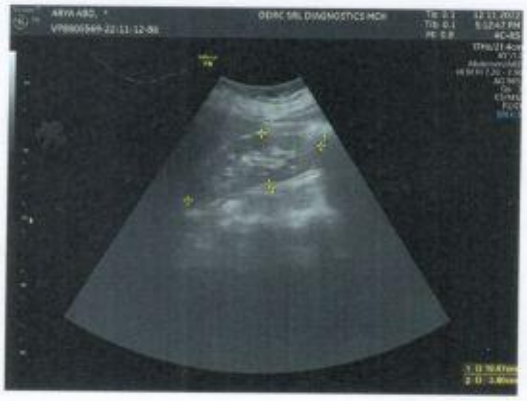
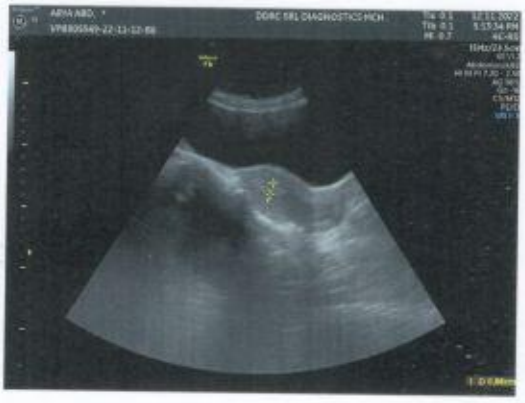
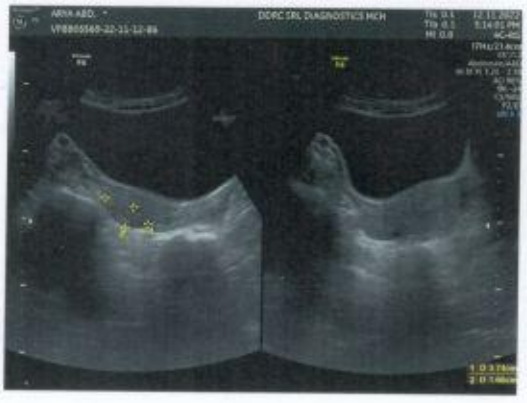
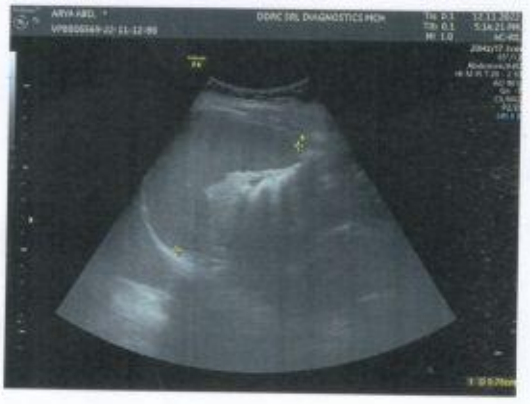
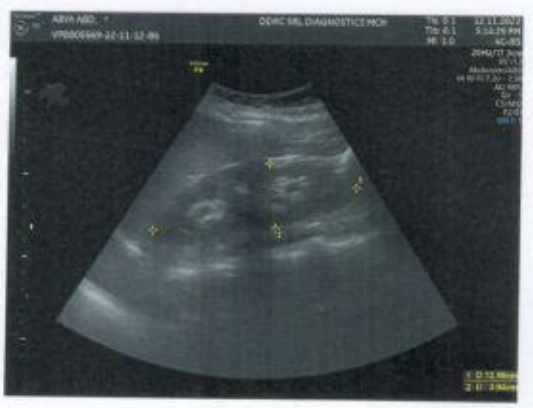
COMPLETE IMAGING SOLUTIONS

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