

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Rakhi Halder MRN : 17510001168811 Gender/Age : FEMALE , 48y (30/11/1974)

Collected On : 11/03/2023 09:45 AM Received On : 11/03/2023 10:17 AM Reported On : 11/03/2023 12:58 PM

Barcode : 802303110378 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7003781584

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	<b>0.46 L</b>	mg/dL	0.52-1.04
eGFR	145.0	mL/min/1.73m <sup>2</sup>	-
<b>LIVER FUNCTION TEST(LFT)</b>			
Bilirubin Total (Colorimetric -Diazo Method)	0.47	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.35	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.12	-	-
Total Protein (Biuret Method)	7.60	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.20	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.5	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.2	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	29	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	23	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	<b>167 H</b>	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	25	U/L	12.0-43.0

Patient Name : Ms Rakhi Halder MRN : 17510001168811 Gender/Age : FEMALE , 48y (30/11/1974)



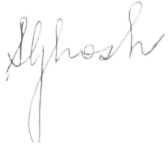
Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

#### CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	9.35	-	7.0-17.0
<b>Serum Sodium</b> (Direct ISE - Potentiometric)	137	mmol/L	137.0-145.0
<b>Serum Potassium</b> (Direct ISE - Potentiometric)	4.2	mmol/L	3.5-5.1
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
<b>Cholesterol Total</b> (Colorimetric - Cholesterol Oxidase)	123	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
<b>Triglycerides</b> (Enzymatic Endpoint Colorimetric )	126	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
<b>HDL Cholesterol (HDLC)</b> (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	42	mg/dL	40.0-60.0
<b>Non-HDL Cholesterol</b>	81.0	-	-
<b>LDL Cholesterol</b> (Non LDL Selective Elimination, CHOD/POD)	59.4	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
<b>VLDL Cholesterol</b> (Calculated)	25.2	mg/dL	0.0-40.0
<b>Cholesterol /HDL Ratio</b>	3.0	-	-

--End of Report--

Patient Name : Ms Rakhi Halder MRN : 17510001168811 Gender/Age : FEMALE , 48y (30/11/1974)



Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D



Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.  
(Lipid Profile, -> Auto Authorized)  
(Blood Urea Nitrogen (Bun), -> Auto Authorized)  
(Serum Sodium, -> Auto Authorized)  
(Serum Potassium -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Rakhi Halder MRN : 17510001168811 Gender/Age : FEMALE , 48y (30/11/1974)

Collected On : 11/03/2023 09:45 AM Received On : 11/03/2023 10:17 AM Reported On : 11/03/2023 12:50 PM

Barcode : 802303110378 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7003781584

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.20	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	<b>11.4 H</b>	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	2.425	uIU/ml	Non Pregnant: 0.4001-4.049 1st Trimester: 0.1298-3.10 2nd Trimester: 0.2749-2.652 3rd Trimester: 0.3127-2.947

--End of Report--

Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Rakhi Halder MRN : 17510001168811 Gender/Age : FEMALE , 48y (30/11/1974)

Collected On : 11/03/2023 09:45 AM Received On : 11/03/2023 10:16 AM Reported On : 11/03/2023 12:13 PM

Barcode : 812303110252 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7003781584

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	<b>120 H</b>	mm/1hr	0.0-12.0

--End of Report--

Dr. Sanjib Kumar Pattari  
MD, Pathology  
Consultant Pathology MBBS, MD

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Ms Rakhi Halder MRN : 17510001168811 Gender/Age : FEMALE , 48y (30/11/1974)

Collected On : 11/03/2023 09:45 AM Received On : 11/03/2023 02:13 PM Reported On : 11/03/2023 04:10 PM

Barcode : 822303110031 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7003781584

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
------	--------	------	-------------------------------

**URINE ROUTINE & MICROSCOPY**

**PHYSICAL EXAMINATION**

Volume	40	ml	-
Colour	Straw	-	-
Appearance	Clear	-	-

**CHEMICAL EXAMINATION**

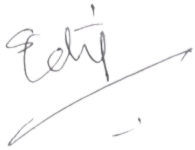
pH(Reaction) (Mixed PH Indicator)	5.5	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance )	1.003	-	1.002-1.030
Protein (Protein Error Of PH Indicator)	Negative	-	-
Urine Glucose (Glucose Oxidase, Peroxidase)	<b>Present +</b>	-	-
Ketone Bodies (Legal's Method)	Negative	-	Negative
Bile Salts (Dual Wavelength Reflectance/Manual)	Negative	-	Negative
Bile Pigment (Bilirubin) (Coupling Of Bilirubin With Diazonium Salt)	Negative	-	Negative
Urobilinogen (Coupling Reaction Of Urobilinogen With A Stable Diazonium Salt In Buffer)	Normal	-	Normal
Urine Leucocyte Esterase (Enzymatic, Indoxyl Ester And Diazonium Salt)	Trace	-	-
Blood Urine (Pseudo - Enzymatic Test, Organic Peroxidase And Chromogen)	<b>Present +++</b>	-	Negative
Nitrite (Modified Griess Reaction)	Negative	-	Negative

Patient Name : Ms Rakhi Halder MRN : 17510001168811 Gender/Age : FEMALE , 48y (30/11/1974)

### MICROSCOPIC EXAMINATION

Pus Cells	2-4	/hpf	1-2
RBC	4-6	/hpf	0 - 3
Epithelial Cells	1-2	/hpf	2-3
Crystals	NIL	-	-
Casts	NIL	-	-

--End of Report--



Dr. Shanaz Latif  
MD, Pathology  
Consultant Pathology MBBS, DTM&H, DCP, MD .Reg No 41555 : WBMC

### Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Rakhi Halder MRN : 17510001168811 Gender/Age : FEMALE , 48y (30/11/1974)

Collected On : 11/03/2023 02:03 PM Received On : 11/03/2023 02:16 PM Reported On : 11/03/2023 03:44 PM

Barcode : 802303110731 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7003781584

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	292 H	mg/dL	Normal: 70-139 Pre-diabetes: 140-199 Diabetes: => 200 ADA standards 2019

Interpretations:

(ADA Standards Jan 2017)

FBS can be less than PPBS in certain conditions like post prandial reactive hypoglycaemia, exaggerated response to insulin, subclinical hypothyroidism, very lean/anxious individuals. In non-diabetic individuals, such patients can be followed up with GTT.

--End of Report--

Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.  
(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)





DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Rakhi Halder MRN : 17510001168811 Gender/Age : FEMALE , 48y (30/11/1974)

Collected On : 11/03/2023 09:45 AM Received On : 11/03/2023 10:13 AM Reported On : 11/03/2023 11:17 AM

Barcode : BR2303110031 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7003781584

IMMUNOHAEMATOLOGY

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group (Column Agglutination Technology)	O	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report--

Dr. Amal Kumar Saha  
MBBS, D.PED, ECFMG  
Blood Bank Officer

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Rakhi Halder MRN : 17510001168811 Gender/Age : FEMALE , 48y (30/11/1974)

Collected On : 11/03/2023 09:45 AM Received On : 11/03/2023 10:17 AM Reported On : 11/03/2023 12:04 PM

Barcode : 812303110253 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7003781584

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	<b>10.6 L</b>	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	3.93	millions/ $\mu$ L	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	<b>33.3 L</b>	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	84.6	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.0	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.9	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	<b>15.9 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance)	180	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	10.7	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	<b>10.5 H</b>	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCSn Technology)	74.9	%	40.0-75.0
Lymphocytes (VCSn Technology)	<b>19.8 L</b>	%	20.0-40.0
Monocytes (VCSn Technology)	3.8	%	2.0-10.0
Eosinophils (VCSn Technology)	1.3	%	1.0-6.0

Patient Name : Ms Rakhi Halder MRN : 17510001168811 Gender/Age : FEMALE , 48y (30/11/1974)

Basophils (VCSn Technology)	0.2	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	<b>7.87 H</b>	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	2.08	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.4	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.14	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.03	$10^3/\mu\text{L}$	0.0-0.2

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

--End of Report--



Dr. Moumita Panja  
DNB, Pathology  
Consultant Pathologist

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Rakhi Halder MRN : 17510001168811 Gender/Age : FEMALE , 48y (30/11/1974)

Collected On : 11/03/2023 09:45 AM Received On : 11/03/2023 10:15 AM Reported On : 11/03/2023 11:25 AM

Barcode : 802303110379 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7003781584

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Glucose Oxidase, Peroxidase)	<b>164 H</b>	mg/dL	Normal: 70-99 Pre-diabetes: 100-125 Diabetes: => 126 ADA standards 2019

--End of Report--

Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.  
(Fasting Blood Sugar (FBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Rakhi Halder MRN : 17510001168811 Gender/Age : FEMALE , 48y (30/11/1974)

Collected On : 11/03/2023 09:45 AM Received On : 11/03/2023 10:13 AM Reported On : 11/03/2023 11:51 AM

Barcode : 802303110380 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7003781584

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	<b>10.0 H</b>	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	240.3	-	-

Interpretation:

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

--End of Report-

Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



MC - 2803



# ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Ms Rakhi Halder  
**GENDER/AGE** : Female, 48 Years  
**LOCATION** : -

**PATIENT MRN** : 17510001168811  
**PROCEDURE DATE** : 11/03/2023 01:20 PM  
**REQUESTED BY** : EXTERNAL



## IMPRESSION

- GOOD LV SYSTOLIC FUNCTION WITH GRADE I DIASTOLIC DYSFUNCTION.

## FINDINGS

### CHAMBERS

LEFT ATRIUM : NORMAL SIZED  
RIGHT ATRIUM : NORMAL SIZED  
LEFT VENTRICLE : NORMAL SIZED CAVITY. NO REGIONAL WALL MOTION ABNORMALITY. GOOD SYSTOLIC FUNCTION WITH EJECTION FRACTION: 68%. GRADE I DIASTOLIC DYSFUNCTION.  
RIGHT VENTRICLE : NORMAL.

### VALVES

MITRAL : NORMAL.  
AORTIC : NORMAL.  
TRICUSPID : NORMAL.  
PULMONARY : NORMAL.

### SEPTAE

IAS : INTACT  
IVS : INTACT

### ARTERIES AND VEINS

AORTA : NORMAL, LEFT AORTIC ARCH  
PA : NORMAL SIZE  
IVC : NORMAL SIZE & COLLAPSIBILITY  
SVC & CS : NORMAL  
PULMONARY VEINS : NORMAL

**PERICARDIUM** : NORMAL PERICARDIAL THICKNESS. NO EFFUSION

**INTRACARDIAC MASS** : NO TUMOUR, THROMBUS OR VEGETATION SEEN

**OTHERS** : NIL.

MS RAKHI HALDER (17510001168811)

---

DR. RANJIT MUKHERJEE  
ASSOCIATE CONSULTANT ECHOCARDIOGRAPHY MBBS, PGDCC

SANTASHI GHOSH  
SENIOR TECHNICIAN

11/03/2023 01:20 PM

<b>PREPARED BY</b>	: SHAWLI MITRA(307739)	<b>PREPARED ON</b>	: 11/03/2023 03:57 PM
<b>GENERATED BY</b>	: MADHUPARNA DASGUPTA(333433)	<b>GENERATED ON</b>	: 22/03/2023 08:47 AM

<b>Patient Name</b>	Rakhi Halder	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001168811	<b>Procedure DateTime</b>	2023-03-11 10:50:41
<b>Age/Sex</b>	48Y 3M/Female	<b>Hospital</b>	NH-RTIICS

### **USG OF WHOLE ABDOMEN (SCREENING)**

#### **LIVER:**

It is mildly enlarged with hyperechoic parenchyma. No focal SOL is seen. The intrahepatic biliary radicles are not dilated.

#### **PORTAL VEIN:**

The portal vein is normal in calibre measuring 0.9 cm at the porta. There is no intraluminal thrombus. No collaterals are seen.

#### **GALL BLADDER:**

It is optimally distended. No calculus or sludge is seen within it. The wall is not thickened.

#### **CBD:**

The common duct is not dilated measuring 0.3 cm at porta. No intraluminal calculus is seen.

#### **SPLEEN:**

It is normal in size measuring 10.3 cm and echogenicity. No focal SOL is seen. The splenoportal axis is patent and is normal in dimensions.

#### **PANCREAS:**

It is normal in size, contour and echogenicity. The duct is not dilated. No calcification or focal SOL is seen.



**KIDNEYS:**

Both kidneys are low normal in size with normal cortical echogenicity. The corticomedullary differentiation is maintained. No hydronephrosis, calculus or mass is seen.

Right kidney and left kidney measures 8.7 x 3.3 cm and 8.7 x 2.9 cm respectively.

**URINARY BLADDER:**

It is normal in capacity and contour. The wall is not thickened. No intraluminal calculus or mass is seen.

**UTERUS:**

It is anteverted, bulky measuring 9.6 x 4.7 x 3.0 cm with a smooth contour and normal echopattern. No focal SOL is seen. The endometrial echoline is central in position. Endometrium is not thickened. The cervix appears normal.

**OVARIES:**

The ovaries are normal in size, shape and echotexture.

The right and left ovaries measures 2.7 x 1.9 cm and 2.7x 1.7 cm respectively.

No ascites is seen.

**IMPRESSION:**

- Mild hepatomegaly with fatty infiltration.
- Low normal size of kidneys with normal cortical echogenicity.
- Bulky uterus.

NOT FOR MEDICO LEGAL PURPOSES

This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, USG also has its limitations. Therefore USG report should be interpreted in correlation with clinical and pathological findings.

All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.

A handwritten signature in purple ink, appearing to be 'Sc'.

Dr. Sarbari Chatterjee  
Consultant Radiologist

<b>Patient Name</b>	Rakhi Halder	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001168811	<b>Procedure DateTime</b>	2023-03-11 10:30:24
<b>Age/Sex</b>	48Y 3M/Female	<b>Hospital</b>	NH-RTIICS

**CHEST RADIOGRAPH (PA VIEW)**

**FINDINGS :**

- Trachea is normal and is central.
- The cardiac shadow is normal in contour.
- Mediastinum and great vessels are within normal limits.
- The hilar shadows are within normal limits.
- The costo-phrenic angles are clear.
- No significant lung parenchymal lesion is seen.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

**IMPRESSION:**

- **No significant radiological abnormality detected.**

**NOT FOR MEDICO LEGAL PURPOSES**

This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, X-RAY also has its limitations. Therefore X-RAY report should be interpreted in correlation with clinical and pathological findings.

All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.



Dr. Sarbari Chatterjee

Consultant Radiologist

\* **This is a digitally signed valid document.** Reported Date/Time: 2023-03-11 19:01:37