



**Radiology No.** : 6305/OPDPB22DL  
**Patient Name** : Mrs. PRINYANKA KUMARI  
**Guardian Name** :  
**Consultant** : Dr. INSURANCE

**Date** : 14-Jan-2023  
**Age/Sex** : 31Y  
**UHID No.** : 5817/UHID22DL  
**Mobile No.** : 7250102700

## X-RAY CHEST

**Indication: Routine checkup.**

### Image quality:-

No evidence of rotation.

PA view. Normal penetration.

**Airway:-** Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

**Lung fields:-** Clear.

**Cardiac:-** Cardiac borders are visible.

Normal heart size.

**Diaphragm:-** Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

**Bony cage:-** No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

**Impression: No significant abnormality detected.**

Dr. Harshita Surange  
MBBS, DMRD (RADIO DIAGNOSIS)  
DIPLOMA IN MSK, UCAM (Spain)  
Reg. No. MCI/16522, DMC/18402




BOOK APPOINTMENT



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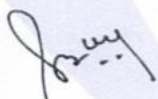
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<b>Mobile No.</b> : 7250102700	<b>Manual No.</b>	<b>Collected</b> : 14-Jan-2023 13.26
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 14-Jan-2023 13.27
<b>Sample Type</b> : EDTA whole blood	<b>Sample ID</b> : 23129	<b>Report</b> : 14-Jan-2023 18.36

TEST NAME	RESULT	UNIT	RANGE	METHOD
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### HEAMOTOLOGY

<b>COMPLETE BLOOD COUNT</b>				
HEMOGLOBIN	11.0	g/dl	11.9-15	Colorimetric
TOTAL LEUCOCYTE COUNT	4.2	10 <sup>3</sup> /uL	4.0-11.0	Electrical impedance
<b>DIFFERENTIAL LEUCOCYTE COUNT(DLC)</b>				
Neutrophil	60	%	40-75	Electrical impedance
Lymphocyte	32	%	20-45	Electrical impedance
Eosinophil	05	%	1-6	Microscopy
Monocyte	03	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	24	mm/1sthr	0-20	Westergren's
RBC COUNT	4.16	mili/cmm	3.8-5.5	Electrical impedance
PCV	35	%	35-45	Calculated
MCV	83.30	fL	80-100	Calculated
MCH	26.5	Picogram	27.5-33.2	Calculated
MCHC	31.90	gm/dl	32-36	Calculated
PLATELET COUNT	159	10 <sup>3</sup> /uL	150-450	Electrical impedance

-----End of Report-----



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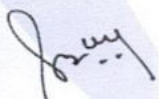
**HEAMATOLOGY**

**BLOOD GROUPING(A,B,O)&Rh  
FACTOR**  
BLOOD GROUP ABO  
RH TYPING

"B"  
"POSITIVE"

Manual  
Manual

-----End of Report-----



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<b>Sample Type</b> : Plasma(Sodium fluoride)	<b>Sample ID</b> : 23129	<b>Report</b> : 14-Jan-2023 18.36

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**BIOCHEMISTRY**

BLOOD SUGAR FASTING	96.1	mg/dl	74-100	GOD-POD
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**INTERPRETATION:**

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

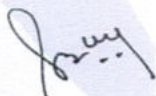
2-hr PG > 200 mg/dl during OGTT(75-G)\*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----



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<b>BIOCHEMISTRY</b>				
Blood Sugar PP	100.0	mg/dl	70-150	GOD-POD

**INTERPRETATION:**

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

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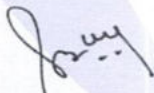
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**HEAMATOLOGY**

<b>HBA1C (GLYCOSYLATED HB)</b>	4.9	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %  
6.1 - 6.5 %

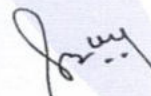
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----

  
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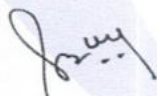
HbsAg	<b>NEGATIVE</b>			Immunochromatography
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**Interpretation:-**

**Clinical Singnificance:-**Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.

HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1<sup>st</sup> week .

-----End of Report-----



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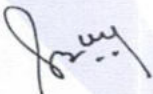
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HIV 1 & II	<b>NEGATIVE</b>			<u>Serology</u> Immunochromatography
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**Clinical Significance** : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks(21 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test.Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

-----End of Report-----



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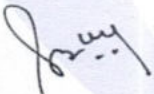
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### BIOCHEMISTRY


#### KIDNEY FUNCTION TEST

Blood Urea	18.6	mg/dl	15.0-45.0	urease
Serum Creatinine	0.8	mg/dl	07-1.3	Jaffes Kinetic
Serum Uric Acid	4.60	mg/dl	2.6-6.0	Uricase
<b>Total Protein</b>				
PROTEN	7.41	g/dl	6.4-8.3	Biuret
ALBUMIN	4.5	g/dl	3.4-4.8	Bcg
GLOBULIN	2.91	g/dl	2.3-3.5	
A/G RATIO	1.55	g/dl		
Calcium	10.2	mg/dl	8.6-10.2	Arsenazo
Sodium	140.9	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.4	mmol/L	3.5-5.5	ISE Indirect
Chloride	109.0	mmol/L	98.0-109.0	ISE Indirect

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### BIOCHEMISTRY

#### LIPID PROFILE

Total Cholesterol	130.00	mg/dl	123-199	CHOD-PAP
Triglycerides	61.5	mg/dl	35-135	Gpo
HDL Cholesterol Direct	47.6	mg/dl	42-88	Direct
Vldl	12	mg/dl	4.7-22.1	
LDL Cholesterol Direct	70.1	mg/dl	63-129	
Total Cholesterol/HDL Ratio	2.7		0.0-4.97	
LDL/HDL Ratio	1.5		0.0-3.55	

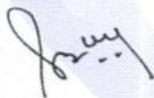
#### INTERPRETATION:-

Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

#### COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and



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pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

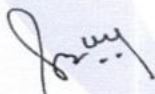
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL	LDL-CHOLESTEROL	CHO/HDL RATIO
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Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

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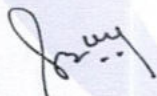
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### BIOCHEMISTRY

#### LIVER FUNCTION TEST

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>Serum Bilirubin</b>				
Total Bilirubin	0.44	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.28	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.16	mg/dl	0-0.8	Calculated
<b>Total Protein</b>				
PROTEN	7.41	g/dl	6.4-8.3	Biuret
ALBUMIN	4.5	g/dl	3.4-4.8	Bcg
GLOBULIN	2.91	g/dl	2.3-3.5	
A/G RATIO	1.55	g/dl		
SGOT	37	U/L	0-31	IFCC
SGPT	26	U/L	0.0-34	IFCC
Gamma GT	26.9	U/L	0-38	Glupa-c
Alkaline Phosphatase	77	U/L	42-98	Amp

-----End of Report-----



**Dr. Sangeeta B**  
DCP, DNB, PATHOLOGY,  
DMC/25252  
Lab Technician : chand



**Delhi Centre:**  
IPSC Delhi : Plot No 453, Sector 19  
Dwarka, New Delhi - 110075


Contact Us : +91-7028195111  
info@ipscindia.com



BOOK DIAGNOSTICS

**Bengaluru Centre:**  
IPSC Bangalore: 11,12 Sahakara Nagar,  
Bellary Road, Bengaluru - 560092

Contact Us : +91-7028207222  
bengaluru@ipscindia.com

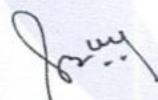
<b>Patient Name</b> : Mrs. PRINYANKA KUMARI	<b>Reg No.</b> : 5817/UHID22DL	<b>Lab ID.</b> : 6305/OPDPB22DL
<b>Age / Gender</b> : 31Y / Female	<b>Date</b> : 14-Jan-2023	
<b>Mobile No.</b> : 7250102700	<b>Manual No.</b>	<b>Collected</b> : 14-Jan-2023 13.26
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 14-Jan-2023 13.27
<b>Sample Type</b> : Serum	<b>Sample ID</b> : 23129	<b>Report</b> : 14-Jan-2023 18.36

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

<u>HORMONES</u>				
TSH	0.76	µIU/ml		CLIA
<b>Adults</b>				
21-100 yrs	0.42 - 5.45			
<b>Pediatric</b>				
0-12 Months	0.98-5.63			
1-5 years	0.64-5.76			
6-10 Years	0.51-4.82			
11-14 Years	0.53-5.27			
15-20 years	0.43-4.20			
<b>Pregnancy</b>				
First trimester	0.1 - 2.5*			
Second trimester	0.2 - 3*			
Third trimester	0.3 - 3*			

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----


  
**Dr. Sangeeta B**  
 DCP, DNB, PATHOLOGY,  
 DMC/25252  
 Lab Technician : chand



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 Bellary Road, Bengaluru - 560092  
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 bengaluru@ipscindia.com

<b>Patient Name</b> : Mrs. PRINYANKA KUMARI	<b>Reg No.</b> : 5817/UHID22DL	<b>Lab ID.</b> : 6305/OPDPB22DL
<b>Age / Gender</b> : 31Y / Female	<b>Date</b> : 14-Jan-2023	
<b>Mobile No.</b> : 7250102700	<b>Manual No.</b>	<b>Collected</b> : 14-Jan-2023 13.31
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 14-Jan-2023 13.31
<b>Sample Type</b> : URINE	<b>Sample ID</b> : 23129	<b>Report</b> : 14-Jan-2023 18.36

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

25.00 ml 10-30

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.030 1.015-1.025

PH

6.5 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

1-2 /hpf MICROSCOPIC

RBC'S

1-2 NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

0-1

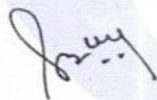
BACTERIA

NIL

OTHERS

NIL

-----End of Report-----



Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252

Lab Technician : chand



Delhi Centre:  
IPSC Delhi : Plot No 453, Sector 19  
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 सत्यमेव जयते  
 भारत निर्वाचन आयोग  
 पहचान पत्र  
 ELECTION COMMISSION OF INDIA  
 IDENTITY CARD

UIA1625359

निर्वाचक का नाम      प्रियंका कुमारी  
 Elector's Name      Priyanka Kumari

पति का नाम              रवि प्रकाश भूषण  
 Husband's Name      Ravi Prakash  
    Bhushan

लिंग /Sex                  महिला/Female  
 जन्म तिथि                  18/02/1996  
 Date of Birth

UIA1625359

पता : तालिमपुर  
 शहर/गाँव - तालिमपुर,  
 अंचल - मधुबन,  
 जिला - पूर्वी चम्पारण, 845420

Address : talimpur  
 Town/Vill - Talimpur,  
 Anchal - Madhuban,  
 Distt. - PURVI  
 CHAMPARAN, 845420

दिनांक / Date: 16/01/2017

018, मधुबन निर्वाचन क्षेत्र के निर्वाचक  
 रजिस्ट्रार ऑफिस के हस्ताक्षर की अनुकूलि  
 Facsimile Signature of Electoral Registration  
 Officer, 018, Madhuban, Constituency

बदलने पर, नये पते पर अपना नाम निर्वाचक  
 नामावली में दर्ज करवाने तथा उस पते पर इसी नम्बर का  
 कार्ड पाने के लिए सम्बन्धित कार्यालय में पत्र बाई नम्बर  
 प्रस्तुत करें।

in case of change in address, mention this card  
 no. in the relevant form for including your name  
 in the roll at the changed address and to obtain  
 the card with the same number.

156/1329



# IPSC PAIN AND SPINE HOSPITAL

PLOT-453 NEAR SBI BANK SECTOR-19  
 DWARKA NEW DELHI-110075, PH: 9555437357

**PRIVANKA KUMARI**  
 ID : 3616  
 DATE : 14-01-2023  
 AGE/SEX : 28 / F  
 HT/WT : 0 / 0  
 REF. BY :

**TREADMILL TEST REPORT**

PROTOCOL : Bruce  
 HISTORY :  
 INDICATION : Checkup/Physical fitness,  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/HR	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METTS
								II	VI	V5	
SUPINE					106	110 / 70	116	0.6	-0.3	0.4	
STANDING					102	110 / 70	112	0.5	-0.3	0.4	
HYPERVENT					102	110 / 70	112	0.4	-0.3	0.5	
Stage 1	2:55	2:55	2.7	10	129	120 / 70	154	-0.3	-0.1	-0.1	4.67
Stage 2	5:55	2:55	4	12	142	130 / 70	184	-0.8	-0.3	-0.9	7.04
Stage 3	7:26	1:26	5.4	14	168	140 / 70	218	-0.9	0.1	-1.1	8.49
PK-EXERCISE	7:47	1:47			166	130 / 80	232	-1	-0.2	-1	8.82
RECOVERY	8:57	0:55			122	130 / 70	158	-0.5	-0.1	0.1	
RECOVERY	9:57	1:55			101	120 / 70	121	-0.5	0.3	-0.2	
RECOVERY	10:43	2:41			95	110 / 70	104	-0.4	0.4	-0.3	
RECOVERY	10:57	2:55			96	110 / 70	105	-0.3	0.2	-0.3	

**RESULTS**

EXERCISE DURATION : 7:47  
 MAX HEART RATE : 168 bpm  
 MAX BLOOD PRESSURE : 140 / 80 mm Hg  
 REASON OF TERMINATION : Achieved THR,  
 BP RESPONSE : Normal,  
 ARRYTHMIA : None,  
 H.R. RESPONSE : Normal Chronotropic Response,

MAX WORK LOAD : 8.82 METTS  
 of target heart rate 192 bpm

IMPRESSIONS :  
 POSITIVE for Provocable myocardial ischemia,

Technician :



# IPSC PAIN AND SPINE HOSPITAL

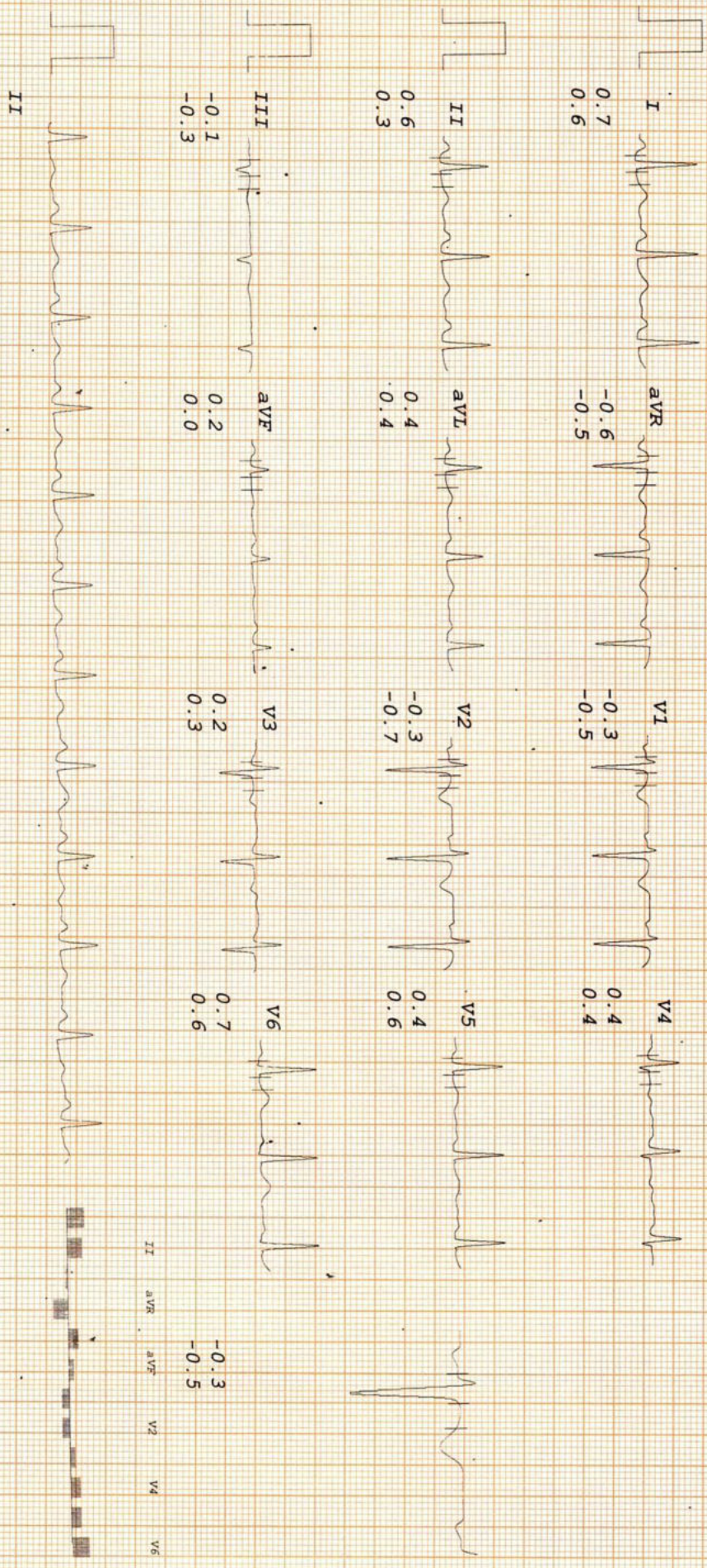
PRIYANKA KUMARI  
 I.D. 3616  
 Age 28/F  
 Date 14-01-2023

RATE 106bpm  
 B.P. 110/70

PRETEST  
 SUPINE  
 ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2



V1

II aVR aVF V2 V4 V6

I aVL V1 V3 V5

Priyanka kumari

# IPSC PAIN AND SPINE HOSPITAL

PRIYANKA KUMARI

I.D. 3616

Age 28/F

Date 14-01-2023

RATE 102bpm

B.P. 110/70

PRETEST

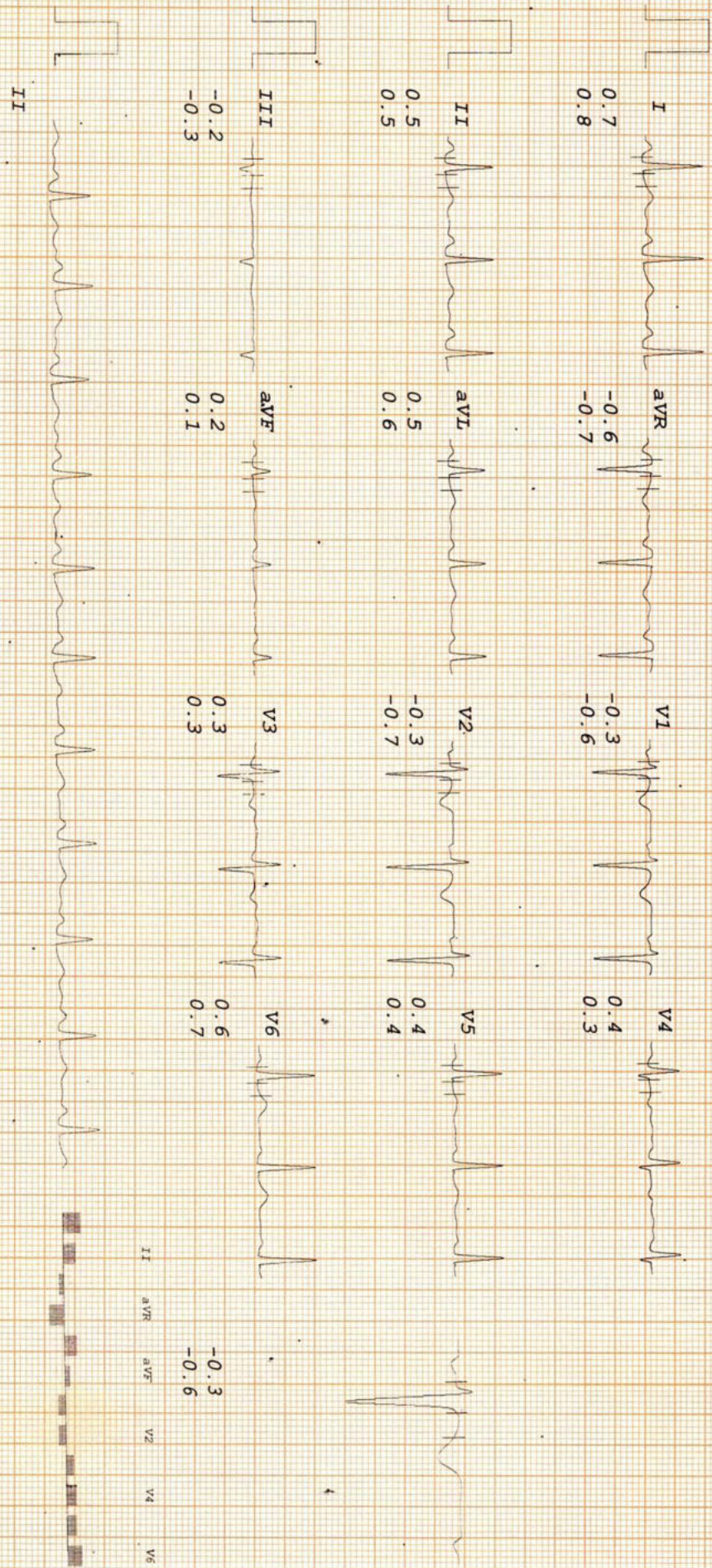
STANDING

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



# IPSC PAIN AND SPINE HOSPITAL

PRIYANKA KUMARI

I.D. 3616

Age 28/F

Date 14-01-2023

RATE 102bpm

B.P. 110/70

PRETEST

HYPERVENT

PHASE TIME 0:14

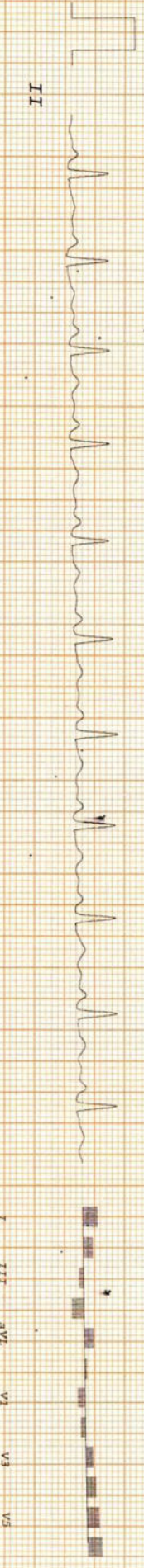
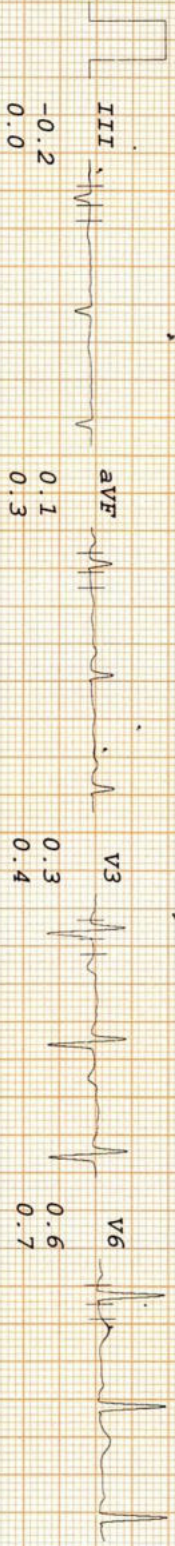
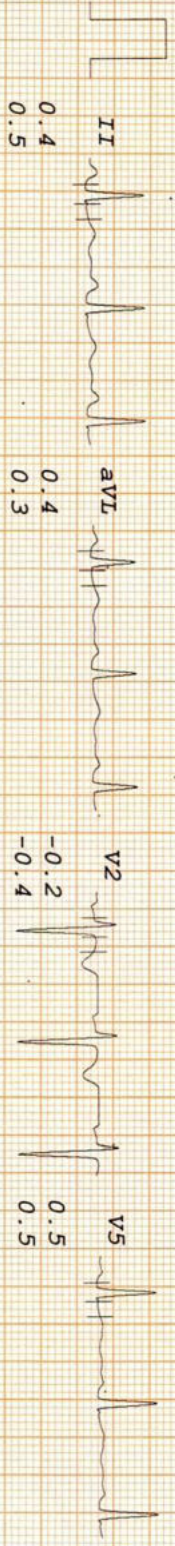
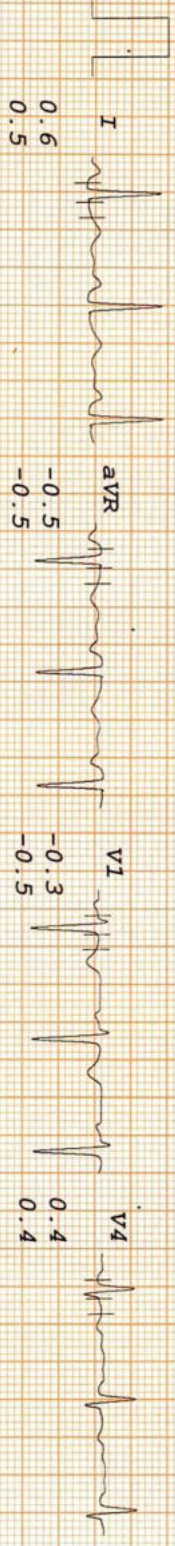
ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



# IPSC PAIN AND SPINE HOSPITAL

PRIYANKA KUMARI

I.D. 3616  
Age 28/F  
Date 14-01-2023

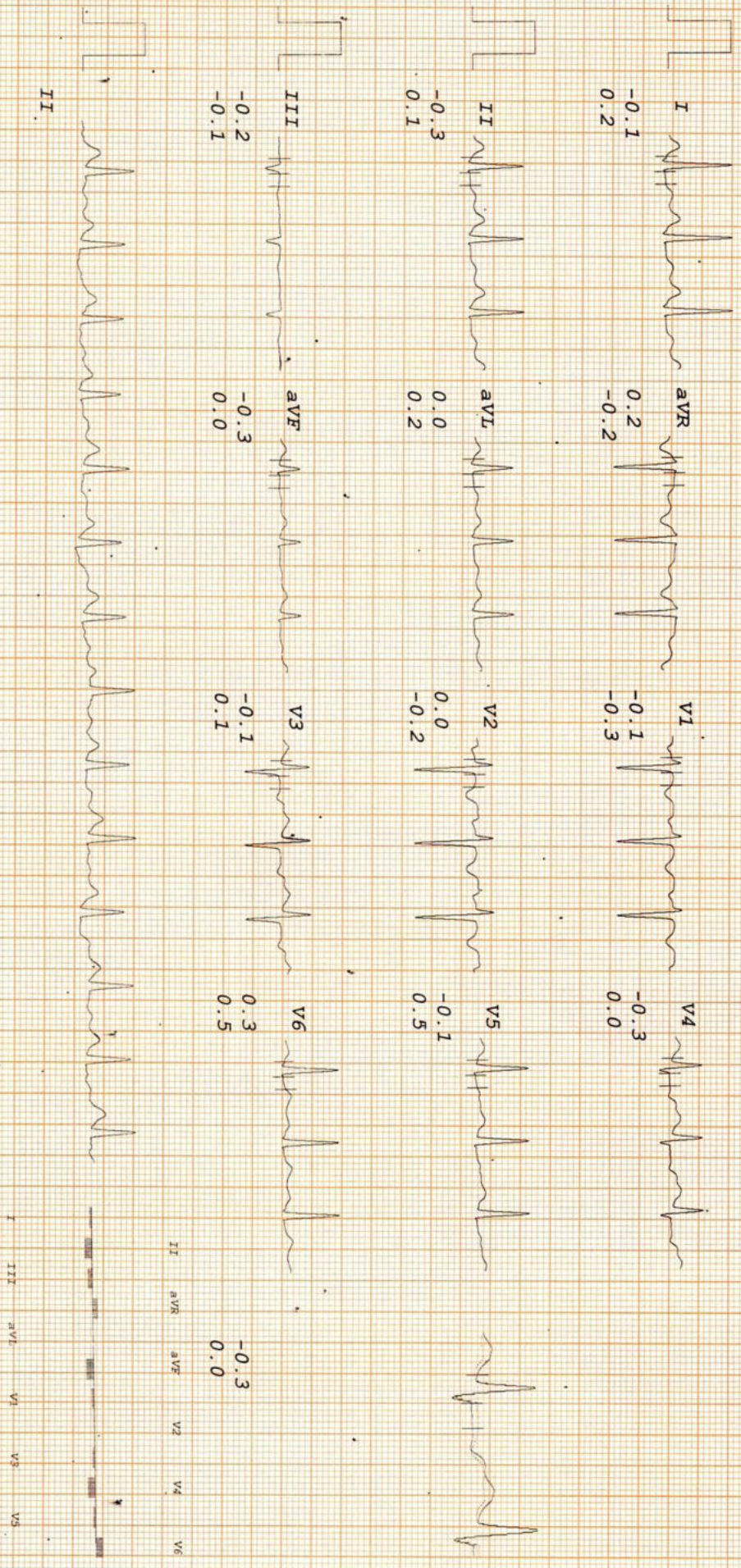
RATE 129bpm  
B.P. 120/70

Bruce  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 2.7 km/hr  
SLOPE 10 %

LINKED MEDIAN

Mag. X 2



# IPSC PAIN AND SPINE HOSPITAL

PRIYANKA KUMARI

I.D. 3616  
Age 28/F  
Date, 14-01-2023

RATE 142bpm  
B.P. 130/70

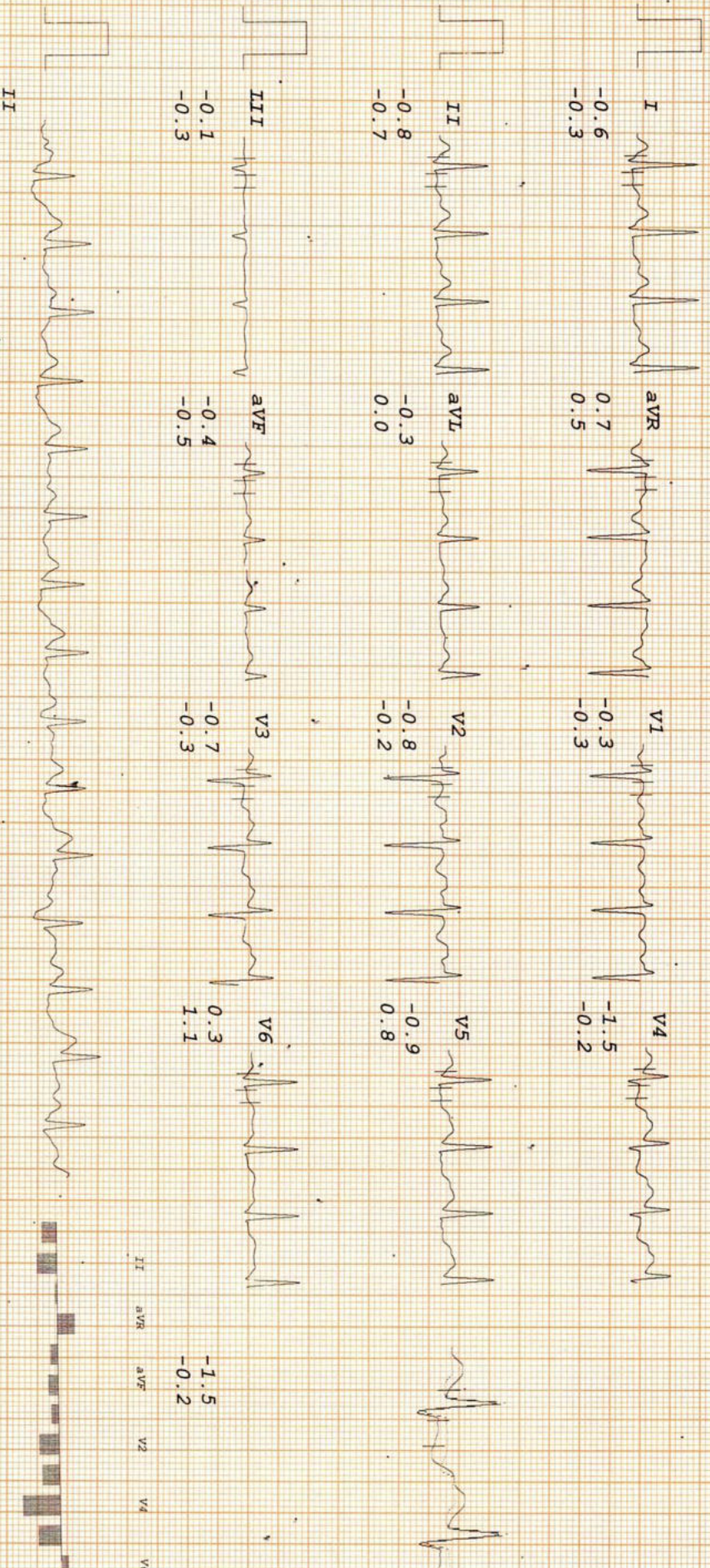
Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 4 km/hr  
SLOPE 12 %

LINKED MEDIAN

Mag. X 2

V4



# IPSC PAIN AND SPINE HOSPITAL

PRIYANKA KUMARI

I.D. 3616  
Age 28/F  
Date 14-01-2023

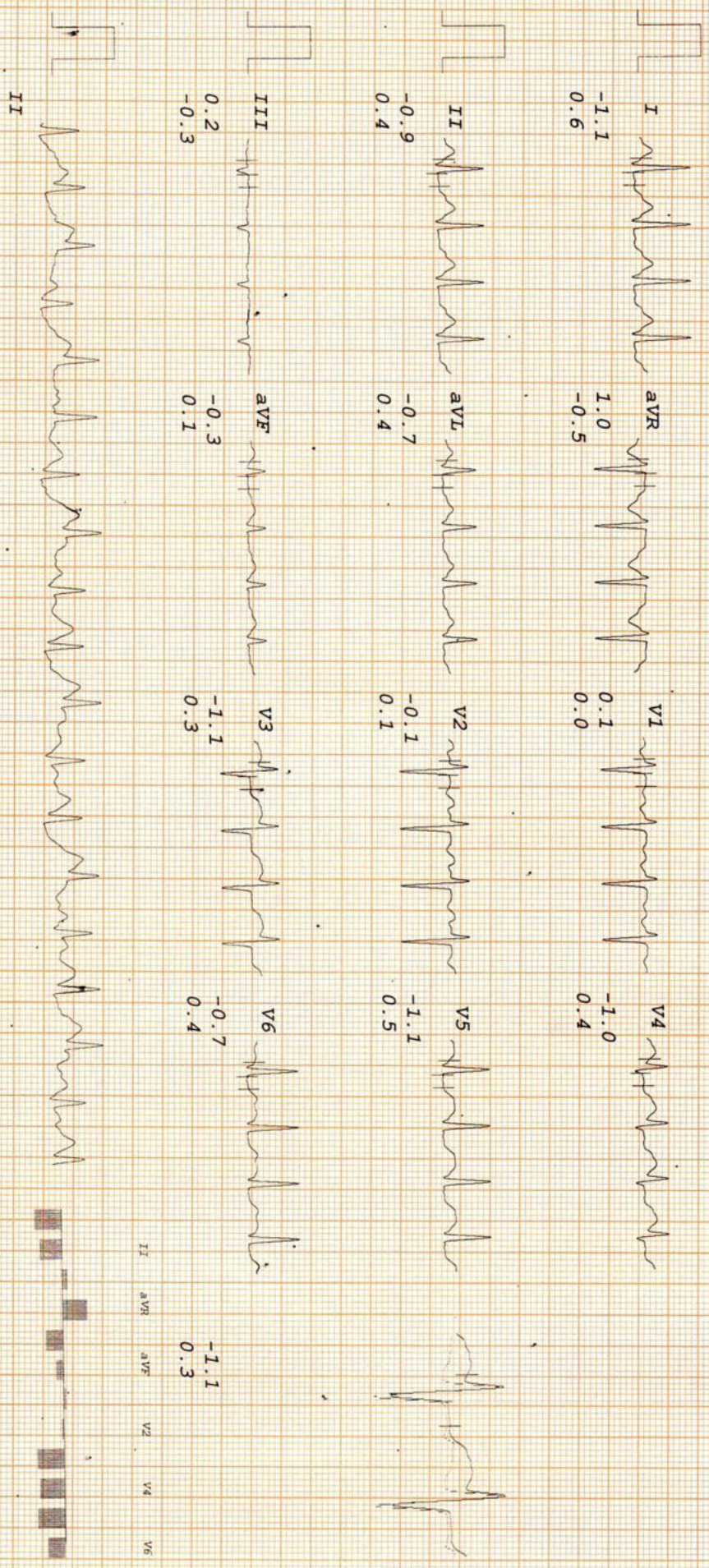
RATE 168bpm  
B.P. 130/70

Bruce  
Stage 3  
TOTAL TIME 7:26  
PHASE TIME 1:26

ST @ 10mm/mV  
80ms PostJ  
Speed 5.4 km/hr  
SLOPE 14 8

LINKED MEDIAN

Mag. X 2



# IPSC PAIN AND SPINE HOSPITAL

PRIYANKA KUMARI

I.D. 3616  
 Age 28/F  
 Date 14-01-2023

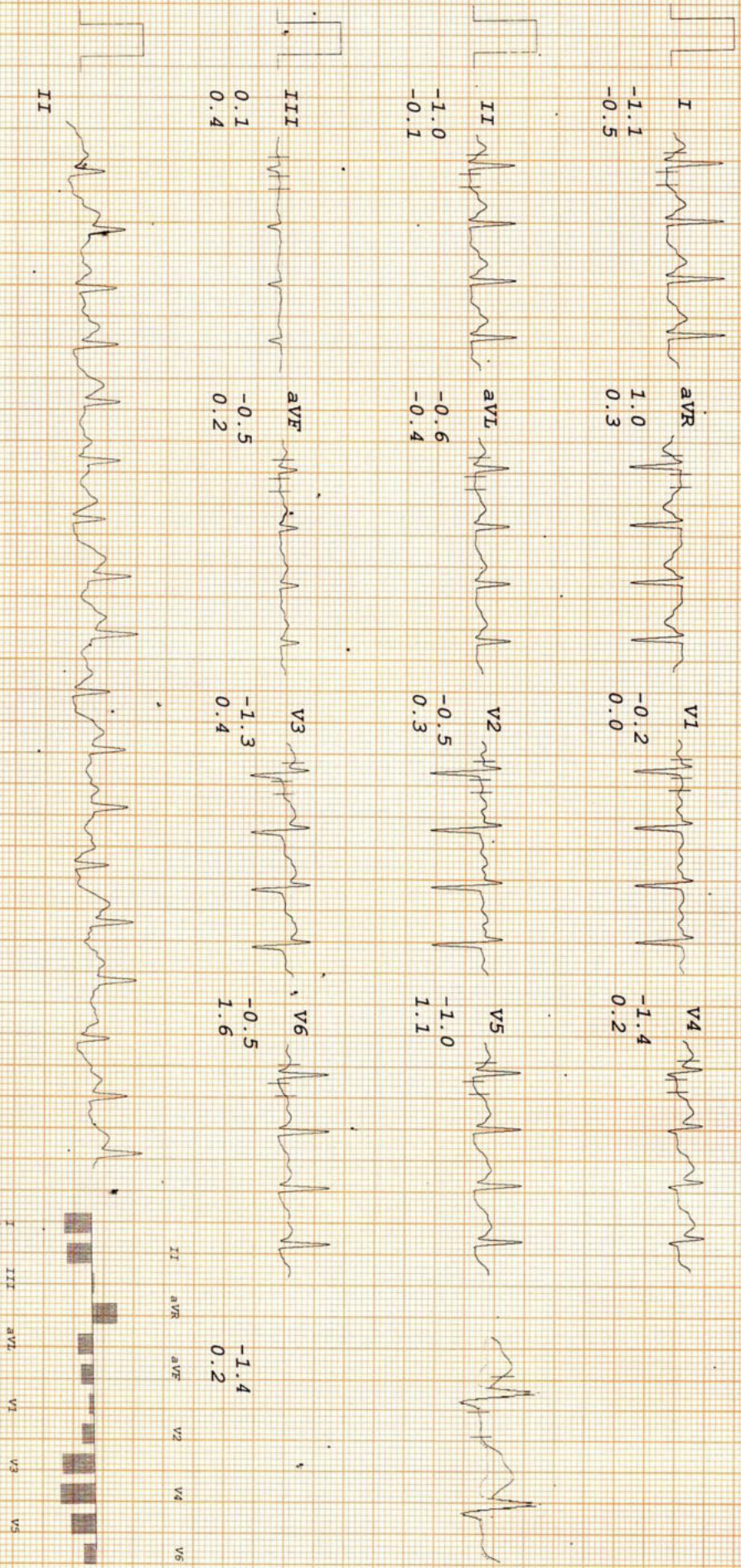
RATE 166bpm  
 B.P. 140/80

Bruce  
 PK-EXERCISE  
 TOTAL TIME 7:47  
 PHASE TIME 1:47

ST @ 10mm/mV  
 80ms PostJ  
 Speed 5.4 km/hr  
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2





# IPSC PAIN AND SPINE HOSPITAL

PRIYANKA KUMARI  
I.D. 3616  
Age 28/F  
Date 14-01-2023

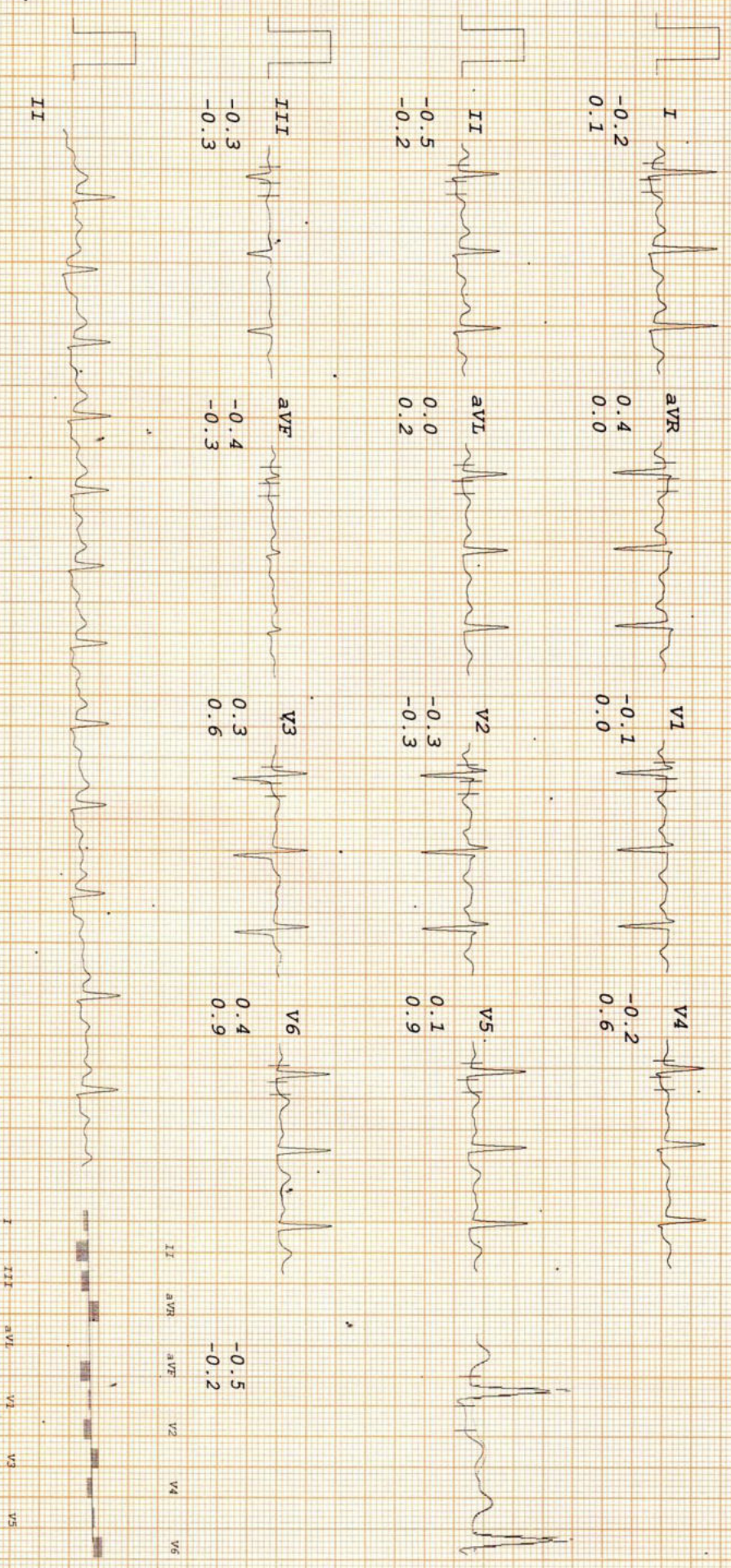
RATE 122bpm  
B.P. 130/70

RECOVERY Bruce  
TOTAL TIME 8:57  
PHASE TIME 0:55

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2



# IPSC PAIN AND SPINE HOSPITAL

PRIYANKA KUMARI

I. D. 3616  
Age 28/F  
Date 14-01-2023

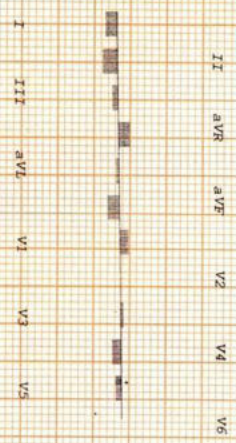
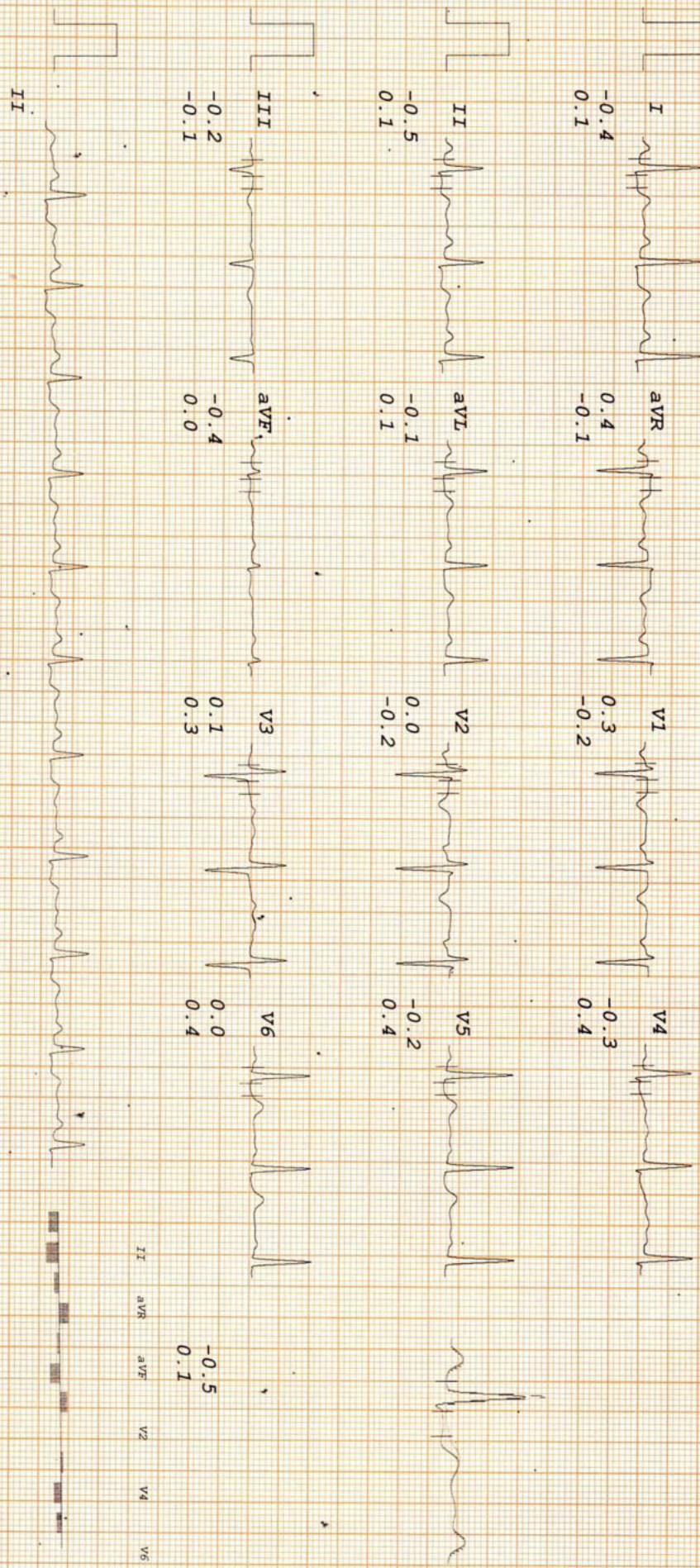
RATE 101bpm  
B.P. 120/70

RECOVERY Bruce  
TOTAL TIME 9:57  
PHASE TIME 1:55

ST @ 10mm/mv  
80ms PostJ

LINKED MEDIAN

Mag. X 2



# IPSC PAIN AND SPINE HOSPITAL

PRİYANKA KUMARI

I.D. 3616

Age 28/F

Date 14-01-2023

RATE 95bpm

B.P. 110/70

Bruce

RECOVERY

TOTAL TIME 10:43

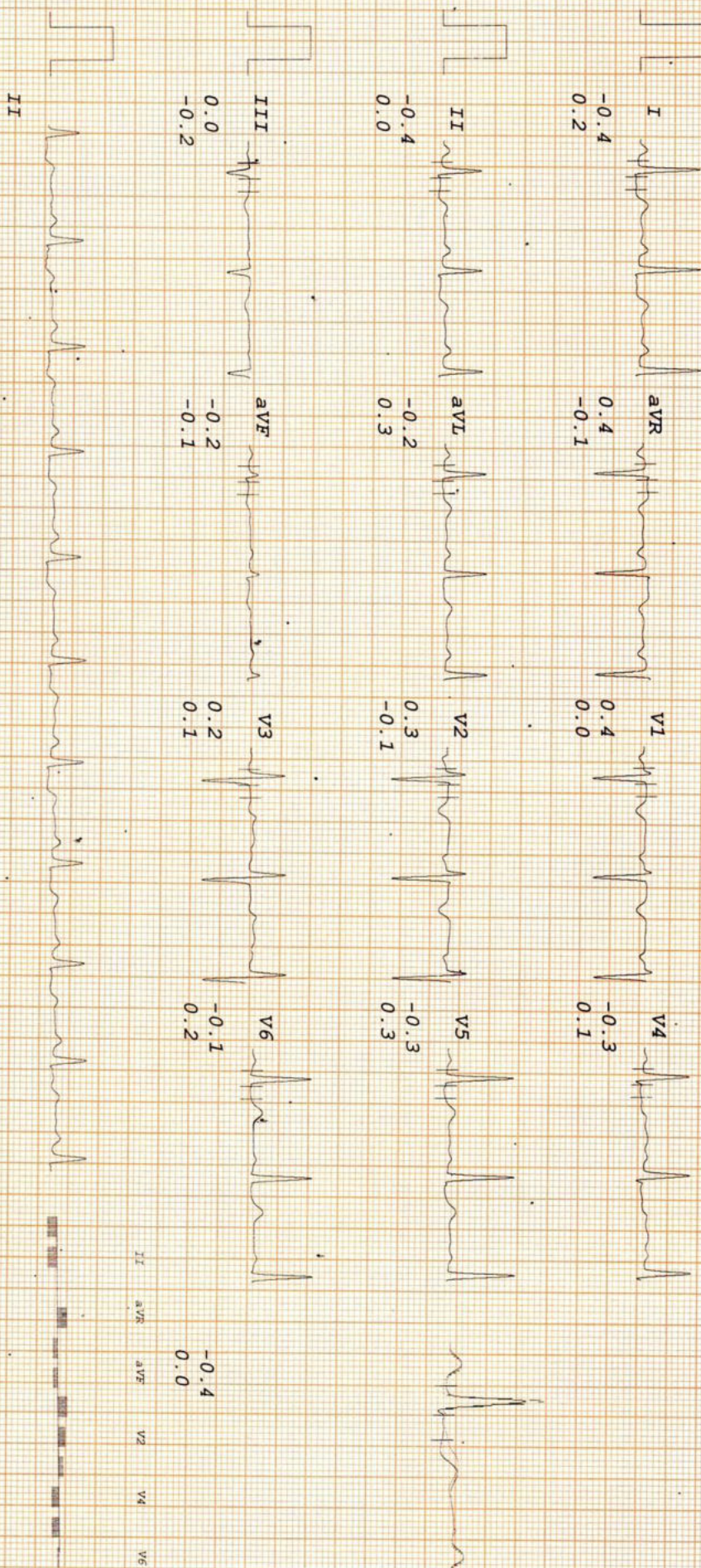
PHASE TIME 2:41

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



# IPSC PAIN AND SPINE HOSPITAL

PRIYANKA KUMARI

I.D. 3616

Age 28/F

Date 14-01-2023

RATE 96bpm  
B.P. 110/70

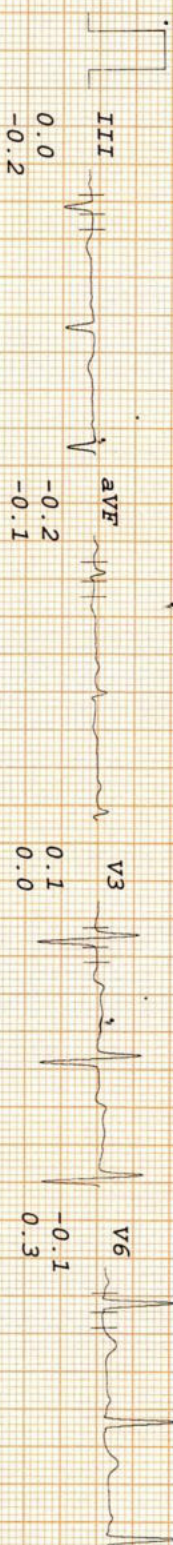
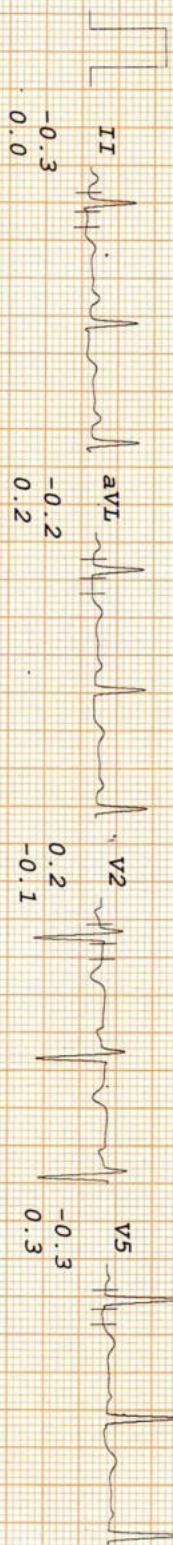
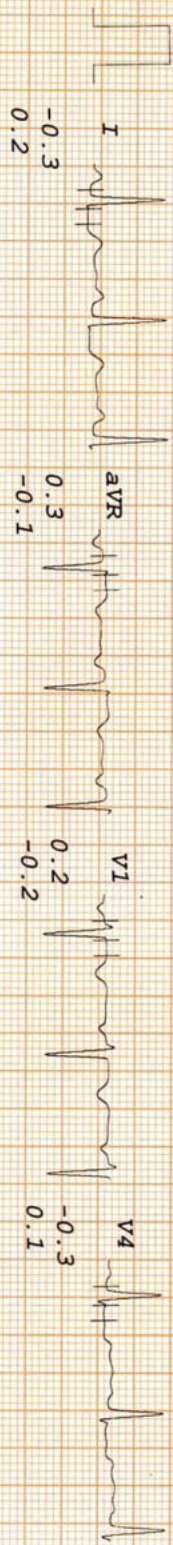
RECOVERY Bruce  
TOTAL TIME 10:57  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

MAG. X 2

V4



ID: 9  
Mrs. Myyanka  
Female  
Years: 28  
Req. No. :

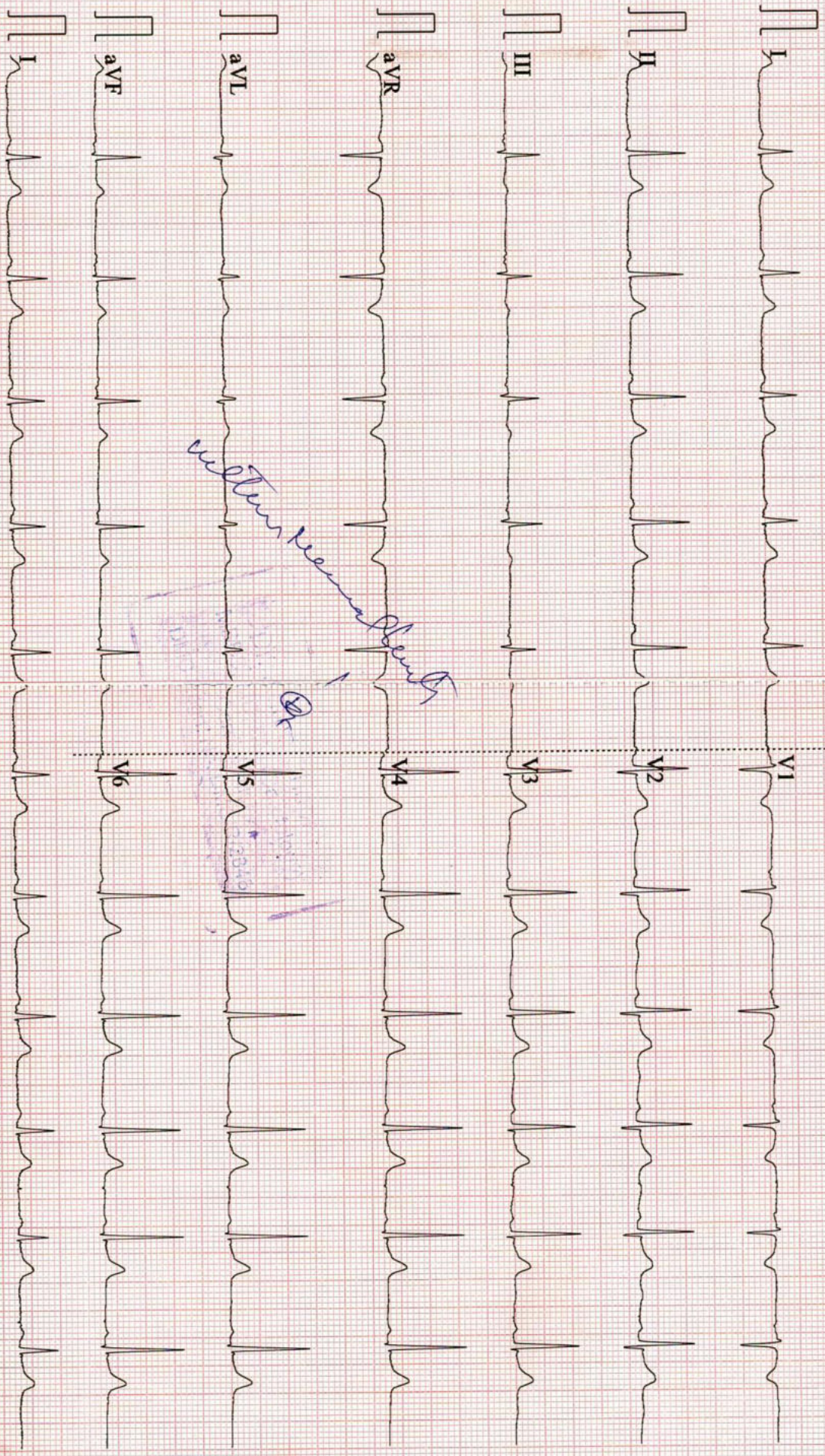
1A1A1D1A1A3

14-01-2023 01:44:17 PM

HR	: 70	bpm
P	: 106	ms
PR	: 142	ms
QRS	: 66	ms
QT/QTcBz	: 368/397	ms
P/QRS/T	: 3/52/34	°
RV5/SV1	: 1.365/0.575	mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



0.67~45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r CARDIART 9108 D V1.44 Glasgow V28.6.7