SPECTACLE PRESCRIPTION

Name: M. Praveen. J

No. 1148

Mobil No: 8147672001

Date: 02-09-22

Age / Gender 44 / M

Ref. No.

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
DISTANCE	Plano			6/6	plano			6/6
NEAR	Add +	1.00		B·E				N6

PD 58mm

Advice to use glasses for:

☐ DISTANCE   ☐ FAR & NEAR   ☐ READING   ☐ COMPUTER PURFOSE

We Care Your Eyes

. M Praveen J
ID: MED11128.4263

44 Years   Male

02.09.2022 11:42:49
CLIMAX DIAGNOSTICS
THIPPASANDRA
BANGALORE

QRS	82 ms
QT / QTcBaz	356 / 418 ms
PR	138 ms
P	98 ms
RR / PP	724 / 722 ms
P / QRS / T	46 / 54 / 42 degrees
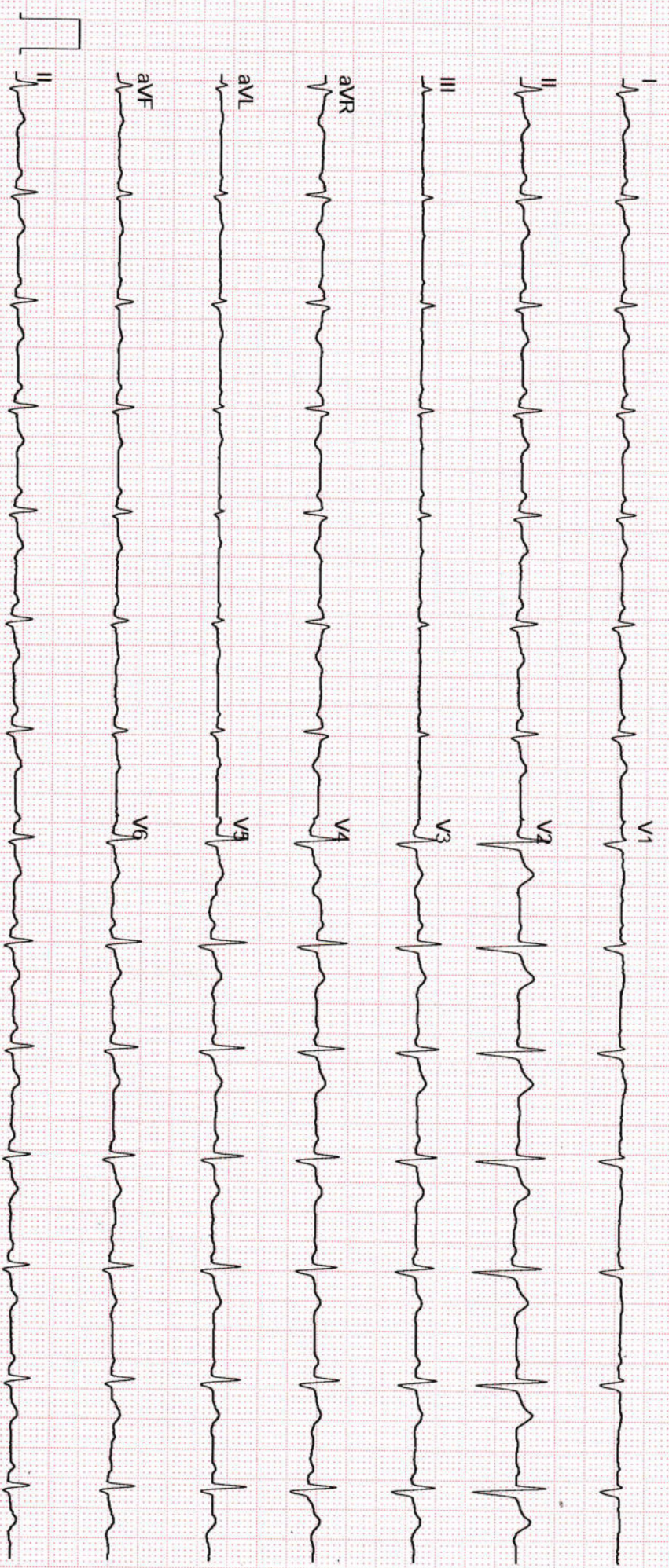
I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

II

Name	M PRAVEEN J		ID	MED111284263
Age & Gender	44Year(s)/MALE		Visit Date	9/2/2022 12:00:00 AM
Ref Doctor Name	MediWheel			

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows diffuse mild fatty changes. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern.
No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.3	1.3
Left Kidney	10.2	1.3

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula**.**

PROSTATE shows normal shape, size and echopattern. It measures 3.0 x 3.4 x 3.0cms (Vol:16cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

➢ **MILD FATTY CHANGES IN THE LIVER.**

DR. APARNA
CONSULTANT RADIOLOGIST
A/vp

Name	M PRAVEEN J	ID	MED111284263
Age & Gender	44Year(s)/MALE	Visit Date	9/2/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

Name	M PRAVEEN J	Customer ID	MED111284263
Age & Gender	44Y/M	Visit Date	Sep 2 2022 9:08AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: ***Essentially normal study.***

DR. APARNA

CONSULTANT RADIOLOGIST

Name	:	**Mr. M PRAVEEN J**			
PID No.	:	MED111284263	**Register On**	:	02/09/2022 9:10 AM
SID No.	:	422064691	**Collection On**	:	02/09/2022 9:35 AM
Age / Sex	:	44 Year(s) / Male	**Report On**	:	02/09/2022 5:10 PM
Type	:	OP	**Printed On**	:	10/09/2022 4:15 PM
Ref. Dr	:	**MediWheel**			

Investigation	Observed Value	Unit	Biological Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (EDTA Blood/Spectrophotometry)	15.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	45.8	%	42 - 52
RBC Count (EDTA Blood)	5.43	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	84.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.0	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.0	%	11.5 - 16.0
RDW-SD (EDTA Blood)	41.31	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	61.2	%	40 - 75
Lymphocytes (EDTA Blood)	**18.5**	%	20 - 45
Eosinophils (EDTA Blood)	**12.4**	%	01 - 06

Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	:	**Mr. M PRAVEEN J**		
PID No.	:	MED111284263	**Register On** :	02/09/2022 9:10 AM
SID No.	:	422064691	**Collection On** :	02/09/2022 9:35 AM
Age / Sex	:	44 Year(s) / Male	**Report On** :	02/09/2022 5:10 PM
Type	:	OP	**Printed On** :	10/09/2022 4:15 PM
Ref. Dr	:	**MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood)	6.7	%	01 - 10
Basophils (Blood)	1.2	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (EDTA Blood)	4.65	$10^3 / \mu l$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	**1.41**	$10^3 / \mu l$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	**0.94**	$10^3 / \mu l$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.51	$10^3 / \mu l$	< 1.0
Absolute Basophil count (EDTA Blood)	0.09	$10^3 / \mu l$	< 0.2
Platelet Count (EDTA Blood)	372	$10^3 / \mu l$	150 - 450
MPV (EDTA Blood)	**7.2**	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	9	mm/hr	< 15

Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	:	**Mr. M PRAVEEN J**		
PID No.	:	MED111284263	**Register On** :	02/09/2022 9:10 AM
SID No.	:	422064691	**Collection On** :	02/09/2022 9:35 AM
Age / Sex	:	44 Year(s) / Male	**Report On** :	02/09/2022 5:10 PM
Type	:	OP	**Printed On** :	10/09/2022 4:15 PM
Ref. Dr	:	**MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/*DCA with ATCS)*	**1.35**	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	**0.36**	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.99	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	22.14	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	19.63	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	19.13	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	103.65	U/L	53 - 128
Total Protein (Serum/*Biuret)*	6.62	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.60	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	2.02	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	2.28		1.1 - 2.2

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771
VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	:	**Mr. M PRAVEEN J**			
PID No.	:	MED111284263	**Register On**	:	02/09/2022 9:10 AM
SID No.	:	422064691	**Collection On**	:	02/09/2022 9:35 AM
Age / Sex	:	44 Year(s) / Male	**Report On**	:	02/09/2022 5:10 PM
Type	:	OP	**Printed On**	:	10/09/2022 4:15 PM
Ref. Dr	:	**MediWheel**			

Investigation	Observed Value	Unit	Biological Reference Interval

Lipid Profile

Investigation	Observed Value	Unit	Biological Reference Interval
Cholesterol Total (Serum/*CHOD-PAP with ATCS*)	**201.36**	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS*)	**150.00**	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >=500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual‿ circulating level of triglycerides during most part of the day.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/*Immunoinhibition*)	**45.60**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/*Calculated*)	125.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/*Calculated*)	30	mg/dL	< 30

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771
VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	: **Mr. M PRAVEEN J**		
PID No.	: MED111284263	**Register On** : 02/09/2022 9:10 AM	
SID No.	: 422064691	**Collection On** : 02/09/2022 9:35 AM	
Age / Sex	: 44 Year(s) / Male	**Report On** : 02/09/2022 5:10 PM	
Type	: OP	**Printed On** : 10/09/2022 4:15 PM	
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
Non HDL Cholesterol (Serum/*Calculated*)	155.8	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	4.4		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/*Calculated*)	3.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	2.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771
VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	: **Mr. M PRAVEEN J**		
PID No.	: MED111284263	**Register On**	: 02/09/2022 9:10 AM
SID No.	: 422064691	**Collection On** :	02/09/2022 9:35 AM
Age / Sex	: 44 Year(s) / Male	**Report On** :	02/09/2022 5:10 PM
Type	: OP	**Printed On** :	10/09/2022 4:15 PM
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC)*	**5.9**	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood*)*	122.63	mg/dL

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia,hyperbilirubinemia,Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly,Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771
VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	: **Mr. M PRAVEEN J**		
PID No.	: MED111284263	**Register On**	: 02/09/2022 9:10 AM
SID No.	: 422064691	**Collection On**	: 02/09/2022 9:35 AM
Age / Sex	: 44 Year(s) / Male	**Report On**	: 02/09/2022 5:10 PM
Type	: OP	**Printed On**	: 10/09/2022 4:15 PM
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*ECLIA*)	1.23	ng/ml	0.7 - 2.04

INTERPRETATION:
Comment :
Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/*ECLIA*)	9.22	µg/dl	4.2 - 12.0

INTERPRETATION:
Comment :
Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/*ECLIA*)	2.23	µIU/mL	0.35 - 5.50

INTERPRETATION:
Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
Comment :
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.
3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

Name	**: Mr. M PRAVEEN J**		
PID No.	: MED111284263	**Register On**	: 02/09/2022 9:10 AM
SID No.	: 422064691	**Collection On** : 02/09/2022 9:35 AM	
Age / Sex	: 44 Year(s) / Male	**Report On** : 02/09/2022 5:10 PM	
Type	: OP	**Printed On** : 10/09/2022 4:15 PM	
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION (URINE COMPLETE)			
Colour (Urine)	Pale Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		
CHEMICAL EXAMINATION (URINE COMPLETE)			
pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative

Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

The results pertain to sample tested.

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose (Urine/*GOD - POD)*	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION (URINE COMPLETE)

Investigation	Observed Value	Unit	Biological Reference Interval
Pus Cells (Urine)	**0-1**	/hpf	NIL
Epithelial Cells (Urine)	**0-1**	/hpf	NIL
RBCs (Urine)	Nil	/HPF	NIL
Others (Urine)	Nil		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
Casts (Urine)	Nil	/hpf	NIL
Crystals (Urine)	Nil	/hpf	NIL

Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

The results pertain to sample tested.

Name	:	**Mr. M PRAVEEN J**		
PID No.	:	MED111284263	**Register On**	: 02/09/2022 9:10 AM
SID No.	:	422064691	**Collection On**	: 02/09/2022 9:35 AM
Age / Sex	:	44 Year(s) / Male	**Report On**	: 02/09/2022 5:10 PM
Type	:	OP	**Printed On**	: 10/09/2022 4:15 PM
Ref. Dr	:	**MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING   'O' 'Positive'
(EDTA Blood/*Agglutination)*

Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674
VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	:	**Mr. M PRAVEEN J**
PID No.	:	MED111284263
SID No.	:	422064691
Age / Sex	:	44 Year(s) / Male
Type	:	OP
Ref. Dr	:	**MediWheel**

Register On	:	02/09/2022 9:10 AM
Collection On	:	02/09/2022 9:35 AM
Report On	:	02/09/2022 5:10 PM
Printed On	:	10/09/2022 4:15 PM

Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	8.25		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	**111.62**	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/*GOD - POD)*	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP)*	101.26	mg/dL	70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	7.1	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	**0.86**	mg/dL	0.9 - 1.3

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/*Enzymatic)*	4.88	mg/dL	3.5 - 7.2

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771
VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	:	**Mr. M PRAVEEN J**
PID No.	:	MED111284263
SID No.	:	422064691
Age / Sex	:	44 Year(s) / Male
Type	:	OP
Ref. Dr	:	**MediWheel**

Register On	:	02/09/2022 9:10 AM
Collection On	:	02/09/2022 9:35 AM
Report On	:	02/09/2022 5:10 PM
Printed On	:	10/09/2022 4:15 PM

Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOASSAY			
Prostate specific antigen - Total(PSA) (Serum/*Manometric method*)	0.456	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

ᴓIn the early detection of Prostate cancer.

ᴓAs an aid in discriminating between Prostate cancer and Benign Prostatic disease.

ᴓTo detect cancer recurrence or disease progression.

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --