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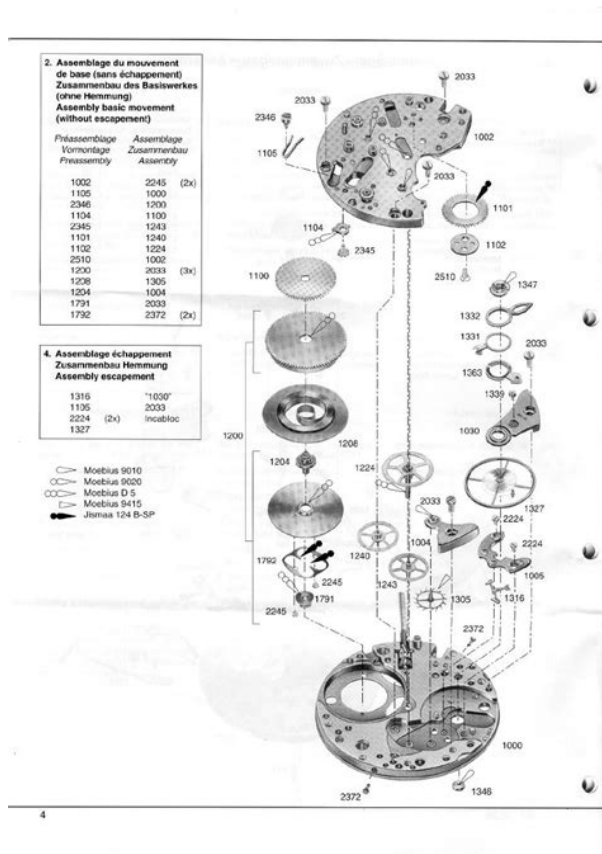
Book Descriptions:

Ct-90047 manual



See Programming for Other Equipment on This remote control may have features not used by your receiver. This guide makes it easy to set up and use your remote control this guide contains indepth information to help you get the most from your remote control, including controlling other equipment like TVs, VCRs, and DVD players. If you press power button pointing to the device if it powers off then its already programmed and do not need further programming. If the device is not responding check the batteries in the remote it may be that batteries are exhausted. Use the remote controls mode buttons to set the remote to the correct mode for the equipment. Be sure to program the remote control to operate the other equipment as described on manual. To change the mode, press the button for the equipment you want to control. The mode button lights for three seconds to show youve set the remote to that mode. Depending on how the remote is set up, the remote control may use UHF radio signals, IR signals, or both to control the receiver. However, only IR signals are used to control other equipment. IR signals travel short distances generally 20 feet or 7 meters they can go up to 40 feet, and cannot go through walls or other solid objects. Point the remote control directly at the equipment you want to control, with no objects to block the signal path. This manual shows you how to program the remote control to operate a TV. The following section uses a different method to program the remote control to operate a TV or other equipment such as a DVD player or VCR, tuner, amplifier, audio receiver or a second TV. You can program the remote control by either following the instructions in Programming Using Equipment Remote Code Tables, or the Scanning for Equipment Codes procedure. Put the remote in TV mode to use TV functions, or DVD mode to use the DVD player or VCR functions. There was an updated manual on Toshibas website that had the codes for this remote.<http://d-co.com/images/how-can-i-start-windows-defender-manually.xml>

- **toshiba ct 90047 manual, ct-90047 manual, toshiba ct-90047 manual.**

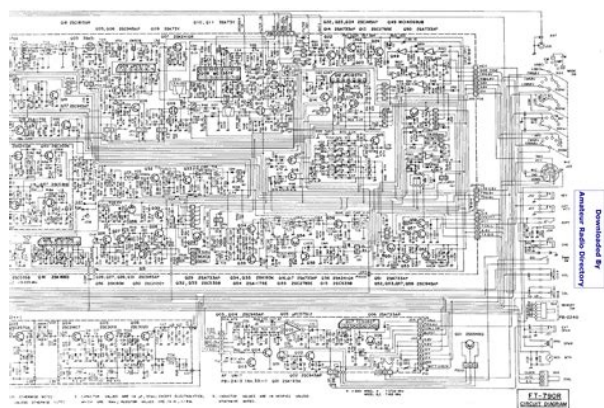


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The remote includes popular features like SLEEP, PIC MODE and of course, all other buttons for normal operations. For detailed information on how to use this product with your TV, please refer to your TV's operating manual. This remote comes with a 1 Year Replacement Warranty. Additional information Call today and make your order, 336 924 8787. We buy them! Affiliates Recycle. Digital R50 Displaying all posts. Any information would be appreciated, thanks! Or, if you already have an account, please login now. For information on how to advertise your service or product click here. Remote Central reserves the right to remove or modify any post that is deemed inappropriate. Without Voice Recognition. Please try again. Please try again. Full content visible, double tap to read brief content. Please try your search again later. Without Voice Recognition. The RR90159 will work right out of the package for compatible Toshiba TV models listed but not limited to without any programming. The RR90159 is a preprogrammed Toshiba TV remote and cannot be programmed to any other devices. For detailed information on how to use this product with your TV, please refer to your TV's operating manual. Merchant Video Videos for related products 340 Click to play video TV Remote Control 2.4G Wireless Voice Control Sensing Air Remote Mouse for PC Android TV Box HuafelizUS Videos for related products 133 Click to play video Satechi Aluminum Wireless Remote Control Satechi Next page Upload your video Video Customer Review How to use universal remote E885 See full review CHUNGHOP STORE Onsite Associates Program To calculate the overall star rating and percentage breakdown by star, we don't use a simple average. Instead, our system considers things like how recent a review is and if the reviewer bought the item on Amazon. It also analyzes reviews to verify trustworthiness. Please try again later. Mo Wanchuk 1.0 out of 5 stars Remote did not work.

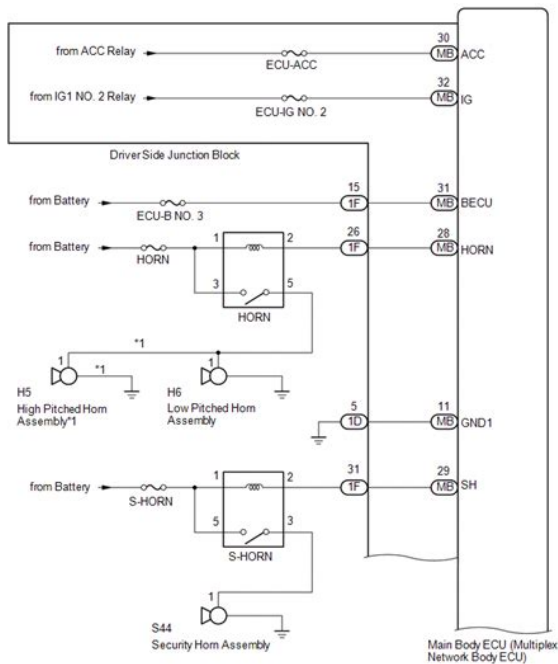
The tv remote I ordered was defective buttons stick some do not even work. Please try again. Please try again. Please try your search again later. You can edit your question or post anyway. The RR90159 will work right out of the package for compatible Toshiba TV models listed but not limited to without any programming. For detailed information on how to use this product with your TV, please refer to your TV's operating manual. To calculate the overall star rating and percentage breakdown by star, we do not use a simple average. It also analyses reviews to verify trustworthiness. Remote did not work. The tv remote I ordered was defective buttons stick some do not even work. These characteristics are Replacement parts which have these special safety charac The use of substitute replacement Use shatter proof goggles and Plug the AC Use an AC volt The nominal It is recommended that the read For continued XRAY RADIATION pro For contin Service manuals usually include printed circuit boards, block diagrams, exploded views, assembly instructions and parts catalog. Its invaluable source of information for everyone looking to repair their unit. You should look for Owners Manual. After placing order well send You download instructions on Your email

address. Service manuals usually include printed circuit boards, block diagrams, exploded views, assembly instructions and parts catalog. Register a new account. Forgot your user name or password Register a new account. Forgot your user name or password When using volumetric CT, dose reduction techniques including adaptive mA and kV and iterative reconstruction should be utilised where available. All authors drafted sections of the guideline and undertook revisions of the paper. ATH, ALS and MRL had final responsibility for the guideline. Competing interests All authors have completed a declaration of interest form in line with BTS Policy and copies are available from BTS head office on request.



JDC has declared funding from Bayer Healthcare, Griffiths, Pfizer, Inmed, Chiesi, Boehringer Ingelheim, GlaxoSmithKline, Astra Zeneca, Napp. ADS has declared funding from Bayer Healthcare, Pfizer, Inmed, Boehringer Ingelheim, Astra Zeneca. SE has declared funding from GlaxoSmithKline. AF has declared funding from GlaxoSmithKline, Zambon, Inmed, Verona. KGJ has declared funding from Boehringer Ingelheim, GlaxoSmithKline, Astra Zeneca, Napp, TEVA, Chiesi, Nutricia, Novartis. CSH has declared funding from Aradigm, Gilead, Griffiths, Inmed, Chiesi, GlaxoSmithKline, TEVA, Vertex, Zambon, Novartis. ATH has declared funding from Bayer Healthcare, Boehringer Ingelheim. JRH has declared funding from Pfizer. MRL has declared funding from Bayer Healthcare, Inmed, Pulmocide, Griffiths, Polyphor, Savara. MT has declared funding from Novartis, Basilea, Stragen. RW has declared funding from Bayer Healthcare. Patient consent Not required. Provenance and peer review Not commissioned; internally peer reviewed. You will be able to get a quick price and instant permission to reuse the content in many different ways. No commercial use is permitted unless otherwise expressly granted. Register a new account. Forgot your user name or password. The focus is especially on diagnosis and existing and emerging therapies, but the book also covers a wide range of other key topics, from pathophysiology, histopathology, and immunology through to pulmonary rehabilitation, nursing care, and management in primary care and pediatric settings. While bronchiectasis was formerly regarded as an “orphan” disease, international data reveal an increase in its prevalence in recent years. Accordingly, there has been renewed interest in the disease, resulting in more clinical research and the development of new treatments. The impact of bronchiectasis on healthcare systems is substantial and it has a clear attributable mortality.

<http://nonogos.com/images/computer-communication-networks-lab-manual.pdf>



*1: for 2GR-FE

In covering all aspects of the disease, this book will be of interest to respiratory, internal medicine, and infectious disease fellows and specialists, final year medical students, and nurses and physiotherapists. The authors are leading experts and chairs of the steering committee of EMBARC, the first truly international bronchiectasis network. Sign in or Create an Account to save your favorites for your next visit. Please try again. Brady's products help customers increase safety, security, productivity and performance and include high performance labels, signs, safety devices, printing systems and software. Many of our customers tried a ADMIRAL universal remote, but found that they did not get full onscreen programming or menu functions. All our remotes are factory originals or manufacturer recommended substitutes and replacements. This guarantees that every remote we sell will be 100% full function! They will not hold up to the everyday use remotes take. Short processing time for backordered remotes. The complete list of all ADMIRAL remote controls. Nineteen individual items generate seven "component" scores subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medication, and daytime dysfunction. The sum of scores for these seven components yields one global score. Acceptable measures of internal homogeneity, consistency test-retest reliability, and validity were obtained. The clinometric and clinical properties of the PSQI suggest its utility both in psychiatric clinical practice and research activities. Recommended articles No articles found. Citing articles Article Metrics View article metrics About ScienceDirect Remote access Shopping cart Advertise Contact and support Terms and conditions Privacy policy We use cookies to help provide and enhance our service and tailor content and ads. By continuing you agree to the use of cookies.

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For attribution, the original authors, title, publication source PeerJ and either DOI or URL of the article must be cited. This article has been cited by other articles in PMC. Associated Data Supplementary Materials Supplemental Tables Manual measurements aided by microCT. Table S2. MicroCT scapula measurements. Table S3. MicroCT humerus measurements. Table S4. MicroCT femur measurements. Table S5. MicroCT bone local thickness measurements. It is an important species as a pet, a source of food and in medical research. Our aim was to map bone local thickness, structure and dimensions across developmental stages in the normal animal. Institutional ethical permission was given under the UK Home Office guidelines and the Veterinary Surgeons Act. Xray Micro Computed Tomography microCT was undertaken on the left and right scapula, humerus and femur from each animal to ascertain bone local thickness. Images were also used to undertake manual and automated bone measurements, volumes and surface areas, identify and describe nutrient, supratrochlear and supracondylar foramina. Statistical analysis between groups was carried out using ANOVA with posthoc testing. Bone dimensions, growth rates and local bone thicknesses differed between ages and between the scapula, humerus and femur. The microCT and imaging software technology showed very distinct differences between the relative local bone thickness across the structure of the bones. Only one bone showed a singular nutrient foramen, every other bone had between 2 and 5, and every nutrient canal ran in an oblique direction. In contrast to other species, a supratrochlear foramen was observed in every humerus whereas the supracondylar foramen was always absent. Our data showed the bone local thickness, bone structure and measurements of guinea pig bones from birth to 4 years old. Importantly it showed that bone development continued after 1 year, the point at which most guinea pigs have reached full weight.

This study is the first to show the high abundance 100% in this study of the supratrochlear foramen within the guinea pig humerus and the complete absence of a supracondylar foramen, which is different to many other species and may also affect potential fracture points and frequencies. Understanding bone morphology and growth is essential in not only understanding the requirements of the healthy guinea pig, but also necessary in order to investigate disease states. Keywords Micro computed tomography, Guinea pig, Anatomy, Development, Bone, Supratrochlear foramen, Nutrient foramen Introduction The domestic guinea pig *Cavia aperea* f. *porcellus* belongs to the Caviidae

family of rodents Burnie, 2008 that includes subfamilies covering species closely related to guinea pigs such as the Patagonian cavy, also known as the Mara *Dolichotis patagonum* or the world's largest rodent, the capybara *Hydrochaeris hydrochaeris* Burnie, 2008 . Peru alone has around 20 million guinea pigs, providing around 17 thousand tonnes of meat per annum, just 4,000 tonnes less than their sheep meat production NRC, 1991 . The meat can fetch higher prices than pork or beef on small mountain farms in such regions as Ecuador NRC, 1991 . The population of guinea pigs used in research has declined from 2.5 million in the 1960s to just over 200,000 in 2010 Gad, 2013; USDA, 2011 , but the popularity of the guinea pig as a pet has soared. The number of guinea pigs kept as pets in the UK has consistently been estimated at between 0.5 and 1 million since 2009, with the guinea pig presently listed as the UK's 8th most popular pet and highest ranking rodent PFMA, 2013 . Bones have an additional secondary role in homeostasis as a store of calcium and phosphorus. One method that enables analysis of bone characteristics is Computed Tomography CT.

<http://www.inhd.com.br/wp-content/plugins/formcraft/file-upload/server/content/files/162882cfc258ff---Camcorder-with-manual-zoom-ring.pdf>

Since its invention in the 1970s Hounsfield, 1973 , CT is now widespread in clinical imaging, permitting nondestructive and noninvasive quantitative measurements of the body of both humans and animals. The imaging technique is based on the attenuation of Xrays as they penetrate the material of interest at a known number of angular positions. Subsequently, tomographic reconstruction algorithms are used to generate a three dimensional spatial map of Xray attenuation of a material which can then be analysed in detail using computer software Ritman, 2011 . Within the last 10 years, microCT systems have become more common for nonclinical applications and offer higher spatial resolution, detail detectability and contrast compared to conventional CT Metscher, 2009 . Density can also vary throughout the bone, with the shaft of long bones, for example, having a greater density than their extremities Stiner, 2004 . Our study investigated the bone growth and localised thickness of the guinea pig scapula, humerus and femur. The scapula, along with the humerus, forms the shoulder joint. Similarly to the cat, but unlike other domestic species, the scapula has a small clavicle attaching it to the manubrium sterni. This study investigates the attributes and growth of three key limb bones, the scapula, humerus and femur. Clinicians and health care advisors alike frequently highlight the importance of not dropping the guinea pig due to the number of limb fractures and breaks that they observe in clinic Richardson, 2003 . This study aims to increase the information known about the limb bones, whilst showing how and when development is occurring, in addition to providing localised bone thickness information. The aims of this study were to utilise microCT technology to measure guinea pig bone dimensions and map bone local thickness in neonates through to adulthood. It is important to highlight that this paper investigates female guinea pigs for a number of reasons.

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In the pet and meat industry a greater number of female guinea pigs are present. Three methods of bone dimension measurement were utilised—a traditional manual calliper method, a manual measurement of microCT images and an automated microCT analysis. A further aim was to assess the location and number of nutrient foramina and the course of the nutrient canal in every bone, and report on the abundance of both the supratrochlear foramen and the supracondylar foramen in the humerus. Materials and Methods Sample collection Naturally deceased, entire female guinea pigs with known medical and husbandry backgrounds were collected under ethical permissions obtained from The University of Nottingham in accordance with the British Home Office laws and the Veterinary Surgeons Act. The right and left scapula, humerus and femur from each guinea pig were analysed. MicroCT and bone analysis Three types of bone measurement were carried out 1 manual bone measurements as described in Fig. 1 using World Precision UK digital callipers calibrated to three decimal places. 2 Bone measurements as described in Fig. 1 using micro CT images and

software. 3 Automated microCT measurements to find the maximal height, depth, width, surface area and volume. Measurements 1 and 2 were compared to ensure no discrepancy between manual and automated methods. Open in a separate window Figure 1 Gross anatomical photographs indicating measurements calculated. A Scapula; 1, length of the bone; 2, length of the spine; 3, width from cranial to caudal angle; 4, width of the shoulder joint. B Humerus; 1, length from the head to the elbow; 2, width from the head to the greater tubercle; 3, width of the elbow joint and C Femur; 1, overall length from the head to the medial condyle. Depending on the size of the bones, each jar could accommodate up to 12 individual bones. Each jar was scanned using a GE Phoenix Nanotom S, Xray microCT system GE Sensing and Inspection Technologies GmbH, Wunstorf, Germany.

Following tomographic reconstruction using Datos rec v1.5 GE Sensing and Inspection Technologies GmbH, Wunstorf, Germany, individual bones were virtually extracted segmented from the 3D volumetric data based on their higher Xray attenuation from the low density packing materials using a combination of object calibration and region growing tools in VGStudioMax V2.2. software Volume Graphics GmbH, Heidelberg, Germany. The bone measurements see Fig. 1, volume and surface area of the extracted volumes was measured automatically using the isosurface calibration values in the software. Bone maximal length and width was manually measured using the calliper tool in VGStudioMax XY image stack data for each bone was exported in 8 bit grayscale tiff image format. Compact bone local thickness heat map images were visualised in VGStudioMax. Bone dimensions, volumes and densities were analysed using ANOVA using SPSS V16; f value 0.778, alpha 0.05, power 80% statistical software, P Nutrient foramina and canals and the humeral supratrochlear and supracondylar foramina were assessed using both sequential scan Xrays and 3D reconstructions. Nutrient foramina were classified as a cavity that fully breached the entire bone wall, the location of each foramen was recoded alongside the course of the nutrient canal through the bone. Each humerus was also assessed for the presence of both a supratrochlear foramen and a supracondylar foramen. Results and Discussion Bone development A previous study compared CT scanning measurements to standard scientific callipers or assessing the skull base and the craniomaxillofacial dimensions in five humans Citardi et al., 2001. CT measurements were found to be more accurate and had a better representation of bone anatomy, however, there was little significant difference in results, with P values ranging from 0.06 to 1.0 Citardi et al., 2001.

In order to ensure that a similar situation was observed in the smaller guinea pig bone, both microCT and manual measurements were carried out on the scapula, humerus and femur. The larger differences, although nonsignificant, were observed on the femur smallest bone, specifically the length from the head to the medial condyle of the femur also one of the smallest measurements. Open in a separate window Figure 2 Manual measurements aided by microCT. NS, not significant. Open in a separate window Figure 9 Gross anatomical features of the humerus. Open in a separate window Figure 4 MicroCT humerus measurements. Open in a separate window Figure 8 Bone growth and localised thickness throughout development. It was noted in our study that every bone had between 2 and 5 nutrient foramina; no bones contained a singular foramen. This was also observed in our study, but secondary foramina were also located on the scapula spine and acromion. Within the guinea pig long bones femur and humerus, the primary nutrient foramina were located in the proximal or distal third of the diaphysis. Further foramina up to four more per bone were located above the trochlear foramen and on the greater tubercle humerus, and on the head and the shaft of the head femur. This positioning is similar to most animals where within long bones, the primary nutrient foramen is often located in either the proximal or distal third of the diaphysis, with the canal running obliquely into the medulla Payton, 1934. Previous research in the pig found that in the humerus, the foramen is located in the distal third of the bone and the canal directed proximally, while in the femur the foramen is located in the proximal third and the canal runs distally Payton, 1934. In relation to the multiple foramina Fig. 9 observed in the guinea pig bones, it has been

reported that each bone generally has a single nutrient foramen, however studies on the canine femur found that only 6.

2% of cases contained a single foramen, while more frequently, two or more foramina existed in a single bone Ahn, 2013 . Our serial Xray data showed that every nutrient canal, regardless of bone, position or age, travelled in an oblique direction in the female guinea pig. The lower end of the humerus has two large fossae, the olecranon fossa and the coronoid fossa, separated by a thin bony plate that rarely bears an opening known as supratrochlear foramen STF. The STF is closed by a membrane of connective tissue and no major blood vessels or nerves pass through the foramen. The presence of the STF within mammals is very variable and is linked to the range of mobility in the elbow joint. In humans there is some variability in the presence of an STF. A study of the humerus in North Indians found that the presence of the STF varied within the sampled population from not being present at all, to present bilaterally or only in one femur Mahajan, 2011 . 26% of the humeri had an STF, with a higher frequency in females and in the left humerus Mahajan, 2011 . It was also noted that the supracondylar foramen was absent in all 46 guinea pig humeri. The supracondylar or entepicondylar foramen is a foramen proximal to the medial epicondyle of the humerus. The median nerve and brachial artery pass through this foramen. The supracondylar foramen is an ancestral structure in mammals and has been lost independently in several mammalian clades during mammalian evolution Polly, 2007 . Conclusions Understanding normal bone growth and development in the guinea pig is essential, especially in relation to movement and homeostasis as a store of calcium and phosphorus. In order to compare and understand disease states, normal bone growth, development and morphology must be categorised and our study has added to the data available on normal bones throughout development.

Over the years a number of techniques have been used to investigate bone and unravel the complex biology of disorders, for example clinical CT, magnetic resonance and histology. MicroCT holds some benefits such as higher resolution or speed of sample processing in comparison with other techniques but with the caveat that it can only be used in nonliving specimens due to significantly increased Xray radiation dose required for microCT in relation to clinical CT scanning. Our study is the first to show the growth rates and local bone thicknesses for the scapula, humerus and femur in the developing guinea pig. This paper is also the first to show the absence of the supracondylar foramen and the unusual presence of the supratrochlear foramen in the humerus of this species, which may in turn affect fracture rates and locations within the humerus. Understanding guinea pig bone development and anatomy can help inform clinical and husbandry practice, especially in relation to bone thickness and fractures. Supplemental Information Supplemental Tables Manual measurements aided by microCT. Table S2. MicroCT scapula measurements. Table S3. MicroCT humerus measurements. Table S4. MicroCT femur measurements. Table S5. MicroCT bone local thickness measurements. Click here for additional data file. 22K, docx Supplemental Information 2 Ethical approval Click here for additional data file. 3.2M, rtf Acknowledgments The authors would like to thank the owners of the guinea pigs for donating their animals in order to further the understanding of this species. We would also like to thank the School of Veterinary Medicine and Science technical team for providing sample storage and space for the study. Funding Statement Funding was provided to CSR by The School of Veterinary Medicine, University of Nottingham. A BBSRC summer studentship funding was also provided to CSR to give JP research training.

The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript. Additional Information and Declarations Competing Interests The authors declare there are no competing interests. Aziza Alibhai performed the experiments, wrote the paper, reviewed drafts of the paper. Animal Ethics The following information was supplied relating to ethical approvals i.e., approving body and any reference numbers Naturally deceased guinea pigs were used however ethical permission was applied for. An approval letter was sent from

the University of Nottingham committee to the PI confirming that the use of naturally deceased pet animals could be collected and utilized and ethical permission was given for the entire project.

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