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| --- | --- | --- | --- | --- | --- |
| Yes |  |  |  |  |  |
| Acute |  |  |  |  |  |
|  |  |  |  | No |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Obtuse |  |  |  | Right |
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