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Skeleton POMPEI in skin RAINBOW 540 and RAINBOW 530 Wooden decor 028L a brilliant, dark nut, NIERI is executed from a beech file, for an upholstery the genuine leather is used. Here all is thought over up to trifles ergonomics, rigidity, internal filling. And, certainly, design. In the latter case, pleaseHow are we doing. Europe PMC is part of the ELIXIR infrastructureEurope PMC is a service of theIt includes content provided to the. VL occurring in kidney transplant recipients is a severe event, often worsening the renal damage and leading to poor outcome. It is believed that most of VL cases in transplant recipients are caused by reactivation of a preexistent, dormant leishmanial infection induced by the immunosuppressive drugs. Nevertheless, the prevalence of asymptomatic Leishmania infection in candidates to kidney transplant residing in or visiting endemic areas is unknown. As *L. infantum* is highly circulating in northeastern Italy, we aimed to examine the occurrence of this parasitic infection in 119 dialysis patients living in the mentioned area, 71 of whom were potential candidates to kidney transplant. By employing a combination of sensitive serological and molecular methods, we observed a prevalence of 15.9% asymptomatic Leishmania infection in the study cohort. This finding emphasizes the need of further evaluating potential screening strategies for Leishmania infection in solid organ transplant candidates residing in or visiting endemic areas. The aim of this study was to investigate the presence of clinically silent Leishmania infection in candidates to SOT. We analyzed the prevalence of asymptomatic Leishmania infection by serological and molecular tests in a cohort of patients with end stage renal disease ESRD undergoing dialysis treatment, most of whom were potential candidates to kidney transplant.<http://www.laznia-radom.pl/userfiles/c9000-maha-manual.xml>

Methods Study population, setting, and samples We conducted a retrospective study including a

target population of ESRD adult patients in dialysis treatment. Inclusion criteria were 1 absence of medical history of VL or cutaneous leishmaniasis, 2 lack of symptoms for VL or suspected lesions for cutaneous leishmaniasis at the time of blood sampling, 3 absence of other infectious diseases at the time of blood sampling, and 4 residence in the Bologna province. Among the 119 patients included for the study 92% Caucasians, 61.3% male, 38.7% female, mean age 70 years, 71 patients 60% were potential candidates to kidney transplant. Serum and whole blood samples were collected from May to December 2016 at the Nephrology, Dialysis and Renal Transplantation Unit, St. The samples were subsequently investigated for the presence of anti Leishmania antibodies and leishmanial DNA. The study was conducted in accordance with the Declaration of Helsinki, and the protocol was approved by the Ethics Committee of the St. Detection of anti Leishmania antibodies The presence of specific anti Leishmania IgG was assessed by Western Blot WB. Detection of parasitic DNA A PCR assay based on kinetoplast kDNA amplification was developed for detection of Leishmania DNA in whole blood samples. Primers 15 pmol of RV1 5CTTTTCTGGTCTCCGGGTAGG3, 15 pmol of RV2 5CCACCCGGCCCTATTTTACACCAA3 were synthesized by PrimmBiotech Milan, Italy and 50 pmol of TaqMan probe FAMTTTTTCGCAGAACGCCCTACCCGCTAMRA were synthesized by IDTDNA Leuven, Belgium. 2microglobulin Realtime PCR assay was run simultaneously as a control of amplification of the extracted DNA. The Realtime PCR assays were performed using the Real Time PCR Cycler Rotor Gene 3000 Qiagen, Hilden Germany. Real Time PCR was considered positive for Leishmania DNA when an amplification curve at threshold cycle tC below 40 was present. Statistical analysis Descriptive statistics were used to analyze demographic and clinical characteristics.

Chisquared test was used to analyze potential correlation between detection of Leishmania infection and gender. Significance was established at p Results We obtained clinical samples from 119 ESRD adult patients in dialysis treatment at the St.OrsolaMalpighi University Hospital Bologna, Italy. Seventyone out of 119 patients 60% were potential candidates to kidney transplant. The age of patients ranged from 20 to 94 years, with a mean age of 70, with a maletofemale ratio of 7346. Most of patients were Caucasian 92%, with a percentage of 2% of Asian, 5% of African and 1% of unknown origin. The main causes of ESRD in the cohort of patients were diabetic nephropathy 28% and hypertensive vascular nephropathy 18%. Twentythree percent of patients had a nephropathy of unknown origin. Demographic and clinical data of the study cohort are reported in Table 1. Here, we detected the presence of clinically silent Leishmania infection in 15.9% of ESRD patients in dialysis treatment. As 60% of these patients were potential recipients for kidney transplant, this study group might be considered as a model for candidates to SOT. Overall, our results suggest an important cumulative exposure to Leishmania in the examined cohort, which may potentially lead to parasitic reactivation upon transplantation. The lower prevalence of Leishmania infection observed in the Spanish study as compared to our study can be related to a variable circulation of the parasite in different endemic areas or to diversity of methods employed for parasite screening. Considering the latter possibility, the indirect immunofluorescence assay IFAT employed by Elmahallawy and colleagues could have underestimated the infection rate in asymptomatic carriers. Nevertheless, studies focusing on parasite route of transmission in SOT are lacking.

<http://afreecountry.com/?q=node/3824>

Considering the high prevalence of Leishmania infection among potential kidney transplant recipients detected in the current study, we emphasize the importance of further evaluating sensitive tools for screening this hemoflagellate protozoan in SOT candidates in endemic areas. World Health Organization. Accessed 1 Oct 2019 2. van Griensven J, Carrillo E, LopezVelez R, Lynen L, Moreno J 2014 Leishmaniasis in immunosuppressed individuals.Clin Transplant 339e13546 PubMed Clin Transplant. Euro Surveill 1820530 CAS PLoS Negl Trop Dis 9e0004179 Article Funding Funding by the University of Bologna projects RFO "Ricerca Fondamentale Orientata" managed by SV, MCR and GLM, and by the Italian Ministry of Health project Ricerca Finalizzata

RF201602361931 managed by SV. Author information Author notes Giorgia Comai and Alessandra Mistral De Pascali contributed equally to this work. Material preparation, data collection and analysis were performed by Alessandra Mistral De Pascali, Diletta Conte, Silvia Morini, Margherita Ortalli and Marco Busutti. The first draft of the manuscript was written by Stefania Varani, Alessandra Mistral De Pascali and Giorgia Comai, and all authors commented on previous versions of the manuscript. Corresponding author Correspondence to Rights and permissions The images or other third party material in this article are included in the articles Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the articles Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit. The journal, published since 1947, is the official publication of the Spanish Society of Cardiology and founder of the REC Publications journal family. Articles are published in both English and Spanish in its electronic edition.

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SJR uses a similar algorithm as the Google page rank; it provides a quantitative and qualitative measure of the journals impact. Reference Values in Healthy Adults The purpose of this study was to evaluate left ventricular myocardial strain and rotation parameters by twodimensional speckletracking echocardiography in a large group of healthy adults across a wide age range to establish their reference values and to assess the influence of age, sex, and hemodynamic factors. We measured longitudinal, circumferential, and radial peak systolic strain values, and left ventricular rotation and twist. Longitudinal strain values were more negative at the base than at apical segments. We found that women have more negative longitudinal strain, accounting for their higher left ventricular ejection fraction. Availability of reference values for these parameters may foster their implementation in the clinical routine. LV rotation can be measured on 2dimensional shortaxis views acquired at base and apical levels to allow computation of twist and untwist. Several studies have related the dynamics of cardiac twist to systolic function of the LV. 13,14 However, to be clinically useful, all these new parameters of myocardial and LV function need reference values that can be compared with data obtained from patients with suspected myocardial diseases. METHODS Study Population A cohort of 260 healthy Caucasian volunteers were prospectively recruited at a single tertiary center among hospital employees, fellows in training, their relatives, and individuals who underwent medical visits for driving or working licenses and met the inclusion criteria. Blood pressure BP was measured in all participants immediately before the echocardiographic examination. The study was approved by the University of Padova Ethics Committee protocol number 2380 P, approved on October 6, 2011 and written informed consent was obtained from all volunteers before screening for study eligibility.

<https://www.melisaking.com/images/Diagnosis-Related-Groups-Definitions-Manual.pdf>

Echocardiography Study participants underwent a transthoracic echocardiographic examination in the left lateral recumbent position using a commercial ultrasound scanner Vivid E9, GE Vingmed; Norway equipped with a 2.5 MHz transducer. Twodimensional grayscale views were obtained from the apical 4, 2chamber, and longaxis views and parasternal shortaxis views at mitral valve, papillary muscle, and apical levels approaches. Three consecutive cardiac cycles of each view were acquired during a breath hold at endexpiration. Special care was taken to obtain correct apical and shortaxis images using standard anatomic landmarks and checking for foreshortening. 10 To obtain the apical shortaxis view, the transducer was placed on the chest wall at the level of the apical impulse and then moved one intercostal space upward and properly angulated in order to obtain a circular shortaxis view of the LV with the smallest right ventricular area. 20 All the images were obtained at a frame rate of 50 frames to 80 frames per second. Timing of aortic valve closure was assessed

looking at the aortic valve motion in the longaxis apical view. All studies were digitally recorded and transferred to a dedicated workstation for further analysis. The LV endsystolic and enddiastolic volumes were measured using the biplane disc summation rule and LVEF was calculated. 21 Speckletracking imaging analysis was performed using a commercially available software EchoPAC BT 12, GE Vingmed; Norway. The endocardial border of the LV was manually traced slightly inside the myocardium; a second, larger, concentric circle was then automatically generated near the epicardium in order to include all the LV myocardium. Then, the software automatically divided each LV view into 6 equal segments and performed the speckletracking on a frametoframe basis. The 3 apical views were used for L measurements. Shortaxis views were used for measurement of R, C, and rotation.

In particular, R and C were measured on the shortaxis view obtained at the level of the papillary muscle midventricle, while rotation was measured on the shortaxis views obtained at basal and apical levels. The software automatically divided each echocardiographic view into 6 segments, provided an automated tracking confirmation which must be checked by the operator and generated the. If more than 3 of the 16 LV segments were inadequately tracked, the patient was excluded from the final analysis. Thirteen healthy individuals were excluded from analyses because of inadequate tracking. Myocardial L values were displayed as a bullseye view Figure 1 . Strain profiles from three apical views. Speckletracking echocardiography analyses in the apical 4 A, 2chamber B and apical longaxis C view with the respective speckletracking echocardiography measurements. Speckletracking echocardiography analyses in the apical 4 A, 2chamber B and apical longaxis C view with the respective speckletracking echocardiography measurements. Average segmental values in each segment are used to generate a "bullseye" display of left ventricular myocardial deformation D. 0.72MB. Rotation is an angular displacement of a myocardial segment in shortaxis view around the LV longitudinal axis measured in a single plane. 11 To measure LV rotation, the software defined the ventricular centroid for the midmyocardial line on each frame and calculated the time domain rotation for each segment in both basal and apical shortaxis views. Averaged LV rotations from 6 segments were used for the measurement of rotation at basal and apical levels. The tracking quality of each segment was indicated by the software and segments with insufficient tracking were excluded. The mean rotation was measured at aortic valve closure. Counterclockwise rotation is expressed with positive values when viewed from the apex, and clockwise rotation with negative values.

Twist was calculated as the net difference between apical and basal rotation Figure 2 . Rotation and twist are expressed in degrees. Left ventricular short axis views at apical A and basal B level with the region of interest at each level. Left ventricular rotation and twist profile curves C. The white line indicates left ventricular twist. Left ventricular rotation and twist profile curves C. The white line indicates left ventricular twist. The blue and pink lines indicate apical and basal rotation. 0.33MB. Statistical Analysis Normal distribution of data was checked by KolmogorovSmirnov test. Enrolled participants were stratified according to age 1835, 3655, and 5680 years and sex. Comparison of strain values between men and women, among different age groups, and among different segments or walls were performed by unpaired 2tailed Student t test and analysis of variance ANOVA, as appropriate. The data were analyzed using SPSS for Windows version 17.0 SPSS Inc.; Chicago, Illinois, United States and p values Reproducibility Interobserver reproducibility of strain measurements was assessed in 18 randomly selected patients by 2 independent observers who analyzed the data blind to the other observer results. Intraobserver reproducibility was assessed by 1 observer who analyzed the data sets twice, more than 1 month apart. RESULTS A total of 247 healthy volunteers, 139 56.2% women, were enrolled in the study. Mean age was 44 SD, 16 years range, 1880 years. Table 1 shows the demographic characteristics and LV geometry and function of the study population. Among the apical LV segments, the least negative L was found in the lateral wall and the most negative L in the anteroseptal wall. Mean averaged L at base, midventricular, and

apical levels were more negative in women than in men, accounting for the higher global L measured in women Table 2 . Left Ventricular Rotation and Twist Of the 247 enrolled participants, 194 78.

5% had shortaxis views of sufficient quality to allow measurement of LV rotation at both apical and basal levels. In each view, a minimum of 4 segments with an excellent tracking score was required to measure rotation. Reproducibility of Left Ventricular Mechanics by Speckletracking Echocardiography Intraobserver and interobserver reproducibility of 2dimensional LV strain parameters are shown in Table 6. Table 6. Reproducibility of Left Ventricular Strain Parameters by Twodimensional Echocardiography The main results of our study can be summarized as follows a we provided reference values for all the main deformation components namely L, C, and R as well as LV rotational mechanics obtained from a large cohort of healthy volunteers; b global L values were significantly more negative in women than in men, accounting for the higher LVEF in women. C and R were similar between the sexes; c age did not significantly affect LV myocardial deformation, and d LV rotational mechanics is similar in men and women and increases in the later decades of life. Our R data are similar to those reported in literature but there was a large inconsistency of data, resulting in a wide SD. This may be explained by technical rather than biological factors. The R is a rather inaccurate measure, especially in lateral and basal segments because the distance between endocardium and epicardium is small and the spatial resolution in this tracking direction is reduced. Effect of Age on Left Ventricular Myocardial Deformation The effects of age on myocardial deformation remains controversial. While some studies have shown reduced. In addition, our results are in agreement with those of the metaanalysis by Yingchoncharoen et al, 23 which failed to document a significant effect of age on global L. Sexrelated Differences in Left Ventricular Myocardial Deformation The effect of sex on LV myocardial deformation remains controversial. Several studies found no difference in.

Recently, Cheng et al 31 found that, on average, L was 1.7% more negative in women than in men. Hurlburt et al 18 found that global L and C were significantly more negative in women than in men. This may account for the higher LVEF that we and others consistently found in normal women compared to normal men. 32,33 Effect of Hemodynamic Factors and Body Size on Strain Measurements Recently published metaanalysis of 2597 subjects showed that systolic BP was associated with variation in normal global L values. 23 Besides systolic BP, differences in vendor and other variables such as age, sex, and body mass index were not significantly associated with the mean value of global L in normal patients. 23 Although this metaanalysis showed systolic BP to be an important determinant of strain, we did not confirm this finding in our study. Additionally, height, systolic BP, and heart rate did not correlate with global L in a large study of healthy volunteers. 17 Our study showed that body size parameters were correlated with global L. This finding is rather controversial in literature a previously published report confirms this finding, 34 but the recently published metaanalysis showed that body mass index was not a significant determinant for normal ranges of global L. 23 Rotational Mechanics of the Left Ventricle Both LV rotation and torsion have been demonstrated to be important determinants of LV function. 32 Apical rotation is usually greater than basal rotation and more strictly correlated with global LV function. 35 Takahashi and et al 15 reported normal values in different age groups. Our data show higher values of LV rotation, particularly at the apex. The reasons for these differences are difficult to explain. Although we cannot exclude an ethnic factor, we think that the most likely explanation is due to the level of the LV apical shortaxis view.

Van Dalen et al 20 have clearly shown how critical this factor is and how much the measurements can change if the view is taken just few millimeters more towards the apical or more caudal level. Unfortunately, there is no clear anatomical landmark that allows us to standardize this view. We have taken great care to obtain the most apical just before right ventricular apex disappears and

circular view. However, the large SD in our rotational data should raise caution about the overall accuracy of our reference values. In the present study, the twist and apical rotation were comparable between the groups aged 18 years to 35 years and 36 years to 55 years. However, both of them showed significant increase in the group aged 56 years to 80 years. Likewise, Maharaj and et al 36 reported that twist changed substantially after 40 years of age. Our data are consistent with these findings. LV twisting increased with age, mostly related to the increase of LV rotation at the apex. 38 This increase is most likely related to an imbalance between the subendocardial and subepicardial layers, with a greater dominance from the epicardial fibers with advancing age. 38 Limitations There are some limitations in this study. Deformation values depend on the equipment used, suggesting that reference values may change depending on the echo machine used to acquire images and the software used to analyze them. 33,39 Our data can be applied only to patients examined with the equipment employed in this study. For the future, there is hope that a standardization of strain values across different vendors will be reached. 40 All participants were of European Caucasian descent. Therefore, the results of this study cannot be extended to other ethnic groups. CONCLUSIONS We report the comprehensive assessment of normal myocardial deformation and LV rotational mechanics in a large cohort of healthy volunteers with a wide age range.

We found that women have more negative L than men, which accounts for the higher LVEF in women. Moreover, age is a major determinant of rotation values in healthy participants, with an increase in apical rotation and LV twist in the elderly. The availability of reference values for these parameters may foster their implementation in the clinical routine. According to our results, sex should be taken into consideration when evaluating the pathologic changes in myocardial function, whereas age is a significant determinant of rotational mechanics. FUNDING Gonenc Kocabay and Sorina Mihaila are recipients of a research grant funded by the European Association of Cardiovascular Imaging. CONFLICTS OF INTEREST Denisa Muraru and Luigi P. Badano have received equipment grants and speakers' honoraria from GE Vingmed. Luigi P. Badano is on the speakers bureau of this company. A formula to estimate the approximate surface area if height and weight be known. Eur Heart J Cardiovasc Imag, 14 2013, pp. 10391040 To decline or learn more, visit our Cookies page. Are you a health professional able to prescribe or dispense drugs Si continua navegando, consideramos que acepta su uso. Puede cambiar la configuración u obtener mas informacion aqui. Continuing navigation will be considered as acceptance of this use. You can change the settings or obtain more information by clicking here. The present objective was to test the hypothesis that RV freewall longitudinal speckletracking strain RVfree, an independent echocardiographic predictor of hemodynamic RV performance, can predict longterm outcome. Methods and Results Fortytwo PH patients were studied. RVfree was calculated by averaging the 3 regional peak systolic strains for the RV free wall. For comparison, tricuspid annular plane systolic excursion TAPSE, RV fractional area change, RV index of myocardial performance, and tissue Dopplerderived tricuspid lateral annular systolic velocity were also studied.

Longterm followup was performed for 4 years after adding PHspecific drugs. Login in here. Zoledronic acid Reclast is also used to treat osteoporosis in. In present paper the effectiveness and safety of the zoledronic acid ZA use in patients with bone metastatic breast cancer MBC The proper function of Ras largely depends on a posttranslational modification termed prenylation. Bisphosphonates have been shown to inhibit prenylation in cancer cells. In this study, we show that zoledronic acid, a third generation bisphosphonate, is effective in targeting lung cancer cells. This is achieved by the induction of apoptosis and inhibition of proliferation, through suppressing the activation of downstream Ras and EGFR signalling by zoledronic acid. The combination of zoledronic acid and paclitaxel or cisplatin commonly used chemotherapeutic drugs for lung cancer augmented the activity of either drug alone in inA vitro lung cancer cellular system and inA vivo lung xenograft mouse model. Importantly, zoledronic acid inhibits protein prenylation as shown by the increased levels of unprenylated Ras and Rap1A. In addition, the effects of zoledronic acid were reversed in

the presence of geranylgeraniol and farnesol, further confirming that mechanism of zoledronic acid's action in lung cancer cells is through prenylation inhibition. Since zoledronic acid is already available for clinic use, these results suggest that it may be an effective addition to the armamentarium of drugs for the treatment of lung cancer. Highlights a Zoledronic acid ZA is effectively against lung cancer cells inA vitro and inA vivo. The proper function of Ras largely depends on a posttranslational modification termed prenylation. Since zoledronic acid is already available for clinic use, these results suggest that it may be an effective addition to the armamentarium of drugs for the treatment of lung cancer. Highlights a Zoledronic acid ZA is effectively against lung cancer cells inA vitro and inA vivo.

We tested the carrier properties of a biphasic, calcium sulphate and hydroxyapatite ceramic material, containing a combination of recombinant human bone morphogenic protein2 rhBMP2 to induce bone, and zoledronic acid ZA to delay. Effective and less toxic treatments, like bisphosphonates, can reduce morbidity in such cases. Objectives The objectives of this study were to determine whether Zoledronic acid was administered in accordance with current recommendations for its prescribing and to produce protocols for improved patient outcomes. Methods The study was a retrospective audit of 39 consecutive patients with metastatic bone disease secondary to solid tumours who were treated with Zoledronic acid. The records were analysed to establish the administered dose of Zoledronic acid relative to creatinine clearance. The standards for Zoledronic acid therapy were defined from best practice guidelines. Conclusions Majority of patients received Zoledronic acid for the appropriate indications. The dose of Zoledronic acid was appropriate to serum creatinine clearance in a majority of patients. Poor documentation of data pertaining to Zoledronic acid treatment is observed which can potentially lead to major errors in prescribing. We recommend using a standard form to document each episode of therapy with Zoledronic acid. author No cases of osteonecrosis of the jaw were reported, and no adverse effects on the healing of fractures were noted. The rates of renal and cardiovascular adverse events, including atrial fibrillation and stroke, were similar. Grip strength, uterus weight, and serum alkaline phosphatase ALP, and tartrateresistant acid phosphatase TRAP levels were measured. Tibiae were analyzed using microcomputed tomography. The administration of ZA for 12 weeks lowered serum ALP and TRAP levels in irradiated mice, suggesting that ZA can reduce the bone turnover rate in mice.

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