

**MedSave Health Insurance TPA Limited**  
**Claim Process Sheet**

United India Insurance Company Limited – FAMILY MEDICARE POLICY

Claim No.: 20241007B0070337030

Report Date : 30/10/2024 6:48:48 PM

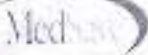
Claim Score Recommendation: Least  
Complex

Intimation Date : Monday,  
October 7, 2024

REIMBURSEMENT FILE(  
HOSPITALISATION CLAIM )

File No.	20241007B007RH39097	Policy No.	100300202P107705550						
Proposer Name	VIJAY M SAMANI	Card No.	5201002051045M						
Policy From / 19/10/2023	Policy To / 12/10/2024	Emp. Category / 100300202P10770555000000100	Folder Policy -						
Policy Name / Contract No.	SHYAMA/0970991007								
Policy Type	Retail / Proposer Policy-Renewal		Joining Date -						
Admin. Date	7/10/2024	Member Inception Date	12/10/2023						
Discharge Date	11/10/2024	Relation-Gender-Age	Daughter - Female - 24						
Claimed Amount	162106	Hospital Name	SHALAL AMIN GENERAL HOSPITAL - 000100700478 Address: SHALAL AMIN MARG, GOWRA - WOODDARA Network Hospital - NON PPN Patient (PID / UHID No (As per Hospital Document) - 39051						
Previous Policy No. 13	100300202P106887150	Policy Inception Date	12/10/2022						
<b>Sum Assured</b> 25000	<b>C.B Percentage</b> 0	<b>C.B Amount</b> 0	<b>Threshold Limit</b>	<b>Total Sum Insured</b> 25000	<b>Balance *</b> 25000	<b>OPD Limit</b> 0	<b>OPD Balance</b>		
File Intimated By : HTEGHS	Intimated Date : 27/10/2024 11:45:23 AM	DR Submission Date : 11/10/2024 Intimation Recd No. : 20241008093719	System Date : 31/10/2024 15:54:19M Patient Contact No. : 9573533947						
<b>Reimbursement Intimation</b>									
<b>File No.</b>	<b>Name</b>	<b>Int. Date</b>	<b>Admin. Date</b>	<b>Dis. Date</b>	<b>Claim Amt.</b>	<b>Cashless App. Amt.</b>	<b>Hospital</b>	<b>Remarks</b>	<b>Manual Cashless</b>
20241007B007RH39097	SHYAMA	7/10/2024 11:45:23 AM	7/10/2024	11/10/2024	162106		SHALAL AMIN GENERAL HOSPITAL	PLS CHECK ICD CODE	
Dr. Auditor / File Checked By									
<b>CHK No. -</b>	<b>CHK DT -</b>	<b>CHK QTY -</b>							
File No. -	Bank Name -	CHK is For - VIJAY M SAMANI	IPC CODE -	Inst ID -					

CLAIM INTIMATION NO 20241003003RH 37092



REIMBURSEMENT CLAIM FORM

TO BE FILLED BY THE INSURED

The issue of this Form is not to be taken as an admission of liability

Date: 25/10/2024

DETAILS OF PRIMARY INSURED

a) Policy No: 1003002025P103760650
b) Company: UNITED INDIA INSURANCE CO. LTD.
c) Name: MR VIJAY K. RAMANI
d) Address: 1304 DAKSHINAM CENTRAL PARK NR PURTA PALACE HOTEL VADODARA

1) Do you have any other Medhasri Insurance? No
2) Do you have any other health insurance? No
3) Do you have any other health insurance? No

DETAILS OF BENEFICIARY PERSON(S)

a) Name: SHYAMA VIJAY RAMANI
b) Gender: Female
c) Date of Birth: 28-11-1998
d) Relationship: DAUGHTER STUDENT
e) Occupation: Student

DETAILS OF HOSPITALIZATION

a) Name of Hospital: BHAIJIJI AMB GENERAL HOSPITAL
b) Address: ORCHID RINCER
c) Date of Admission: 03-10-24
d) Date of Discharge: 11-10-24
e) Reported to Us: Yes

DETAILS OF CLAIM

1) Total bill amount: 148932/-
2) Amount paid by patient: 013134/-
3) Amount to be reimbursed: 162108/-
4) Date of claim: 25-10-24



AS PER LIT ATTACHED
Date: 25/10/24

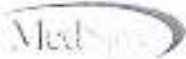
DETAILS OF PRIMARY INSURED'S BANK ACCOUNT

a) Name: ASPRS 26490
b) Address: BANK OF BARODA KOTHI BARKH BARODA 390001
c) Branch: BARSO KOTHIK

DECLARATION BY THE INSURED

I hereby declare that the information furnished in this claim form is true and correct to the best of my knowledge and belief. I have read the terms and conditions of the policy and I understand the same. I have not received any other insurance claim for the same period. I have not received any other insurance claim for the same period. I have not received any other insurance claim for the same period.

Date: 25-10-2024 Place: VADODARA Signature of the Insured: SHYAMA VIJAY RAMANI



# CLAIM FORM - PART B

TO BE FILLED IN BY THE HOSPITAL  
 Please print in block and use block letters for all information  
 Please include the complete patient name and sex

**BHAILAL AMIN GENERAL HOSPITAL**  
 Bhailal Amin Marg, Gorwa,  
 BANGODA - 388 803

(Date stamp to be used)

**SECTION A**

(a) Name of Hospital: **BACH**

(b) Hospital ID: *[blank]*

(c) Name of the treating doctor: **Dr. Monika Jain**

(d) Designation: *[blank]*

(e) Phone No: *[blank]*

**DETAILS OF PATIENT ADMITTED**

(1) Name of the patient: **Shyamma Samdani**

(2) PR Regd. No: *[blank]*

(3) Date of Birth: **11/10/2004**

(4) Date of Discharge: **07/10/24**

(5) Time of Admission: **11:30 AM**

(6) Time of Discharge: **11:35 AM**

(7) Mode of Admission:  Emergency  Outpatient  Day Surgery  Other

**DETAILS OF ILLNESS/DISEASE**

(1) ICD-10 Code: **H4**

(2) Primary Diagnosis: **Strabismic esotropia**

(3) Addressed Diagnosis: **SIP Leptoscopic Oesophagus Cystectomy**

(4) Secondary Diagnosis: **Cep. Removal of LF side Completed Oesophagus cut**

(5) Date of Procedure: *[blank]*

(6) Place of Procedure: *[blank]*

(7) Name of the Surgeon: **SARO**

(8) Name of the Hospital: *[blank]*

(9) Name of the Doctor: *[blank]*

(10) Name of the Hospital: *[blank]*

(11) Name of the Doctor: *[blank]*

(12) Name of the Hospital: *[blank]*

(13) Name of the Doctor: *[blank]*

(14) Name of the Hospital: *[blank]*

**CLAIM DOCUMENTS SUBMITTED TO INSURER**

(1) Discharge Summary:

(2) Original Hospital Bill:

(3) Copy of Hospital Bill:

(4) Copy of Hospital Bill:

(5) Hospital Bill:

(6) Hospital Bill:

(7) Hospital Bill:

(8) Hospital Bill:

(9) Hospital Bill:

(10) Hospital Bill:

(11) Hospital Bill:

(12) Hospital Bill:

(13) Hospital Bill:

(14) Hospital Bill:

(15) Hospital Bill:

(16) Hospital Bill:

(17) Hospital Bill:

(18) Hospital Bill:

(19) Hospital Bill:

(20) Hospital Bill:

LINEARISED BY: 11/10/2024

DETAILS WISE OF NETWORK HOSPITAL

2) Address of hospital					
City	State				
Pin Code	in. Phone No.	ii) Registration No.			
iii) FAX	iv) Transfer of KQ20000005	v) Fee payable in the hospital (INR)		Yes	No
vi) Date					

SECTION F

DECLARATION BY THE INSURED

I hereby declare that the information furnished in this form is true and correct to the best of my knowledge and belief. If I have made any false or incorrect statement, I shall be liable for the consequences thereof. I have read the terms and conditions of the policy and I have accepted them. I have also read the policy schedule and I have accepted it. I have also read the policy conditions and I have accepted them. I have also read the policy exclusions and I have accepted them. I have also read the policy definitions and I have accepted them. I have also read the policy benefits and I have accepted them. I have also read the policy terms and conditions and I have accepted them. I have also read the policy schedule and I have accepted it. I have also read the policy conditions and I have accepted them. I have also read the policy exclusions and I have accepted them. I have also read the policy definitions and I have accepted them. I have also read the policy benefits and I have accepted them. I have also read the policy terms and conditions and I have accepted them.

*[Handwritten Signature]*

Date: 11/10/2004      Place: 11/10/2004

**BHAIJAL AMIN GENERAL HOSPITAL**  
 Bhailal Amin Marg, Gorwa,  
 BARODA - 390 003.

SECTION F

DECLARATION BY THE HOSPITAL

I hereby declare that the information furnished in this form is true and correct to the best of my knowledge and belief. If I have made any false or incorrect statement, I shall be liable for the consequences thereof. I have read the terms and conditions of the policy and I have accepted them. I have also read the policy schedule and I have accepted it. I have also read the policy conditions and I have accepted them. I have also read the policy exclusions and I have accepted them. I have also read the policy definitions and I have accepted them. I have also read the policy benefits and I have accepted them. I have also read the policy terms and conditions and I have accepted them.

SECTION D

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual**

**Important Instructions:**

- A) Fields marked with \* are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Fill in the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T. codes as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (X) in the box available before the section number and strike off the sections not required to be updated.



For office use only Application Type\*  New  Update  
 (To be filled by branch/retailer) KYC Number \_\_\_\_\_ (Mandatory for KYC update request)  
 Account Type\*  Normal  Simplified (for low risk customers)  Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
MR	VIJAY	MOHANLAL	SAMANI
MR	MOHANLAL	LYMIDAS	SAMANI

Date of Birth\* 12 10 1968  
 Gender\*  M-Male  F-Female  T-Transgender  
 Marital Status\*  Married  Unmarried  Others  
 Citizenship\*  IN- Indian  Others (ISO 3166 Country Code: \_\_\_\_\_)  
 Residential Status\*  Resident Individual  Non Resident Indian  Foreign National  Person of Indian Origin  
 Occupation Type\*  S-Service (  Private Sector  Public Sector  Government Sector )  
 O-Others (  Professional  Self Employed  Retired  Housewife  Student )  
 B-Business  X- Not Categorized

2. TICK IF APPLICABLE  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)  
 ISO 3166 Country Code of Jurisdiction of Residence\* \_\_\_\_\_  
 Tax Identification Number or equivalent (if issued by jurisdiction)\* \_\_\_\_\_  
 Place / City of Birth\* \_\_\_\_\_ ISO 3166 Country Code of Birth\* \_\_\_\_\_

3. PROOF OF IDENTITY (PoI)\* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity (PoI) needs to be submitted)

A- Passport Number \_\_\_\_\_ Passport Expiry Date \_\_\_\_\_  
 B- Voter ID Card \_\_\_\_\_  
 C- PAN Card A J P P S 2 6 4 9 D  
 D- Driving Licence \_\_\_\_\_ Driving Licence Expiry Date \_\_\_\_\_  
 E- UID (Aadhaar) 2 3 9 5 1 6 3 3 0 7 8 5  
 F- NREGA Job Card \_\_\_\_\_  
 Z- Others (any document notified by the central government) \_\_\_\_\_ Identification Number \_\_\_\_\_  
 S- Simplified Measures Account - Document Type code \_\_\_\_\_ Identification Number \_\_\_\_\_

**4. PROOF OF ADDRESS (PoA)\***

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)  
 (Certified copy of any one of the following Proof of Address (PoA) needs to be submitted)

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified  
 Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)  
 Voter Identity Card  NREGA Job Card  Others  
 Simplified Measures Account - Document Type code \_\_\_\_\_

Address  
 Line 1\* A-704 DARSHANAM CENTRAL PARK  
 Line 2\* NR-SURYA PALACE HOTEL  
 Line 3\* SAYAJIGUNJ City / Town / Village\* YADODARA  
 District\* YADODARA Pin / Post Code\* 390020 State / U.T. Code\* \_\_\_\_\_ ISO 3166 Country Code\* \_\_\_\_\_

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \* (Please see Instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill Annexure A1)

Line 1\* \_\_\_\_\_  
 Line 2 \_\_\_\_\_  
 Line 3 \_\_\_\_\_ City / Town / Village\* \_\_\_\_\_  
 District\* \_\_\_\_\_ Pin / Post Code\* \_\_\_\_\_ State / U.T Code\* \_\_\_\_\_ ISO 3166 Country Code\* \_\_\_\_\_

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\* (Applicable if section 5 is ticked)

Same as Current / Permanent / Overseas Address details  Same as Correspondence / Local Address details

Line 1\* \_\_\_\_\_  
 Line 2 \_\_\_\_\_  
 Line 3 \_\_\_\_\_ City / Town / Village\* \_\_\_\_\_  
 State\* \_\_\_\_\_ ZIP / Post Code\* \_\_\_\_\_ ISO 3166 Country Code\* \_\_\_\_\_

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email ID) (Please refer instruction F at the end)

Tel. (Off) \_\_\_\_\_ Tel. (Res) \_\_\_\_\_ Mobile \_\_\_\_\_  
 FAX \_\_\_\_\_ Email ID \_\_\_\_\_

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill Annexure B1) (Please refer instruction G at the end)

Addition of Related Person  Deletion of Related Person KYC Number of Related Person (if available) \_\_\_\_\_

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative  
 Prefix \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name\* \_\_\_\_\_ (If KYC number and name are provided, below details of section 5 are optional)

PROOF OF IDENTITY (PoI) OF RELATED PERSON\* (Please see instruction (H) at the end)

A- Passport Number \_\_\_\_\_ Passport Expiry Date \_\_\_\_\_  
 B- Voter ID Card \_\_\_\_\_  
 C- PAN Card \_\_\_\_\_  
 D- Driving Licence \_\_\_\_\_ Driving Licence Expiry Date \_\_\_\_\_  
 E- UID (Aadhaar) \_\_\_\_\_  
 F- NREGA Job Card \_\_\_\_\_  
 Z- Others (any document notified by the central government) \_\_\_\_\_ Identification Number \_\_\_\_\_  
 S- Simplified Measures Account - Document Type code \_\_\_\_\_ Identification Number \_\_\_\_\_

7. REMARKS (if any)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. APPLICANT DECLARATION**

I hereby declare the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any change therein, immediately in case any of the above information is found to be false or untrue or misleading or in any way that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered mobile no./ e-mail address.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature / Thumb Impression of Applicant: \_\_\_\_\_

**9. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date \_\_\_\_\_  
 Emp. Name \_\_\_\_\_  
 Emp. Code \_\_\_\_\_  
 Emp. Designation \_\_\_\_\_  
 Emp. Branch \_\_\_\_\_

INSTITUTION DETAILS

Name \_\_\_\_\_  
 Code \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address**

**Important Instructions:**

- A) Fields marked with \* are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section-wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (X) in the box available before the section number and strike off the sections not required to be updated.



For office use only      Application Type\*     New     Update  
 (To be filled by financial institution) - KYC Number:  (Mandatory for KYC update request)

1. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details

Line 1*										
Line 2										
Line 3	City / Town / Village*									
District*	Pin / Post Code*				State / U.T Code*			ISO 3166 Country Code*		

2. CONTACT DETAILS (All communications will be sent or provided Mobile No./ Email ID) (Please refer instruction F at the end)

City					Tel. (Res)					Mobile	91 99 79893647			
FAX					Email ID									

**3. APPLICANT DECLARATION**

I hereby declare that the data furnished above is true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or a case of cheating or misrepresentation is found, you may be held liable for the same.

Date: 24-10-2024

Place: VADODARA

**Signature / Thumb Impression of Applicant**







कोठी शाखा, बड़ौदा - 390001  
KOTHI BRANCH, BARODA - 390001  
RTGS / NEFT IFSC CODE : BARB0KOTHIX

वारी को गई वारीख ले तीन महीने के लिए वैध / VALID FOR THREE MONTHS FROM THE DATE OF ISSUE

CBS

D	D	M	M	Y	Y	Y	Y	V	V

बचत खाता SAVINGS ACCOUNT

Pay

or Bearer

Rupees रुपये

या धारक को

*50000/- FOR INSURANCE PURPOSE*

अथवा करें

₹

खाता  
No.

01910100023262

26232000101910

ORIGINAL CHQ VERIFIED

*वारीख 21/12/2023*

SAMANI SHYAMA  
SAMANI VIJAY

SB/2023/UF

भारत की सभी शाखाओं पर समान रूप से भुगतान योग्य  
Payable at par at all branches in India

KOTHI

Please sign above

⑈000037⑈ 390012017⑈ 023262⑈ 31



ભારત સરકાર  
Government of India

ભારતીય વિશિષ્ટ ઓળખ પ્રાધિકરણ  
Unique Identification Authority of India

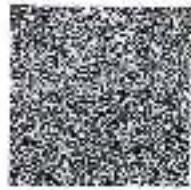
નંબર: 54, રોંગલ / Enrollment No.: 0000/00438/27336

To  
સામાજી વિજય  
Samaji Vijay  
SAMAJI VIJAYSHAW,  
A-704 DARSHANAM CENTRAL PARK,  
NR. SURYA PALACE HOTEL, SAYAJIGUMI,  
VTC, Vadodara  
PO: Akola,  
District: Vadodara,  
State: Gujarat  
PIN Code: 388020  
Mobile: 9678893647

167395381



MG513893611F1



આપનો આધાર નંબર / Your Aadhaar No. :

**2395 1633 0785**

મારો આધાર, મારી ઓળખ



ભારત સરકાર  
Government of India



Issue Date: 05/10/2013




સામાજી વિજય  
Samaji Vijay  
જન્મ તારીખ / DOB: 12/10/1955  
પુરુષ / Male

**2395 1633 0785**

મારો આધાર, મારી ઓળખ

વિજય સિંહ રામજી


સ્થાયી લેખાંક સંખ્યા / PERMANENT ACCOUNT NUMBER  
AJPPS2649D



જાણી નામ / NAME  
VIJAY MOHANLAL SAMANI

પિતા જાણી નામ / FATHER'S NAME  
MOHANLAL LAXMIDAS SAMANI

જન્મ તારીખ / DATE OF BIRTH  
12-10-1968

હસ્તાક્ષર / SIGNATURE  


આવકવન અધિકારી, બરોડા  
COMMISSIONER OF INCOME-TAX, BARODA

વિજય મોહનલાલ સમણી

<u>Sl. No</u>	<u>DATE</u>	<u>Billing</u>	<u>Billing</u>	<u>DATE</u>	<u>ISSUED BY</u>	<u>TOWARDS</u>	<u>AMOUNT</u>
(1)	25/10/24	21	129	24	BHAIJAL ANJOT GENERAL HOSPITAL	REGISTRATION LFT CONSULTANT	2000.00
(2)	10/10/24	11069			KANERIKARV-DIAG. MOETIC CENTRE	U&G OF PALVER	1200.00
(3)	03/10/24	25105687			S.O. OF HOSPITAL	FOLLOWUP	0600.00
(4)	01/10/24	01-10-2024			AIKHAJ HEALTH CARE THYROCANE	CBC-CAT-125	1530.00
(5)	3334	01-10-2024			PARADWANT DIAG. MOETIC PRE. CENTRE	U&G PALVER (TAC)	1400.00
(6)	24008100	11/10/2024			BHAIJAL ANJOT GENERAL HOSPITAL	HOSPITAL MANT BILL	<u>148932.00</u>

31/10/24 @ rev. 2300 2006651  
 11/10/24 @ 00 2300 2006651

50.00/-	
<u>98932/-</u>	
	FOLLOWUP 600.00
	MEDICINES 1240.00
	MEDICINES 1312.00
	FOLLOWUP 0600.00
	FOLLOWUP 2340.00
	1888.00

(7) 251056221 11/10/24  
24200700 11/10/24  
 16089  
 (8) 16136 11/10/24

(10) 251061263 23/10/24

(11) 24200700 16085 23/10/24

(12) 24200700 16083 23/10/24

GRAND TOTAL 162106/00



ભારત સરકાર  
Government of India

ભારતીય વિશિષ્ટ ઓળખ પ્રાધિકરણ  
Unique Identification Authority of India

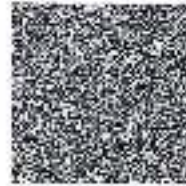
નોંધણી નં. 54 સંખ્યા / Enrollment No.: 0000/00438/27336

To  
સામણી વિજય  
Samant Vijay  
SAMANI VIJAYBHAI  
A-704 DARSHANAM CENTRAL PARK,  
NR. SURYA PALACE HOTEL, SAYAJIBUNJ,  
VTC, Vadodra,  
PO. Akola  
District: Vadodra  
State: Gujarat  
PIN Code: 390020  
Mobile: 987893647

161395361



MG613953611F1



આપનો અધાર નંબર / Your Aadhaar No.:

**2395 1633 0785**

મારો અધાર, મારી ઓળખ



ભારત સરકાર  
Government of India



Issue Date: 05/08/2013



સામણી વિજય  
Samant Vijay  
જન્મ તારીખ / DOB: 12/01/1958  
પુરુષ / Male

**2395 1633 0785**

મારો અધાર, મારી ઓળખ

**आयकर विभाग** / INCOME TAX DEPARTMENT      **भारत सरकार** / GOVT OF INDIA  




**स्थायी लेखा संख्या कार्ड**  
 Permanent Account Number Card  
**KMEPS1244G**



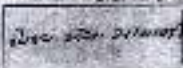

**नाम / NAME**  
 SHYAMA VIJAYBHAU SAMANI  
**पिता का नाम / FATHER'S NAME**  
 VIJAY MOHANLAL SAMANI  
**जन्म तिथि / DATE OF BIRTH**  
 28/11/1968



**स्थायी लेखा संख्या / PERMANENT ACCOUNT NUMBER**  
**AJPPS2649D**

**नाम / NAME**  
 VIJAY MOHANLAL SAMANI  
**पिता का नाम / FATHER'S NAME**  
 MOHANLAL LAXMIDAS SAMANI  
**जन्म तिथि / DATE OF BIRTH**  
 12-10-1968

**हस्ताक्षर / SIGNATURE**  


**आयकर आयुक्त, बरौदा**  
 COMMISSIONER OF INCOME TAX, BARODA



भारत सरकार  
Government of India



आधार

भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Enrollment No.: 000000610/12741

To  
Sahani Shyama  
Vijay Sahani,  
A-704, Darshanam Central Park, Near Hotel Surya Palace,  
Gayaj Garj,  
VTC, Valodara,  
PO: Akola,  
District: Vadodra,  
State: Gujarat,  
PIN Code: 388020  
Mobile: 7095308168

185161700



MH851617037FL



आपका आधार क्रमांक / Your Aadhaar No.:

**4334 6796 0502**

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



आधार



Sahani Shyama  
DOB: 28/11/1996  
Female

आधार पहचान का प्रमाण है, नागरिकता या कार्यपत्रिका का नहीं।  
असल जन्मदिन (ऑरिजिनल प्रमाणपत्र) से अलग-अलग  
असल जन्मदिन (ऑरिजिनल प्रमाणपत्र) के साथ सेवा प्राप्त करें।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication or scanning of QR code / offline XMR)

**4334 6796 0502**

मेरा आधार, मेरी पहचान





AGENT NO. 10030023201077888  
 UIN: 000010030023201077888

Details of 1004, Agency details for 1004: 1004 for House of Company Name, Customer Equities & Claims Settlement.

NAME OF COMPANY	PUGARIC HEALTH INSURANCE THE UNITED COMPANY		
Address	P. O. BOX, LAKE KARAI, PUNJAB, NEW DELHI - 110001, INDIA. TEL NO. 91-11-26178477		
Toll Free number	011-71251234 / 131642011234		
Correct details	011-71251234	Per Cashless approval	Per Claims Intimation
Telephone Numbers	00912511234	011-71251234	011-71251234
Email IDs	00912511234	011-71251234	011-71251234

**UNITED INDIA INSURANCE COMPANY LIMITED**

INDIVIDUAL HEALTH INSURANCE POLICY  
 UIN: 000010030023201077888  
 POLICY NO.: 10030023201077888



Contract No.	10030023201077888	Policy No.	10030023201077888	Issue Date	01-01-2023	Term (Years)	10
Contract No.	10030023201077888	Policy No.	10030023201077888	Issue Date	01-01-2023	Term (Years)	10

Policy No.	Policy Name	Policy Type	Policy To	Policy From
10030023201077888	HEALTH	HEALTH	01-01-2023	01-01-2033
10030023201077888	HEALTH	HEALTH	01-01-2023	01-01-2033
10030023201077888	HEALTH	HEALTH	01-01-2023	01-01-2033
10030023201077888	HEALTH	HEALTH	01-01-2023	01-01-2033



**FAMILY MEDICARE POLICY**

**MEMBER INFORMATION**  
 NAME: [REDACTED] SOCIAL SECURITY: [REDACTED]  
 ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]  
**EMPLOYER INFORMATION**  
 NAME: [REDACTED] ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

**MEMBER DETAILS**

Member Name	Date of Birth	Gender	Religion	Occupation	Age	Employer	Current Medicare Part A Status	Current Medicare Part B Status	Current Medicare Part D Status	Medicare Plan	Medicare Start Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**MEMBER INFORMATION & PREMIUMS**

Member Name	Rate	Rate Class	Rate Code	Rate Description	Rate Start Date	Rate End Date	Rate Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**MEMBER INFORMATION & PREMIUMS (Continued)**

Member Name	Rate	Rate Class	Rate Code	Rate Description	Rate Start Date	Rate End Date	Rate Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**PAGE INFO**  
 PAGE NO: [REDACTED] OF [REDACTED]  
 TOTAL PAGES: [REDACTED]  
**PRINTED INFORMATION**  
 PRINTED DATE: [REDACTED]

CUSTOMER SERVICE NO.: [REDACTED]  
 PLAN NO.: [REDACTED]  
 MEMBER ID: [REDACTED]

We hereby certify that the aggregate amount of all benefits payable under this policy for the year ending 12/31/2023 does not exceed the aggregate amount of all benefits payable under this policy for the year ending 12/31/2022.

IF YOU ARE THE FIRST BENEFICIARY OF THIS POLICY, PLEASE CONTACT US AT 1-800-444-4444.

We are on hand to assist you with any questions you may have.

NATIONAL GUARANTEE  
 MEMBER ID: [REDACTED]



410  
430

DETAILS OF PLAN: OLDFIELD COMPANY/CONNECTICUT 315 MAIN STREET/ST. 227

<b>NAME OF EMPLOYEE</b> <u>OLDFIELD COMPANY</u>		<b>DATE OF BIRTH</b> <u>01/15/1950</u>	
<b>EMPLOYEE ADDRESS</b> <u>OLDFIELD COMPANY</u>		<b>DATE OF BIRTH</b> <u>01/15/1950</u>	
<b>EMPLOYEE ADDRESS</b> <u>OLDFIELD COMPANY</u>	<b>DATE OF BIRTH</b> <u>01/15/1950</u>	<b>DATE OF BIRTH</b> <u>01/15/1950</u>	<b>DATE OF BIRTH</b> <u>01/15/1950</u>
<b>EMPLOYEE ADDRESS</b> <u>OLDFIELD COMPANY</u>	<b>DATE OF BIRTH</b> <u>01/15/1950</u>	<b>DATE OF BIRTH</b> <u>01/15/1950</u>	<b>DATE OF BIRTH</b> <u>01/15/1950</u>
<b>EMPLOYEE ADDRESS</b> <u>OLDFIELD COMPANY</u>	<b>DATE OF BIRTH</b> <u>01/15/1950</u>	<b>DATE OF BIRTH</b> <u>01/15/1950</u>	<b>DATE OF BIRTH</b> <u>01/15/1950</u>



**UNITED HEALTH BENEFITS COMPANY LIMITED**  
**OLDFIELD COMPANY/CONNECTICUT**

**FAMILY MEDICARE POLICY**

**I. PURPOSE**  
The purpose of this policy is to provide health insurance coverage for the employees of Oldfield Company and their families. This policy is subject to the terms and conditions of the policy and the rules and regulations of the United Health Benefits Company.

**II. COVERAGE**  
This policy covers the following categories of expenses:  
A. Hospitalization  
B. Surgical Expenses  
C. Physician's Fees  
D. X-ray Expenses  
E. Laboratory Expenses  
F. Prosthetic Expenses  
G. Maternity Expenses  
H. Dental Expenses  
I. Vision Expenses  
J. Prescription Expenses  
K. Other Expenses

**III. EXCLUSIONS**  
This policy does not cover the following:  
A. Pre-existing conditions  
B. Self-inflicted injuries  
C. Intentional self-harm  
D. War, riot, or civil commotion  
E. Nuclear energy operations  
F. Experimental or investigational treatments  
G. Cosmetic surgery  
H. Elective procedures  
I. Services rendered by a non-licensed practitioner  
J. Services rendered by a practitioner who is not licensed in the state where the services are rendered  
K. Services rendered by a practitioner who is not licensed in the state where the insured resides  
L. Services rendered by a practitioner who is not licensed in the state where the insured is currently residing

**IV. DEFINITIONS**  
A. **Accident**: An unexpected and unintended injury or death resulting from an external, violent, and accidental cause.  
B. **Beneficiary**: The person designated to receive the proceeds of this policy in the event of the insured's death.  
C. **Death**: The permanent cessation of all vital functions of the insured.  
D. **Disability**: The inability of the insured to perform his or her regular occupation for a continuous period of 90 days.  
E. **Medical Necessity**: The requirement that a service or procedure be medically necessary for the diagnosis, treatment, or prevention of a disease or condition.  
F. **Pre-existing Condition**: A disease or condition that existed before the effective date of this policy.

**V. PREMIUMS**  
The premium for this policy is \$100 per month per family member. Payment of the premium is a condition of coverage.

**VI. CLAIMS**  
Claims should be filed with the United Health Benefits Company within 90 days of the date of the event giving rise to the claim.

**VII. MISCELLANEOUS**  
This policy is governed by the laws of the State of Connecticut. The United Health Benefits Company is licensed to do business in the State of Connecticut.





Scan this QR code to view details about your policy.

UNITED INDIA INSURANCE COMPANY LIMITED  
 Registered Office: 7A, Whites Road, Chennai-600 080  
 014  
 EDLJ REG. NO. 925  
 WEBSITE: [www.uic.com](http://www.uic.com)



**POLICY DETAILS**

Policyholder Name: MR VIJAY N. SHANKI  
 Policyholder ID: 1757155263  
 Policy No.: 13050280070712242  
 Renewal Policy No.: 18250280180100006032  
 Period of Insurance: From 02:05 hrs of 13/10/2020 To midnight on 12/10/2021

**YOUR CONTACT INFORMATION**

Address: VIJAY TRADERS, 4, 5/FACE SALAMTI, MATAPAD RD, MADURAI  
 VELODURAI,  
 GUJARAT-360101  
 PAN: UBRD  
 Mobile: 99-9922547  
 Fax: -  
 E-Mail: -  
 Business/Occupation: -

**DETAILS OF INSURED PERSONS**

Insured Name	Age	Gender	Relation	Occupation	Sum Insured (₹)	Hospitalization Limit (₹)	Road Ambulance Cover	Daily Cash Cover	Reception Date of first policy
VIJAY N. SHANKI	52	Male	Self	Unemployed	90,000.00	90,000.00	Opted	Opted	08/11/2004
VIBHA	46	Female	Sister	Unemployed	75,000.00	75,000.00	Opted	Opted	08/10/2014
SHREYA	21	Female	Daughter	Unemployed	50,000.00	50,000.00	Opted	Opted	08/10/2014
KRISHNA	18	Female	Daughter	Unemployed	50,000.00	50,000.00	Opted	Opted	08/10/2014

**SUMMARY OF COVERAGE**

Insured Name	Plan	Sum Insured (₹)	Hospitalization Limit (₹)	Road Ambulance Cover	Daily Cash Cover
VIJAY N. SHANKI	Opted	90,000.00	90,000.00	Opted	Opted
VIBHA	Opted	75,000.00	75,000.00	Opted	Opted
SHREYA	Opted	50,000.00	50,000.00	Opted	Opted
KRISHNA	Opted	50,000.00	50,000.00	Opted	Opted

**PREMIUM BREAK DOWN**

Insured Name	Basic Cover Premium (₹)	Optional Cover Premium (₹)	Loading for extra (₹)	Family Discount (₹)	Total Annual Premium (₹)
VIJAY N. SHANKI	23,107.00	600.00	0.00	3,175.23	23,506.23

Individual Health Insurance Policy Schedule  
 05X 0201021146673032

600  
 532

## DISCHARGE SUMMARY

Patient Name : Ms. SHYAMA SAMANI  
MRNO / IPNO : 23248580 / 39051  
Gender/Age : Female / 25 Years 10 Months 10 Days  
Admission Date : 07/10/2024 11:38 am  
Discharge Date : 11/10/2024 11:30 am  
Patient's Address : A-704, DARSHANAM CENTRAL PARK  
Category : Organisation-Reimbursement (United TPA)

Floor / Ward Name : AE-TF Orchid / ICU  
Room / Bed No. : Orchid Single / 2  
Admt. Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology  
Type of Discharge : Normal Discharge

### Final Diagnosis :-

LEFT SIDED OVARIAN CYST  
S/P LAPAROSCOPIC OVARIAN CYSTECTOMY

### Chief Complaint with origin, duration & progress :-

A 25-year-old Female patient presented with complaint of heavy flow since 6 months and dysmenorrhoea and was advice for Ovarian Cystectomy.  
So the patient was admitted at BAGH for further management.

### Past & Personal History :-

Not Significant

### Examination on Admission :-

General Examination: No pallor, icterus, oedema, lymphadenopathy, clubbing, cyanosis  
Physical Examination: Temp: Normal, Pulse: 82/Min, RR: 16/Min, BP: 107/70mmHg  
RBS: 99mg/dL, SpO2:97%  
Systemic Examination: R/S: AE Clear, CVS: S1S2 Normal, CNS: Conscious oriented P/A: Soft.

### Operative Procedure:-

On 09/10/2024 Laparoscopic removal of left sided Complicated Ovarian cyst was done under G/A by Dr. Monika Jani.

### Hospital Course :-

Patient came with above mentioned history and was shifted from ER / Triagu to ward, evaluated for the same, found to have left Ovarian cyst, planned for procedure. All necessary blood investigations were done. Reference of Dr. Atul Jani (MD Physician) done for pre operative medical fitness.  
On 09/10/2024 Laparoscopic removal of left sided Complicated Ovarian cyst was done under G/A by Dr. Monika Jani.  
Patient was treated with IV fluids, antibiotic, antacids & other supportive medications.  
Patient is haemodynamically stable and hence is now discharged with following advice and medications.

### Treatment Given :-

IV Fluids  
Inj. Supacef 750mg in 100ml NS IV TDS  
Inj. Pantocid 40mg IV BD  
Inj. PCM 1gm IV TDS  
Inj. Diclofenac 75mg /100ml NS SOS  
Inj. Nalbuphine 10mg / 100ml NS IV SOS  
Inj. Perinorm 10mg IV SOS  
Tab. Cefum 500mg BD  
Tab. Pantocid 40mg BD  
Tab. Combiflam TDS  
And other supportive treatment.

### Condition on Discharge :-

  
BHAILAL AMIN GENERAL HOSPITAL  
Bhailal Amin Marg, Gorwa,  
BARODA - 390 003.

## DISCHARGE SUMMARY

Patient Name : Ms. SHYAMA SAMANI  
MRNO / IPNO : 23248580 / 39051  
Gender/Age : Female / 25 Years 10 Months 10 Days  
Admission Date : 07/10/2024 11:35 am  
Discharge Date : 11/10/2024 11:30 am  
Patient's Address : A-704, DARSHANAM CENTRAL PARK  
Category : Organisation-Reimbursement (United TPA)

Floor / Ward Name : AE-TF Orchid / ICU  
Room / Bed No. : Orchid Single / 2  
Admt. Doctor Name : Dr. Monika Jani, Obstetrics and  
Gynaecology  
Type of Discharge : Normal Discharge

Haemodynamically Stable

### Dietary Advice :-

Full Diet

### Advised On Discharge :-

To collect Surgical biopsy report from BAGH Lab.

Allergies : Ondansetron

### When and how to obtain Urgent Care :-

To Report in Emergency Department of the BAGH in case of Following Symptoms:-

Bleeding at the surgical site

Increase in pain

Fever

In case of emergency contact 080 6970 7070 / ( 0265 ) 677 6222

  
BHAILAL AMIN GENERAL HOSPITAL  
Bhailal Amin Marg, Gorwa,  
BARODA - 390 003.

## DISCHARGE SUMMARY

Patient Name : Ms. SHYAMA SAMANI  
 MRNO / IPNO : 23248580 / 39051  
 Gender/Age : Female / 25 Years 10 Months 10 Days  
 Admission Date : 07/10/2024 11:38 am  
 Discharge Date : 11/10/2024 11:30 am  
 Patient's Address : A-704, DARSHANAM CENTRAL PARK  
 Category : Organisation-Reimbursement (United TPA)

Floor / Ward Name : AE-TF Orchid / ICU  
 Room / Bed No. : Orchid Single / 2  
 Admt. Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology  
 Type of Discharge : Normal Discharge

### Consultant Involved :-

Dr. Monika Jani  
Dr. Atul Jani

### Investigations:-

Lab test done  
 Hb-11 --> 9.7  
 Total counts-6810--> 8440  
 Platelet-637000 -->506000  
 Na+ 139, k+ 3.5  
 PT-INR 14.67/1.09, Blood Group: O Positive  
 RBS- 84, Creatinine- 0.52  
 HIV, HCV and HBsAg -non reactive  
 Blood Group: O Positive  
 Urine routine s/o RBC 0-1, Leucocyte 0-1, Epithelial cell 0-1

Surgical Biopsy Medium - 08/10/2024 (Report awaited)

Rest of the reports are attached with Annexure

### Radiology Reports:-

X-ray chest done on 7/10/2024 s/o Tiny nodule is seen in right lung base; rest of lung fields are clear. Both costophrenic sinuses appear clear

2D Echo done on 7/10/2024 s/o LVEF-60%, Trivial MR,TR.

CT Whole Abdomen with Contrast done on 07/10/2024 s/o Moderate size left ovarian cystic lesion observed with this lesion has multiloculated component along its posterolateral aspect which shows hyperattenuated contents / T2 shading effect on limited T2 weighted sequence. It likely represents endometriotic cyst. Left ureter passes left posterolaterally to the lesion. Splaying of adjacent small bowel loop observed. The sigmoid colon passes superior and medially to the lesion. Few hemorrhagic follicles in the right ovary favoring endometriotic cysts also observed. Small intensely enhancing lesion noted in the left adnexa which shows corresponding gross T2 hypointensity on limited MRI cuts - ? small broad ligament fibroid - ? endometrial deposit in the left ovarian parenchyma.

X-Ray Abdomen done on 10/10/2024 s/o Thin strip of free air is seen under dome of diaphragm-p/u pneumoperitoneum. No abnormally dilated bowel loops or air fluid level seen

BHAILAL AMIN GENERAL HOSPITAL  
Bhailal Amin Marg, Gorwa,  
BARODA - 390 003.

### Medications Advised :

Medicine Name	Generic Name	Frequency	Route	Days	Remarks
CEFTUM 500 MG	CEFUROXIME AXETIL	BD(10AM/10PM)	ORALLY	5	1-0-1
PANTOCID 40MG	PANTOPRAZOLE	BD(7AM/7PM)	ORALLY	5	1-0-1
COMBIFLAM	IBUPROFEN +	TDS(6-2-10)	ORALLY		1-1-1

Printed By : PRACHI.T 11/10/2024 11:59 AM Created By : PRACHI.T 11/10/2024 11:30 am



## DISCHARGE SUMMARY

Patient Name : Ms. SHYAMA SAMANI  
 MRNO / IPNO : 23248580 / 39051  
 Gender/Age : Female / 25 Years 10 Months 10 Days  
 Admission Date : 07/10/2024 11:38 am  
 Discharge Date : 11/10/2024 11:30 am  
 Patient's Address : A-704, DARSHANAM CENTRAL PARK  
 Category : Organisation-Reimbursement (United TPA)

Floor / Ward Name : AE-TF Orchid / ICU  
 Room / Bed No. : Orchid Single / 2  
 Admt. Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology  
 Type of Discharge : Normal Discharge

### Medications Advised :

Medicine Name	Generic Name	Frequency	Route	Days	Remarks
	PARACETAMOL				

### Follow up Visit :

SNO.	DoctorNm	Visit Date	Followup days	Instructions
1	Dr. Atul Jani			
2	Dr. Monika Jani	18/10/2024	5	Suture removal

### Follow up Visit :

**Remarks :** Please make sure that your unused medications are returned at the time of discharge, hospital will not be liable after 1 week.

**Dr. Monika Jani, Obstetrics and Gynaecology**  
 Consultant Doctor

Resident Medical Officer

BHAILAL AMIN GENERAL HOSPITAL  
 Bhailal Amin Marg, Gorwa,  
 BARODA 390 003.

Name of Gaurdian

Signature

Relation

**Acknowledgement :** I have read & understood the above instructions and I understand that it is important to follow these instructions

**Note :** Please get the Case-Summary signed from the Admitting Doctor before commencing the Advice on discharge. Please take prior appointment for consultation with the Doctors.

---This Summary is valid only if admitting doctor has signed---



# BHAILAL AMIN GENERAL HOSPITAL

Detailed Bill - Bill of Supply



**MS. SHYAMA SAMANI**  
 Female / Age 4  
 Mobile No : 702629188  
 Address : A-704, DARSHANAM CENTRAL PARK  
 Admitting : Dr. Monika Jani  
 Category : Reimbursement (United TPA)

MR No : 23245089  
 IP No : 35051  
 Bill No : 24038930  
 Bill Date : 11/10/2024 2:56 PM  
 Admission Date : 07/10/2024 11:39 AM  
 Discharge Date : 11/10/2024 12:09 PM  
 Billing Category : Single

Date	Issue No	Description	Doctor Name	Batch No	Expiry Dt	Rate	Qty	Discount	GST %	GST Amt	Amount
<b>ACCOMMODATION</b>											
07/10/2024		Orchid ( Single )				3400.00	1	340.00	0.00	0.00	3060.00
08/10/2024		Orchid ( Single )				3400.00	1	340.00	0.00	0.00	3060.00
09/10/2024		Orchid ( Single )				3400.00	1	340.00	0.00	0.00	3060.00
10/10/2024		Orchid ( Single )				3400.00	1	340.00	0.00	0.00	3060.00
<b>ACCOMMODATION TOTAL:</b>											<b>12,240.00</b>
<b>OBSTETRICS AND GYNAECOLOGY</b>											
05/10/2024	3340794	Laparoscopic for Complicated ovarian Cyst (Dr. Monika Jani)	Monika Jani			32850.00	1	3285.00	0.00	0.00	32065.00
<b>OBSTETRICS AND GYNAECOLOGY TOTAL:</b>											<b>32,065.00</b>
<b>CONSULTATION</b>											
		Follow-up Visit Senior Consultants (07/10/2024, 08/10/2024, 09/10/2024, 10/10/2024, 11/10/2024)	Monika Jani			520.00	5	520.00	0.00	0.00	4680.00
		First Visit Senior Consultants (07/10/2024)	Monika Jani			750.00	1	75.00	0.00	0.00	675.00
		First Visit Senior Consultants (07/10/2024)	Anil Jani			750.00	1	75.00	0.00	0.00	675.00
<b>CONSULTATION TOTAL:</b>											<b>6,030.00</b>
<b>INVESTIGATIONS</b>											
<b>CARDIOLOGY</b>											
07/10/2024	25203242	Echo Color Doppler	Girish Hrade			1940.00	1	184.00	0.00	0.00	1746.00
<b>CARDIOLOGY TOTAL</b>											<b>1,746.00</b>
<b>LABORATORY</b>											
07/10/2024	25203245	Surgical Workup				2000.00	1	200.00	0.00	0.00	1800.00
07/10/2024	25203244	Prothrombin Time (PRT)				270.00	1	27.00	0.00	0.00	243.00
07/10/2024	25203246	Urine routine analysis (Auto)				130.00	1	13.00	0.00	0.00	117.00
08/10/2024	25203230	Surgical Biopsy Medium				1600.00	1	160.00	0.00	0.00	1440.00
11/10/2024	25203235	Electrolyte (Na+ and K+)				400.00	1	40.00	0.00	0.00	360.00
10/10/2024	25203232	CBC				280.00	1	28.00	0.00	0.00	252.00
<b>LABORATORY TOTAL</b>											<b>4,212.00</b>
<b>RADIOLOGY</b>											
07/10/2024	25203262	CT Whole Abdomen with Contrast				11490.00	1	1145.00	0.00	0.00	10332.00
07/10/2024	25203264	X-Ray Chest PA				490.00	1	49.00	0.00	0.00	441.00
10/10/2024	25203263	X-Ray Abdomen Standing				490.00	1	49.00	0.00	0.00	441.00
<b>RADIOLOGY TOTAL</b>											<b>11,214.00</b>
<b>INVESTIGATIONS TOTAL:</b>											<b>17,172.00</b>

Print Date & Time : 11/10/2024 2:56 PM

Page 1 of 7

**BHAILAL AMIN GENERAL HOSPITAL**  
 Bhailal Amin Marg, Gorwa,  
 BARODA - 390 003.



# BHAILAL AMIN GENERAL HOSPITAL

Detailed Bill - Bill of Supply



**Referral Name** : MS. SHYAMA SAMANI  
**Age** : Female / 25 Y  
**Mobile No** : 7095399196  
**Address** : A-704, DARSHANAM CENTRAL PARK  
**Admitting** : Dr.Monika Jani  
**Category** : Reimbursement (Unbed TPA)

**MR No** : 23248526  
**IP No** : 38261  
**Bill No** : 24008000  
**Bill Date** : 11/10/2024 2:54 PM  
**Admission Date** : 07/10/2024 11:30 AM  
**Discharge Date** : 11/10/2024 12:03 PM  
**Billing Category** : Single

Date	Issue No	Description	Doctorname	Batchno	Expirydt	Rate	Qty	Discount	GST %	GST Amt	Amount
<b>SERVICES</b>											
<b>ANAESTHESIA</b>											
08/10/2024	8448571	Vain Flow Insertion By Anesthetist	BAGH Doctor			330.00	1	33.00	0.00	0.00	297.00
08/10/2024	8448572	Anaesthesia Charges	Achal Bhavik Shah			10885.00	1	1069.50	0.00	0.00	9815.50
10/10/2024	8448576	Vain Flow Insertion By Anesthetist	BAGH Doctor			330.00	1	33.00	0.00	0.00	297.00
<b>ANAESTHESIA TOTAL</b>											10,219.60
<b>BLOOD BANK</b>											
11/10/2024	8248562	Grouping and Cross matching				373.00	1	37.00	0.00	0.00	336.00
<b>BLOOD BANK TOTAL</b>											336.00
<b>CT SCAN</b>											
07/10/2024	8048502	Standby in CT Scan for IV Contrast	Keetha Menkad			600.00	1	0.00	0.00	0.00	600.00
<b>CT SCAN TOTAL</b>											600.00
<b>CARDIOLOGY</b>											
07/10/2024	8048541	ECG				330.00	1	33.00	0.00	0.00	297.00
<b>CARDIOLOGY TOTAL</b>											297.00
<b>ICU AND WARD SERVICES</b>											
07/10/2024	8048521	RBS Charges				50.00	1	5.00	0.00	0.00	45.00
07/10/2024	8048525	RBS Charges				50.00	1	5.00	0.00	0.00	45.00
<b>ICU AND WARD SERVICES TOTAL</b>											90.00
<b>KITCHEN</b>											
07/10/2024	8048497	Lemon Juice				25.00	1	0.00	0.00	0.00	25.00
<b>KITCHEN TOTAL</b>											25.00
<b>MEDICAL SERVICES</b>											
08/10/2024	8248526	Urinary Catheterization Per Procedure	BAGH Doctor			400.00	1	40.00	0.00	0.00	360.00
08/10/2024	8248704	I.V. Drip (Per Day)				225.00	1	25.00	0.00	0.00	200.00
09/10/2024	8248704	I.V. Drip (Per Day)				225.00	1	25.00	0.00	0.00	200.00
10/10/2024	8248708	I.V. Drip (Per Day)				225.00	1	25.00	0.00	0.00	200.00
<b>MEDICAL SERVICES TOTAL</b>											1,035.00
<b>OPERATION THEATER</b>											
09/10/2024	8248704	OT Charges				12475.00	1	1247.50	0.00	0.00	11227.50
09/10/2024	8248704	Laparoscope - Instrument Charges (Diagnostic)				8021.00	1	881.30	0.00	0.00	8021.70
<b>OPERATION THEATER TOTAL</b>											19,251.90
<b>OTHERS</b>											
09/10/2024	8248704	Assisting Surgeon charges	Pragnesh Desai			8021.00	1	891.30	0.00	0.00	8021.70
11/10/2024	8048508	Service Charges				17854.00	1	0.00	0.00	0.00	17854.10
<b>OTHERS TOTAL</b>											25,885.80

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**BHAILAL AMIN GENERAL HOSPITAL**  
 Bhailal Amin Marg, Gorwa,  
 BARODA - 390 003.



# BHAILAL AMIN GENERAL HOSPITAL

Detailed Bill - Bill of Supply



**Patient Name** : MS. SHYAMA SAMANI  
**Gender** : Female / 25 Y  
**Mobile No** : 9895399195  
**Address** : A-704, DARSHANAM CENTRAL PARK  
**Admitting** : Dr Monica Jani  
**Category** : Reimbursement (Unins TPA)

**MR No** : 23248580  
**IP No** : 39951  
**Bill No** : 2400800  
**Bill Date** : 11/10/2024 2:54 PM  
**Admission Date** : 07/10/2024 11:38 AM  
**Discharge Date** : 11/10/2024 12:03 PM  
**Billing Category** : Single

Date	Issue No	Description	Doctorname	Batchno	Expirydt	Rate	Qty	Discount	GST %	GST Amt	Amount
<b>REGISTRATION SERVICE</b>											
07/10/2024	3448913	IP Registration Fee				390.00	1	30.00	0.00	0.00	270.00
<b>REGISTRATION SERVICE TOTAL</b>											270.00
<b>SERVICES TOTAL:</b>											57,907.20
<b>PHARMACY AND CONSUMABLES</b>											
<b>DIALYSIS</b>											
08/10/2024	242514830436	Inj. SODIUM CHLORIDE 0.9% 100ML EASY PORT		2081876L	31/05/2027	47.00	6	0.00	0.00	0.00	282.54
08/10/2024	242522030916	Inj. PANTODIC IV 40MG *		NFAC0067	30/06/2026	56.50	1	0.00	0.00	0.00	56.50
08/10/2024	2425396300518	Inj. SODIUM CHLORIDE 0.9% 100ML EASY PORT		2061576L	31/05/2027	47.00	1	0.00	0.00	0.00	47.00
08/10/2024	2425396300518	Inj. EMESET 4MG-2ML *		4A00351	30/06/2027	13.35	1	0.00	0.00	0.00	13.35
08/10/2024	242516307824	Inj. SODIUM CHLORIDE 0.9% 100ML EASY PORT		2061876L	31/05/2027	47.00	2	0.00	0.00	0.00	94.18
<b>DIALYSIS TOTAL</b>											483.66
<b>MEDICAL</b>											
07/10/2024	24250123003474	Inj. ULTRAVIST 50 ML (370 MG)		KT0LVJ5	31/10/2025	1182.00	2	0.00	0.00	0.00	2364.00
08/10/2024	2422653003019	Inj. EUGNADEX 200MG/2ML		B1240058A	31/05/2026	1620.00	1	0.00	0.00	0.00	1620.00
08/10/2024	2425012307550	Inj. PARAPRIME 1000MG/100ML		24F08177T *	31/05/2025	448.80	3	0.00	0.00	0.00	1346.40
08/10/2024	2425055003019	Inj. ROCUNIUM 100MG/10ML (HR)		1958010	30/04/2026	1325.00	1	0.00	0.00	0.00	1325.00
08/10/2024	2425015007550	Inj. SUPACEF 750 IM - IV		23K04317	31/08/2025	235.70	2	0.00	0.00	0.00	471.40
08/10/2024	2425055003019	Inj. PARAPRIME 1000MG/100ML		24F08177T	31/05/2025	448.80	1	0.00	0.00	0.00	448.80
08/10/2024	2425055003019	Inj. SUPACEF 15GM		24K01105	28/02/2026	375.36	1	0.00	0.00	0.00	375.36
08/10/2024	2425055003019	Inj. DEXTOMID 50 (HR)		1257015	28/02/2025	372.00	1	0.00	0.00	0.00	372.00
08/10/2024	2425015007550	Inj. POSIFLUSH 5 ML (NS-PFS) *		4143451	31/05/2027	51.00	6	0.00	0.00	0.00	306.00
08/10/2024	2425055003019	Inj. SODIUM CHLORIDE 0.9 %WV 500ML EASY PORT		10G7034L	31/08/2027	95.48	3	0.00	0.00	0.00	286.44
08/10/2024	2425055003019	Inj. SUPACEF 750 IM - IV		23K01809	28/02/2025	258.70	1	0.00	0.00	0.00	258.70
08/10/2024	2425055003019	Inj. SODIUM CHLORIDE 1000ML EASY PORT		3050854L	30/08/2027	110.30	2	0.00	0.00	0.00	220.60
08/10/2024	2425015007550	Inj. RINGER LACTATE EASY PORT 500ML		1137076L	31/08/2027	72.75	2	0.00	0.00	0.00	145.50
08/10/2024	2425015007550	Inj. PANTODAC IV 40MG *		GK00058	28/02/2026	56.50	2	0.00	0.00	0.00	113.00
08/10/2024	2425055003019	Inj. BUPITRODYL 0.5% 20ML (HR)		B12555	28/02/2025	96.00	1	0.00	0.00	0.00	96.00
08/10/2024	2425055003019	Inj. DYNAPAR AQ 1ML *		PA24067	30/04/2026	39.61	2	0.00	0.00	0.00	79.22
08/10/2024	2425015007550	Inj. RINGER LACTATE EASY PORT 500ML		1136413C	28/02/2027	72.75	1	0.00	0.00	0.00	72.75
08/10/2024	2425015007550	Inj. RINGER LACTATE EASY PORT 500ML		1137076L	31/08/2027	72.75	1	0.00	0.00	0.00	72.75
08/10/2024	2425055003019	Inj. RINGER LACTATE EASY PORT 500ML		1137076L	31/08/2027	72.75	1	0.00	0.00	0.00	72.75
08/10/2024	2425055003019	Inj. MCT - ROF 10ML *(HR)		1003024	31/01/2026	72.50	1	0.00	0.00	0.00	72.50
08/10/2024	2425055003019	Inj. FENTANYL CITRATE 2ML *(HR)		2742240B	28/02/2027	46.95	1	0.00	0.00	0.00	46.95
08/10/2024	2425055003019	Inj. HEXCORTIN 100MG		D24AN002*	31/12/2025	46.90	1	0.00	0.00	0.00	46.90

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**BHAILAL AMIN GENERAL HOSPITAL**  
 Bhailal Amin Marg, Gorwa,  
 BARODA - 390 003.



# BHAILAL AMIN GENERAL HOSPITAL

Detailed Bill - Bill of Supply



MR No : MS. SHYAMA SAMANI  
 Gender : Female / 25 Y  
 Mobile No : 7095991985  
 Address : A-704, DARSHANAM CENTRAL PARK  
 Admitting : Dr. Manika Jari  
 Category : Reimbursement (United TPA)

MR No : 23248588-001  
 IP No : 39051  
 Bill No : 24000500  
 Bill Date : 11/10/2024 2:54 PM  
 Admission Date : 07/10/2024 11:38 AM  
 Discharge Date : 11/10/2024 12:03 PM  
 Billing Category : Single

Date	Issue No	Description	Doctorname	Batchno	Expirydt	Rate	Qty	Discount	GST %	GST Amt	Amount
05/10/2024	242501907948	Inj. RUBUPHINE 10 MG		22152228*	31/01/2025	45.00	1	0.00	0.00	0.00	45.00
05/10/2024	242501907950	Inj. DNS 500ML		1D241894	31/03/2027	42.80	1	0.00	0.00	0.00	42.80
05/10/2024	242501907951	Inj. DYNAPAR AQ 1ML *		PA24057	30/04/2025	39.80	1	0.00	0.00	0.00	39.80
05/10/2024	242501907953	Inj. BUTRUM 1 MG		MPP242318	30/11/2025	38.00	1	0.00	0.00	0.00	38.00
05/10/2024	242501907954	Inj. WATER FOR 10 ML *		2235238	31/10/2025	3.22	4	0.00	0.00	0.00	12.88
05/10/2024	242501907955	Inj. AVL 2ML		0423050	31/05/2025	6.15	1	0.00	0.00	0.00	6.15
05/10/2024	242501907956	Inj. FERINOM 2 ML IM - IV *		GE254017D	31/01/2027	5.98	1	0.00	0.00	0.00	5.98
05/10/2024	242501907954	Inj. PARAPRIME 100MG/100ML		24F06177T*	31/05/2026	445.00	3	0.00	0.00	0.00	1345.40
05/10/2024	242501907954	Inj. SUPACEF 700 IM - IV		23K04317	31/08/2025	235.70	3	0.00	0.00	0.00	710.10
05/10/2024	242501907954	Inj. POSFLUSH 5 ML (NS-PFS) *		4143451	31/05/2027	81.00	4	0.00	0.00	0.00	344.00
05/10/2024	242501907957	Tab. CEFTUM 600 MG		GLTC24042	31/07/2026	57.50	4	0.00	0.00	0.00	230.40
05/10/2024	242501907952	Tab. PANTODAC 40MG *		GTF1776A	31/05/2027	12.53	15	0.00	0.00	0.00	187.95
05/10/2024	242501907954	Inj. RINGER LACTATE EASY PORT 500ML		1137078L	31/08/2027	72.75	2	0.00	0.00	0.00	145.50
05/10/2024	242501907955	Inj. RINGER LACTATE EASY PORT 500ML		1136413C	25/02/2027	72.75	2	0.00	0.00	0.00	145.50
05/10/2024	242501907954	Inj. PANTODAC I.V. 40MG. *		GAQ0058	25/02/2026	56.50	2	0.00	0.00	0.00	113.00
05/10/2024	242501907952	Tab. COMBIFLAM *		1021102	31/01/2026	2.53	20	0.00	0.00	0.00	50.50
05/10/2024	242501907953	Inj. DNS 500ML		1D241894	31/03/2027	42.80	1	0.00	0.00	0.00	42.80
05/10/2024	242501907954	Inj. DYNAPAR AQ 1ML *		PA24057	30/04/2026	39.81	1	0.00	0.00	0.00	39.81
10/10/2024	242501907954	Inj. POSFLUSH 5 ML (NS-PFS) *		4143451	31/05/2027	81.00	3	0.00	0.00	0.00	243.00
10/10/2024	242501907954	Inj. DNS 500ML		1D241894	31/03/2027	42.80	2	0.00	0.00	0.00	85.60
10/10/2024	242501907954	CHI DULCOFLEX SUPPOSITORY ADULT *		8A24005	25/02/2026	40.71	2	0.00	0.00	0.00	81.42
10/10/2024	242501907954	Inj. RINGER LACTATE EASY PORT 500ML		1137078L	31/08/2027	72.75	1	0.00	0.00	0.00	72.75
11/10/2024	242501907953	Tab. CEFTUM 600 MG		GLTC24042	31/07/2026	57.50	8	0.00	0.00	0.00	460.00
11/10/2024	242501907954	Tab. CEFTUM 600 MG		GLTC24042	31/07/2026	57.50	4	0.00	0.00	0.00	230.40
<b>MEDICAL TOTAL 14,670.28</b>											
<b>SURGICAL</b>											
05/10/2024	2425019030474	EXTENSION TUBE SINGLE 150CM REF ZY5151 (BAYER MEDICAL)		234501	30/11/2028	385.00	1	0.00	0.00	0.00	385.00
05/10/2024	24250190322-13	SKIN STAPLER APPOSECOVIDIENSSW		J4B3395LY	31/01/2025	1190.00	1	0.00	0.00	0.00	1190.00
05/10/2024	24250190322-13	MICRYL PLUS 1 VP 2528E		T3009	31/08/2028	922.00	1	0.00	0.00	0.00	922.00
05/10/2024	24250190322-13	VENTILATOR CIRCUIT COMBO (DRAEGER)		231127	25/11/2026	890.00	1	0.00	0.00	0.00	890.00
05/10/2024	24250190322-13	DISP. GLOVES MICRO OPTIC 6.5 POWDER FREE		240601041T	30/05/2027	125.00	5	0.00	0.00	0.00	625.00
05/10/2024	242501907955	ECO BATH TOWELETTES ( 24 X 30 CM ) 10 WIPES		EP85	31/08/2026	575.00	1	0.00	0.00	0.00	575.00
05/10/2024	24250190322-13	YANKAUR SUCTION HANDLE ROMSON		G24F010510	31/05/2025	532.00	1	0.00	0.00	0.00	532.00
05/10/2024	24250190322-13	T.U.R.SET POLYMED		2412670-E	30/04/2025	449.00	1	0.00	0.00	0.00	449.00

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BHAILAL AMIN GENERAL HOSPITAL  
 Bhailal Amin Marg, Gorwa,  
 VARODA - 390 003.





**Gender/Age** : Female / 20 Y  
**Mobile No** : 7096399166  
**Address** : A-704, DARSHANAM CENTRAL PARK  
**Admitting** : Dr.Monika Jari  
**Category** : Reimbursement (United TPA)

**MR No** : 23248569  
**IP No** : 30051  
**Bill No** : 24000900  
**Bill Date** : 11/10/2024 2:54 PM  
**Admission Date** : 07/10/2024 11:38 AM  
**Discharge Date** : 11/10/2024 12:00 PM  
**Billing Category** : Single

Date	Issue No	Description	Doctorname	Batchno	Expirydt	Rate	Qty	Discount	GST %	GST Amt	Amount
08/10/2024	242510070530	UNDERPADS 60 X90 CM [ACTIFIT] LARGE		04102024	31/12/2026	220.00	2	0.00	0.00	0.00	440.00
08/10/2024	242510070530	URO FLOW URINE BAG ROMSONS		G240060527	30/09/2029	385.00	1	0.00	0.00	0.00	385.00
08/10/2024	242510070530	DISP. GLOVES MICROPTIC 7 POWDER FREE (ANSELL)		240500511T...	31/05/2027	125.00	3	0.00	0.00	0.00	375.00
08/10/2024	242510070530	IV SET (INTRAFIX SAFESIT) 10CM (B.BRAUN)		24E17K8901...	31/05/2029	323.00	1	0.00	0.00	0.00	323.00
08/10/2024	242510070530	DISP. GLOVES MICROPTIC 7.5 POWDER FREE (ANSELL)		240400391T...	30/04/2027	125.00	2	0.00	0.00	0.00	250.00
08/10/2024	242510070530	GLOVES NONSTERILE MEDIUM		24F9870...	31/05/2027	25.00	10	0.00	0.00	0.00	250.00
08/10/2024	242510070530	HANDSHIELD RUB 100ML		H5B124-F101...	31/07/2027	250.00	1	0.00	0.00	0.00	250.00
08/10/2024	242510070530	OXYGEN CATHATOR NASAL PRONGS (INTERSURGICAL)		72311857	30/09/2028	245.00	1	0.00	0.00	0.00	245.00
08/10/2024	242510070530	CAMERA COVER		1SS06...	31/05/2027	235.00	1	0.00	0.00	0.00	235.00
08/10/2024	242510070530	DISPOSABLE SYRINGE 10ML (BD)		2404507...	31/03/2029	31.00	7	0.00	0.00	0.00	217.00
08/10/2024	242510070530	DISCOFIX WITH TUBING 100 CM		24D03D9042	30/04/2027	186.00	1	0.00	0.00	0.00	186.00
08/10/2024	242510070530	DISPOSABLE SYRINGE 10ML (BD)		2405505...	30/04/2029	31.00	6	0.00	0.00	0.00	186.00
08/10/2024	242510070530	FOLEYS CATHETER 2 WAY NO 12		MYHP4179	31/01/2028	174.00	1	0.00	0.00	0.00	174.00
08/10/2024	242510070530	ELECTRODES DISPOSABLE		20824D...	31/12/2026	36.00	3	0.00	0.00	0.00	108.00
08/10/2024	242510070530	GLOVES NON STERILE LARGE		24A6180E...	31/12/2026	25.00	4	0.00	0.00	0.00	100.00
08/10/2024	242510070530	DISPOSABLE SYRINGE 10ML (BD) LEVER LOCK		4140261...	31/05/2029	47.00	2	0.00	0.00	0.00	94.00
08/10/2024	242510070530	POLYTHEN DRAPE 150 X 140 CM		65...	30/06/2027	91.00	1	0.00	0.00	0.00	91.00
08/10/2024	242510070530	RYLES TUBE NO. 12		G23051138	31/05/2028	77.00	1	0.00	0.00	0.00	77.00
08/10/2024	242510070530	DISP. GLOVES STERILE (NULIFE) NO 7.5		5MB3123	30/06/2028	73.00	1	0.00	0.00	0.00	73.00
08/10/2024	242510070530	DISPOSABLE GLOVES STERILE (NULIFE) NO 6		5MP1F24...	31/05/2029	73.00	1	0.00	0.00	0.00	73.00
08/10/2024	242510070530	DISPOSABLE SYRINGE 5ML (BD)		4095378...	31/03/2029	16.50	3	0.00	0.00	0.00	49.50
08/10/2024	242510070530	DISP. PLASTIC APRON (HALF GOWN) SAFE LINE		06082024	31/12/2026	20.00	2	0.00	0.00	0.00	40.00
08/10/2024	242510070530	DISPOSABLE NEEDLE 18 X 1.5		4065284...	31/03/2029	6.50	6	0.00	0.00	0.00	39.00
08/10/2024	242510070530	DISPOSABLE SYRINGE 5ML (L-LOCK)		4095386...	31/03/2029	31.00	1	0.00	0.00	0.00	31.00
08/10/2024	242510070530	TRANSOFIX		24A2448141	31/01/2029	30.00	1	0.00	0.00	0.00	30.00
08/10/2024	242510070530	DISPOSABLE SYRINGE 3 ML + 24 G 1 (BD)		4020245	31/01/2029	27.50	1	0.00	0.00	0.00	27.50
08/10/2024	242510070530	DISPOSABLE SYRINGE 2ML (BD)		4169611	31/05/2029	12.00	2	0.00	0.00	0.00	24.00
08/10/2024	242510070530	DISPOSABLE NEEDLE 18 X 1.5		4065284...	31/03/2029	6.50	3	0.00	0.00	0.00	19.50
08/10/2024	242510070530	GLOVES NONSTERILE MEDIUM		24F9870...	31/05/2027	25.00	10	0.00	0.00	0.00	250.00
08/10/2024	242510070530	MICROPORE 2 (3M)		R04240508	31/03/2029	246.00	1	0.00	0.00	0.00	246.00
08/10/2024	242510070530	DISPOSABLE SYRINGE 10ML (BD)		2405505...	30/04/2029	31.00	4	0.00	0.00	0.00	124.00
08/10/2024	242510070530	DISPOSABLE NEEDLE 18 X 1.5		4065284...	31/03/2029	6.50	4	0.00	0.00	0.00	26.00
10/10/2024	242510070530	VENFLON PRO SAFTY 22G. (BD)		4115027	30/04/2027	469.00	2	0.00	0.00	0.00	938.00

**BHAILAL AMIN GENERAL HOSPITAL**  
 Bhailal Amin Marg, Gorwa,  
 VADODRA - 390 003.



# BHAILAL AMIN GENERAL HOSPITAL

Detailed Bill - Bill of Supply



Patient Name : MS. SHYAMA SAMANI

Gender/Age : Female / 25 Y  
 Mobile No : 709599195  
 Address : A-704, DARSHANAM CENTRAL PARK

Admitting : Dr. Monika Jani  
 Category : Reimbursement (United IPA)

MR No : 23248590  
 IP No : 39001  
 Bill No : 24008000  
 Bill Date : 11/10/2024 2:54 PM  
 Admission Date : 07/10/2024 11:35 AM  
 Discharge Date : 11/10/2024 12:03 PM  
 Billing Category : Single

Date	Issue No	Description	Doctname	Batchno	Expirydt	Rate	Qty	Discount	GST %	GST Amt	Amount
10/10/2024	242501007045	C-SYTE 1.80 ML-10CM (BI-EXTENSION SET)		4193030	30/06/2027	629.00	1	0.00	0.00	0.00	629.00
10/10/2024	242501007045	I.V SET (INTRAFIX SAFESIT) 100CM (B BRAUN)		2491268902	31/07/2029	323.00	1	0.00	0.00	0.00	323.00
10/10/2024	242501007045	TEGADERM I.V.1533		109825212	31/06/2027	214.00	1	0.00	0.00	0.00	214.00
10/10/2024	242501007045	GLOVES NONSTERILE MEDIUM		24F9870	31/05/2027	25.00	6	0.00	0.00	0.00	150.00

**SURGICAL TOTAL 12,892.50**

**PHARMACY AND CONSUMABLES TOTAL: 26,056.45**

**PHARMACY RETURNS**

**CENTRAL DRUG STORE**

10/10/2024	2425012000474	PERINOM 2 ML IM - I.V. *				-6.98	1	0.00	0.00	0.00	-6.98
10/10/2024	2425012000474	DNS 300ML				-42.80	1	0.00	0.00	0.00	-42.80
10/10/2024	2425012000474	DISPOSABLE NEEDLE 16 X 1.5				-6.50	7	0.00	0.00	0.00	-45.50
10/10/2024	2425012000474	PANTODAC I.V. 40MG. *				-56.50	2	0.00	0.00	0.00	-113.00
10/10/2024	2425012000474	DYNAPAR AD 1ML *				-39.81	3	0.00	0.00	0.00	-119.43
10/10/2024	2425012000474	SODIUM CHLORIDE 0.9% 100ML EASY PORT				-47.08	4	0.00	0.00	0.00	-188.36
10/10/2024	2425012000474	DISPOSABLE SYRINGE 10ML (BD)				-31.00	7	0.00	0.00	0.00	-217.00
10/10/2024	2425012000474	RINGER LACTATE EASY PORT 500ML				-72.75	3	0.00	0.00	0.00	-218.25
10/10/2024	2425012000474	POSIFLUSH 5 ML (NS-PFS) *				-61.00	7	0.00	0.00	0.00	-427.00
10/10/2024	2425012000474	UNDERPADS 60 X90 CM (ACTIFT) LARGE				-220.00	2	0.00	0.00	0.00	-440.00
10/10/2024	2425012000474	SUPACEF 750 IM - I.V.				-238.70	4	0.00	0.00	0.00	-955.00
10/10/2024	2425012000474	PARAPRIME 1000MG/100ML				-449.80	4	0.00	0.00	0.00	-1799.20

**CENTRAL DRUG STORE TOTAL -4,568.72**

**PHARMACY RETURNS TOTAL: -4,568.72**

Print Date & Time : 11/10/2024 2:58 PM

Page 6 of 7

*[Signature]*  
**BHAILAL AMIN GENERAL HOSPITAL**  
 Bhailal Amin Marg, Gorwa,  
 BARODA - 390 003.



# BHAILAL AMIN GENERAL HOSPITAL

Detailed Bill - Bill of Supply



**Patient Name** : MS. SHYAMA SAMANI  
**Gender/Age** : Female (25 Y)  
**Mobile No** : 7098399168  
**Address** : A-704, DARSHANAM CENTRAL PARK  
**Admitting** : Dr.Monika Jani  
**Category** : Reimbursement (United TPA)

**MR No.** : 20240580  
**IP No** : 36051  
**Bill No** : 24008900  
**Bill Date** : 11/10/2024 2:54 PM  
**Admission Date** : 07/10/2024 11:28 AM  
**Discharge Date** : 11/10/2024 12:00 PM  
**Billing Category** : Single

Rupees in : ONE LAKH FOURTY EIGHT THOUSAND NINE HUNDRED AND THIRTY TWO ONLY  
RUPEES ONLY

**Gross Total** : 185,826.00  
**CGST** : 0.00  
**SGST** : 0.00  
**MOU Discount** : 11,893.80  
**Net Bill Amount** : 148,932.00

Prepared By : PRITI VANKAR



(IP No)



(Bill No)

Service Category : Exempted Healthcare Services \*EXMPT - Exempted  
 PAN : AAATB1585B, SAC : 9993, GST : 24AAATB1585B1ZA

\*Inadmissible Medicines & Consumable to be paid by patient

  
 BHAILAL AMIN GENERAL HOSPITAL  
 Bhailal Amin Marg, Gorwa,  
 BARODA - 390 003.







**BHAILAL AMIN  
GENERAL HOSPITAL**



### Final Money Receipt

IP No.	: 23248580	IP No.	: 39051
Patient Name	: Ms. SHYAMA SAMANI	Receipt No	: 2300288954
Gender / Age	: Female / 25 Years 10 Months 10 Days	Receipt Date	: 11/10/2024 3:14 PM
Doctor Name	: Dr. Monika Jani, Obstetrics and Gynaecology	Mobile No.	: 7096399166
Address	: A-704, DARSHANAM CENTRAL PARK		

IP Advance Amount of Rs. 98932/-

Payment Type	: NEFT
Amount	: 98932.00
Amount In Words	: Rupees Ninety Eight Thousand Nine Hundred and Thirty Two Only
	: 485143621406
Bank Name	: HDFC BANK

BHAILAL AMIN GENERAL HOSPITAL

(Authorized Signatory)

Printed By : SHIVANI VERMA 11/10/2024 03:14 PM

Created By : SHIVANI VERMA 11/10/2024 03:14 PM

📍 Bhaikal Amin Marg, Gorwa, Vadodara, Gujarat - 390 003  
🌐 www.baghospital.com

**24/7** Emergency Services

FOR ALL YOUR HEALTHCARE NEEDS  
**080 69 70 70 70**



# BHAILAL AMIN GENERAL HOSPITAL

## Advance Money Receipt



M.No. : 23248590  
 Patient Name : Ms. SHYAMA SAMANI  
 Gender / Age : Female / 25 Years 10 Months 10 Days  
 Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology  
 Address : A-704, DARSHANAM CENTRAL PARK

IP No. : 39051  
 Receipt No : 2300288651  
 Receipt Date : 07/10/2024 11:41 AM  
 Mobile No. : 7098399166

Amount of Rs. 50000/-

### IP Advance

Payment Type : Cash  
 Amount : 50000.00  
 Amount In Words : Rupees Fifty Thousand Only

  
**BHAILAL AMIN GENERAL HOSPITAL**  
 Bhailal Amin Marg, Gorwa,  
 VADODARA - 390 003

( Authorised Signatory )

Created By : KHUSHBU.SODI/10/2024 11:41 AM

Printed By : KHUSHBU.SODI/10/2024 11:41 AM

10/9/26

Shyama Samani

adv

USG pelvis

Myani  
Dr M Jawi

1/10/24

Shyama Samani

adv

I pelvic USG

II CA - 125

Shyama

Cash Memo / Receipt

No.:

11009

Date: 20/02/2021



Karelibaug Diagnostic Centre

• Multislice Whole body CT scan  
• CT Angiography • Sonography • Color Doppler • Digital X-Ray  
S, Vinagar Society, Opp. Reference Digital, Opp. Sai & Kothak Mahindra Bank,  
Vip Road, Karelibaug, Vadodra - 390018, Mo: 91640 93417

Received with thanks from Suyamal Samrani  
21416

1. C.T. Scan Charges ..... ₹

2. C.T. Angiography Charges ..... ₹

3. Sonography Charges peruis ..... ₹ 1200/-

4. Color Doppler Charges ..... ₹

5. Digital X-RAY Charges ..... ₹

6. Anesthetic Charges ..... ₹

7. Other Charges ..... ₹

TOTAL ..... ₹ 1200/-

Rupees: one thousand  
hundred



For, Karelibaug Diagnostic Centre

cash



MR No : 23248580  
 Patient Name : Ms. SHYAMA SAMANI  
 Gender / Age : Female / 25 Years 10 Months 6 Days  
 Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology  
 Category : General

Bill No. : 251054649  
 Bill Date : 03/10/2024 11:56 AM  
 Mobile No. : 7096399166

Description	Performing Doctor	Qty	Rate	Gross Amt
Subsequent Visit / Consultation	Dr. Monika Jani	1	600	600
		1	600	600
			<b>Net Amount</b>	<b>: 600</b>

Cash 600  
 Amount In Words : Rupees six hundred Only

**PAID**

## Hospital Bill

MR No. : 23248580	Bill No. : 251047171
Patient Name : Ms. SHYAMA SAMANI	Bill Date : 12/09/2024 05:07 PM
Gender / Age : Female / 25 Years 9 Months 16 Days	Mobile No. : 7096399166
Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology	
Category : General	

Description	Performing Doctor	Qty	Rate	Gross Amt
CP Registration Fees		1	100	100
First Visit Consultants	Dr. Monika Jani	1	600	800
		2	700	700
		<b>Net Amount</b>		<b>700</b>

Cash 700

Amount In Words : Rupees seven hundred Only

**PAID**



Spandan House, Basement,  
Arpitanagar, Besides Shakti Farsan,  
Ellorapark, Vadodara - 390023

### Bill / Invoice

Invoice No. : 2 Date : 01-10-2024  
Patient Name : SHYAMA SAMANI  
Patient Age : 26 Gender : FEMALE  
Referred By : DR. MONIKA JANI

Test / Profile	Amount
CBC, CA-125	1570.00

Total : 1570.00

Paid :

Due :

Payment Mode Cash / UPI

Grand Total : 1,570.00

Amount chargeable Rs. : One Thousand Five Hundred Seventy Only

Subsequently you may collect hard copy from our centre during working hours.

BILLED BY :

Receptionist



Dear Customer - You shall receive an SMS, as soon as your report/s is ready. Your report/s shall be e-mailed to your registered email address & we request you to please do check on your Spam/Junk folder, if not found in your Inbox.





# PARAMOUNT DIAGNOSTIC & RESEARCH CENTRE - 2

(A UNIT OF PARAMOUNT CHARITY TRUST, REGN. NO. E-2469)

X - RAY - USG - MAMMOGRAPHY - OPG - BMD - MOLECULAR BIOLOGY -  
RADIOLOGY - PATHOLOGY - HISTOPATHOLOGY

OPP. BRAMHAN SABHA HALL, PRATAP ROAD, DANDIA BAZAR,  
VADODARA. PH : 0265-2423233, 6352734810

2024 - 25

3774

Date : 1/10/24  
B

A

Reviewed with thanks from : \_\_\_\_\_

Patient's Name : Shyama Sammanji

~~Digital X ray / USG / Colour Doppler / Mammography - Rs.~~ 1400/-

Smoo  
Pelvis

Nursing, Medication &

Anesthesia Charges :

Rs. /

Total (A+B) : Rs. 1400/-

(Rupees in words) : Fourteen hundred only

SUBJECT TO VADODARA JURISDICTION ONLY.

For PARAMOUNT DIAGNOSTIC & RESEARCH CENTRE - 2



**BHAILAL AMIN  
GENERAL HOSPITAL**



### Hospital Bill

MR No : 23248580  
Patient Name : Ms. SHYAMA SAMANI  
Gender / Age : Female / 25 Years 10 Months 18 Days  
Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology  
Category : General

Bill No. : 251058221  
Bill Date : 15/10/2024 11:13 AM  
Mobile No. : 7096399166

Description	Performing Doctor	Qty	Rate	Gross Amt
Subsequent Visit / Consultation	Dr. Monika Jani	1	600	600
		1	600	600
			<b>Net Amount</b>	<b>: 600</b>

Cash 600

Amount In Words : Rupees six hundred Only

**PAID**

Printed By : PARIMALA.KUMAR 15/10/2024 11:13 AM  
PAN: AAATB1565B GST NO: 24AAATB1565B1ZA SAC: 1993

Created By : PARIMALA.KUMAR

Page 1 of 1



TAX Invoice - Original for Recipient

Bill No / Date : 24250570018136 / 15/10/2018  
 Doctor Name : Dr. Morika Jani  
 MR No : 23248560

Patient Name : Ms. SHYAMA SAMANI  
 Gender/Age : Female , 25 Years 10 Months 18 Days  
 Mobile No. : 7095399166  
 Category : General

Pharmaceutical Item	HSN Code	Mfg.	Batch No	Exp. Dt	SQST%	AMT	CGST%	AMT	City	MRP	Taxable Value
ENDUREG TAB.	30015100	JOSP	NRD1290A	10/04/2027	6	80.87	6	80.87	28	82.91	1584.50

RUPEES ONE THOUSAND SEVEN HUNDRED AND FIFTY TWO

DL No : G-WAD-181485, GJ-WAD-181428 Dt: 26-10-2018

For, Bhailal Amin General Hospital

Taxable Value : 1584.50  
 Add SQST : 63.87  
 Add CGST : 63.87  
 Total Bill Amount : 1712.24

\*Medication once sold will not be returned after 15 days, cut strips and medication requiring temperature maintenance will not be taken back\*. Original bill required for returns.

ATTCOR  
 Bhailal Amin General Hospital

**PAID**



# BHAILAL AMIN GENERAL HOSPITAL

ESTD - 1964



## TAX Invoice - Original for Recipient

**Patient Name :** Ms.SHYAMA SAMANI  
**Gender/Age :** Female , 25 Years 10 Months 18 Days  
**Mobile No. :** 7098398188  
**Category :** General

**Bill No / Date :** 24250570016050 / 15/10/2024  
**Doctor Name :** Dr.Monika Jari  
**MR No :** 23246590

Pharmaceutical Item	HSN Code	Qty	BatchNo	Exp.Dt	SGST%	Amnt	CGST%	Amnt	Qty	MRP	Taxable Value
REGOSULES Z	30040309	PFIZ	24300044	30/01/2020	0	2.85	0	2.85	20	2.78	48.84
TONOFOLIC-Z	30045010	UP	TT24060	30/04/2025	0	1.85	0	1.85	30	2.27	40.80

**Taxable Value :** 110.44  
**Add SGST :** 5.93  
**Add CGST :** 6.85  
**Total Bill Amount :** 123.22

**RUPES ONE HUNDRED AND TWENTY FOUR ONLY**  
 DT No : GJ-WD-151430, GJ-WD-151438 Dt: 28-Dec-2018  
 For: Bhailal Amin General Hospital

\*Medication once sold will not be returned after 15 days, cut strips and medication requiring temperature maintenance will not be taken back\*. Original bill required for returns.

*[Handwritten Signature]*  
 Pharmacist Signature

Page 1 of 1

Place of Supply : GUJARAT  
 PAN : AAATB1880E GST No : 24AAATB1880E1ZA

~~17702~~  
(BUDOKOOL-105)

⇒ 15940



MR No : 23248580  
 Patient Name : Ms. SHYAMA SAMANI  
 Gender / Age : Female / 25 Years 10 Months 26 Days  
 Doctor Name : Dr. Monika Jani, Obstetrics and Gynaecology  
 Category : General

Bill No. : 251061263  
 Bill Date : 23/10/2024 11:51 AM  
 Mobile No. : 7096399166

Description	Performing Doctor	Qty	Rate	Gross Amt
Subsequent Visit / Consultation	Dr. Monika Jani	1	600	600
		1	600	600

Net Amount : 600

Cash 600

Amount In Words : Rupees six hundred Only

**PAID**


**BHAILAL AMIN  
GENERAL HOSPITAL**

**TAX Invoice - Original for Recipient**

**Patient Name :** Ms.SHYAMA SAMANI  
**Gender/Age :** Female , 25 Years 10 Months 26 Days  
**Mobile No. :** 7096390158  
**Category :** General

**Bill No / Date :** 24250570016815 / 23/10/2024  
**Doctor Name :** Dr.Merika Jani  
**MR No :** 23248580

Pharmaceutical Item	HSN Code	Mfg.	BatchNo	Exp.Dt	SGST%	Amnt	CGST%	Amnt	Qty	MRP	Taxable Value
BECOSULES Z	90049028	PFIZ	243000M	30/06/2025	8	5.955	8	5.955	45	2.75	69.29
ENDOREG 2MG	30033100	JOSP	MR01250A	30/04/2027	6	140.805	6	140.805	42	167.55	2345.75

RUPES TWO THOUSAND SEVEN HUNDRED AND FOURTY ONLY

DL No. : GU-VAD-161405, GU-VAD-161499 Dt. 28-06-2018

For, Bhailal Amin General Hospital

Taxable Value : 2445.04

Add SGST : 146.75

Add CGST : 146.75

Total Bill Amount : 2748.54

\*Medication once sold will not be returned after 15 days, cut strips and medication requiring temperature maintenance will not be taken back\*. Original Bill required for returns.

**PAID**

AVN P

Pharmacist Signature

Place of Supply : GUJARAT

PAN : AAATB1305G GST No : 24AAATB1688B1ZA

Page 1 of 1





**TAX Invoice - Original for Recipient**

**Patient Name :** Ms.SHYAMA SAMANI  
**Gender/Age :** Female - 25 Years 10 Months 28 Days  
**Mobile No. :** 7096399155  
**Category :** General

**Bil No / Date :** 24250570017037 / 25/10/2024  
**Doctor Name :** Dr.Monika Jani  
**MR No :** 23248660

Pharmaceutical Item	HSN Code	Mfg.	Batch No	Exp.Dt	SGST%	Amnt	CGST%	Amnt	Qty	MRP	Taxable Value
ENDOREG 2MS	30030100	JGSP	NRC1920A	30/04/2027	6	25.57	6	50.17	20	62.65	1004.00
TOROXI CLIC-Z*	30040210	UP	1124121	30/06/2026	6	7.285	6	7.255	60	3.27	121.61

**RUPEES ONE THOUSAND EIGHT HUNDRED AND EIGHTY EIGHT ONLY**

Dr. No. - GJ-VAD-161438 GJ-VAD-161438 Dt: 26 Dec 2024

For, Bhailal Amin General Hospital

**Taxable Value :** 1085.61  
**Add SGST :** 101.17  
**Add CGST :** 101.17  
**Total Bill Amount :** 1085.00

\*Medicine once sold will not be returned after 15 days, cut strips and medication requiring temperature maintenance will not be taken back\*. Original bill required for returns.

**PAID**

AVNLP  
 Pharmacist Signature

Page 1 of 1

Place of Supply : GUJARAT  
 PAN : AAATE1768B GST No : 24AAATE1582B1Z4



Patient Name : Ms. SHYAMA SAMANI  
 Gender / Age : Female / 25 Years 10 Months 10 Days  
 MR No / Bill No. : 23248580 / 252083346  
 Consultant : Dr. Monika Jani  
 Location : Recovery - 2

Type / IPNO : IP / 39051  
 Request No. : 271598  
 Request Date : 07/10/2024 12:30 PM  
 Collection Date : 07/10/2024 01:02 PM  
 Approval Date : 07/10/2024 04:02 PM

## Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	7.5		4.6 - 8.0
Specific Gravity	<b>1.001</b>		1.005 - 1.030
Protein	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/hpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

Dr. Amee Soni  
MD (Path)



Patient Name : Ms. SHYAMA SAMANI  
 Gender / Age : Female / 25 Years 10 Months 10 Days  
 MR No / Bill No. : 23248580 / 252083346  
 Consultant : Dr. Monika Jani  
 Location : Recovery - 2

Type / IPNO : IP / 39051  
 Request No. : 271587  
 Request Date : 07/10/2024 12:30 PM  
 Collection Date : 07/10/2024 12:47 PM  
 Approval Date : 07/10/2024 05:35 PM

**Surgical Workup**

Test	Result	Units	Biological Ref. Range
Haemoglobin	<b>11.0</b>	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	<b>4.82</b>	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	<b>34.8</b>	%	36 - 46
Mean Corpuscular Volume (MCV)	<b>72.2</b>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<b>22.8</b>	pg	27 - 32
MCH Concentration (MCHC)	31.6	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<b>17.3</b>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	44.9	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	6.81	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	57	%	40 - 80
Lymphocytes	33	%	20 - 40
Eosinophils	3	%	1 - 6
Monocytes	7	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.88	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.29	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.15</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.43	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.06	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.1	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	<b>637</b>	thou/cmm	150 - 410
Smear evaluation	Increased		
ESR	<b>25</b>	mm/1 hr	0 - 12
RBC Series	Hypochromia +, Microcytosis +, Anisocytosis +		
<b>WBC Series</b>			
WBC Series	As described, otherwise unremarkable		



Patient Name	: Ms. SHYAMA SAMANI	Type / IPNO	: IP / 39051
Gender / Age	: Female / 25 Years 10 Months 10 Days	Request No.	: 271587
MR No / Bill No.	: 23248580 / 252083346	Request Date	: 07/10/2024 12:30 PM
Consultant	: Dr. Monika Jani	Collection Date	: 07/10/2024 12:47 PM
Location	: Recovery - 2	Approval Date	: 07/10/2024 05:35 PM

**Surgical Workup**

Test	Result	Units	Biological Ref. Range
Malarial Parasite (MP)	Not Detected by Thin and thick smear examination		
<b>Blood Group</b>			
ABO system	O		
Rh system.	Positive		
<b>Random Plasma Glucose</b>			
Random Plasma Glucose	84	mg/dL	70 - 200
<i>(Done by Colorimetric - Glucose Oxidase peroxidase on Vitros 5600)</i>			
<b>Creatinine</b>			
Creatinine	<u>0.52</u>	mg/dL	0.6 - 1.1
<i>(Done by Twopoint Rate - Creatinine Aminohydrolase, IFCC-IDMS Standardized on Vitros 5600)</i>			
Estimate Glomerular Filtration rate	More than 60		
<i>(Ref. range : &gt; 60 ml/min for adults between age group of 18 to 70 yrs. eGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>			
<b>HIV combi screening</b>			
HIV combi screening	Non-Reactive		
<i>(Method : Done by CLIA based method on automated immunoassay Vitros 5600)</i>			
<i>Note / remark : The HIV combi screening on a 411 Cobas is intended for qualitative determination of HIV - 1 p24 antigen and antibodies to HIV , including group O and HIV 2. It is 4th. Generation assay. Its clinical sensitivity claimed to be 99.8 % and specificity 99.42 % , in manufacturers performance evaluation. However, before firm clinical opinions are made when it is clinically desirable, confirmatory tests are recommended. A Negative test result does not exclude the possibility of exposure to or infection to AIDS. Repeatedly reactive samples must be confirmed according to recommendation by PCR based assay.)</i>			
<b>Hepatitis B Surface Antigen (HBsAg)</b>			
Hepatitis B Surface Antigen (HBsAg)	Non-Reactive		
<i>(Method : Done by CLIA on automated immunoassay Vitros 5600)</i>			
<i>Note / remark : The HBsAg screening on a 411 Cobas is intended for qualitative determination of hepatitis B surface antigen. The assay is designed in order to detect multitudes of its mutants. Its clinical sensitivity claimed to be 100 % and specificity 99.98 % , in manufacturers performance evaluation</i>			
<b>Hepatitis C virus ( HCV ) Antibody</b>			
Hepatitis C virus ( HCV ) Antibody	Non-Reactive		
<i>(Method : Done by CLIA based method on automated immunoassay Vitros 5600)</i>			
<i>Note / remark : Anti HCV screening on a Vitros 5600 is intended for qualitative determination of Antibodies to hepatitis C virus. The assay uses peptides and recombinant antigens representing core, NS3 and NS4 proteins for the determination of anti HCV antibodies. For diagnostic purposes, the results should always be assessed in conjunction with the medical history, clinical examination and other findings. Due long time period from infection to seroconversion, negative anti HCV test result may occur during early infection. The detection of anti HCV antibodies indicates a present or past infection with hepatitis C virus, but does not differentiate between acute, chronic or resolved infection. Its clinical sensitivity claimed to be 99.72 % and specificity 99.58 % , in manufacturers performance evaluation.)</i>			

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available  
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BHAILAL AMIN  
GENERAL HOSPITAL

Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Ms. SHYAMA SAMANI  
Gender / Age : Female / 25 Years 10 Months 10 Days  
MR No / Bill No. : 23248580 / 252083348  
Consultant : Dr. Monika Jani  
Location : Recovery - 2

Type / IPNO : IP / 39051  
Request No. : 271587  
Request Date : 07/10/2024 12:30 PM  
Collection Date : 07/10/2024 12:47 PM  
Approval Date : 07/10/2024 05:35 PM

**Surgical Workup**

— End of Report —



Dr. Ameet Soni  
MD (Path)

Small vertical text on the left margin, likely a footer or disclaimer.



Patient Name : Ms. SHYAMA SAMANI  
 Gender / Age : Female / 25 Years 10 Months 10 Days  
 MR No / Bill No. : 23248580 / 252083346  
 Consultant : Dr. Monika Jani  
 Location : Recovery - 2

Type / IPNO : IP / 39051  
 Request No. : 271587  
 Request Date : 07/10/2024 12:30 PM  
 Collection Date : 07/10/2024 12:47 PM  
 Approval Date : 07/10/2024 03:11 PM

**Haematology**

Test	Result	Units	Biological Ref. Range
<b>Prothombin Time (PRT)</b>			
Test	14.67	seconds	12.1 - 14.8
MNPT	13.5	seconds	
PT Ratio	1.09		
INR	1.09		

- \* Done by Viscosity based Clot detection method.
- \* Human Origin Thromboplastin Material Used.
- \* Standardization against BCT(British Corporative Thromboplastin) with ISI close to 1.0.
- \* It is recommended to use INR to compensate interlaboratory variations arising due to different batch/products used...
- \* MNPT is mean of Normalised Prothrombin time, for lot specific reagent.

— End of Report —



Dr. Ameer Soni  
MD (Path)



Patient Name	: Ms. SHYAMA SAMANI	Type / IPNO	: IP / 39051
Gender / Age	: Female / 25 Years 10 Months 11 Days	Request No.	: 272019
MR No / Bill No.	: 23248580 / 252083988	Request Date	: 08/10/2024 06:31 PM
Consultant	: Dr. Monika Jani	Collection Date	: 08/10/2024 06:31 PM
Location	: Orchid Single	Approval Date	: 12/10/2024 12:47 PM

**Surgical Biopsy Medium**

Test	Result	Units	Biological Ref. Range
Specimen / Clinical Details	Left sided ovarian cyst ? Endometriosis		
Specimen No.	1019/24		
Gross Examination	Received opened up greyish brown and whitish cyst wall tissue, measuring 6 x 4 cms, having thickness upto 0.6 cms. Some of the pieces have brownish coating on inner surface. No papillary are or solid nodule present.		
Section No.	1019 ABC/24		
Microscopic Findings	Sections show cyst wall lined by hemosiderin laden macrophages as well as endometrial type glandular lining with supportive stroma. The cyst wall is made up of ovarian stroma. The cyst wall shows spindly ovarian stroma and foamy macrophages at places. There is no evidence of neoplastic change.		
HPE Impression	Left sided ovarian cyst : Haemorrhagic endometriotic cyst		

Note : Retention period for biopsy specimen / residual tissue( if any) from specimen submitted for HPE is 30 days, after date of reporting. All sections and blocks for this lab request / specimen number are handed over to patient with this report. Processed tissue is embedded in paraffin blocks, which should not get exposed to direct sun light or heat. Please preserve them properly at ambient temperature for future reference.

— End of Report —

Dr. Rakesh Vaidya  
MD (Path). DCP.



Patient Name : Ms. SHYAMA SAMANI  
Gender / Age : Female / 25 Years 10 Months 13 Days  
MR No / Bill No. : 23248580 / 252085033  
Consultant : Dr. Monika Jani  
Location : Orchid Single

Type / IPNO : IP / 39051  
Request No. : 272579  
Request Date : 10/10/2024 02:31 PM  
Collection Date : 10/10/2024 02:40 PM  
Approval Date : 10/10/2024 03:53 PM

**CBC**

Test	Result	Units	Biological Ref. Range
Haemoglobin	<b>9.7</b>	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.13	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	<b>29.6</b>	%	36 - 46
Mean Corpuscular Volume (MCV)	<b>71.7</b>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<b>23.5</b>	pg	27 - 32
MCH Concentration (MCHC)	32.8	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<b>17.6</b>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	45.1	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	8.44	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	71.6	%	40 - 80
Lymphocytes	<b>18.7</b>	%	20 - 40
Eosinophils	2.4	%	1 - 6
Monocytes	6.8	%	2 - 10
Basophils	0.5	%	0 - 2
Polymorphs (Abs. Value)	6.05	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.58	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.20	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.57	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.6	%	1 - 3 : Borderline > 3 : Significant

**Platelet Count**

Platelet Count : **506** thou/cmm 150 - 410

Remarks

This is cell counter generated CBC report, Smear review is not done

Test results are dependent on a variety of variables & factors including, but not limited to, the patient's condition, the laboratory's quality control, and the operator's skill. Results are not to be used for clinical diagnosis without the aid of a qualified physician.





Patient Name	: Ms. SHYAMA SAMANI	Type / IPNO	: IP / 39051
Gender / Age	: Female / 25 Years 10 Months 13 Days	Request No.	: 272579
MR No / Bill No.	: 23248580 / 252085033	Request Date	: 10/10/2024 02:31 PM
Consultant	: Dr. Monika Jani	Collection Date	: 10/10/2024 02:40 PM
Location	: Orchid Single	Approval Date	: 10/10/2024 03:53 PM

**CBC**

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.  
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+5meqr verification.

--- End of Report ---

Dr. Ameet Soni  
MD (Path)

Test results are dependent on number of workers & technical assistance. When  
it is used to make a decision in clinical diagnosis and other related matters, no  
any one of these is made. Each test result may be requested.



Patient Name : Ms. SHYAMA SAMANI  
 Gender / Age : Female / 25 Years 10 Months 13 Days  
 MR No / Bill No. : 23248580 / 252085033  
 Consultant : Dr. Monika Jani  
 Location : Orchid Single

Type / IPNO : IP / 39051  
 Request No. : 272579  
 Request Date : 10/10/2024 02:31 PM  
 Collection Date : 10/10/2024 02:40 PM  
 Approval Date : 10/10/2024 03:53 PM

**Electrolyte (Na+ and K+)**

Test	Result	Units	Biological Ref. Range
Sodium (Na+) (Done by Direct ISE - Potentiometric on Vitros 5600)	139	meq/L	136 - 146
Potassium (K+) (Done by Direct ISE - Potentiometric on Vitros 5600)	3.5	meq/L	3.4 - 5.1

--- End of Report ---



Dr. Ameer Soni  
MD (Path)



- Computerized Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Magnetic Resonance Imaging (MRI)
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23248580      Report Date : 10/10/2024  
 Request No. : 190139984      07/10/2024 12.54 PM  
 Patient Name : **Ms. SHYAMA SAMANI**  
 Gender / Age : Female / 25 Years 10 Months 10 Days  
 IP No : 39051

**CT Whole Abdomen with Contrast**

**Clinical History:** Left ovarian lesion - ? endometriotic cyst.

**Technique:** A plain and contrast study has been performed on a multi-slice machine. Non-ionic contrast has been used. Diluted mannitol has been administered as oral contrast. Additional few delayed sections also have been obtained.

**OBSERVATIONS:**

There is moderate size multiseptated left ovarian cystic lesion seen. It measures around 8.9 x 7.9 x 7.5 cm (transverse x anteroposterior x craniocaudal). This lesion has multiloculated component along its inferolateral aspect which shows hyperattenuated contents / blood products within. Otherwise, no significant soft tissue component or papillary projection in this lesion is observed.

The left ureter passes posterolateral to the lesion. Splaying of adjacent small bowel loop as well as adjacent sigmoid colon is observed.

There is intensely enhancing left adnexal lesion of around 1.8 x 1.7 cm also observed.

The right ovary appears bulky. It shows few follicles within which show slightly hyperattenuated content with corresponding MRI T2 weighted sequence shows T2 shading effect.

Liver appears normal in size. No focal hepatic lesion is seen. There is no dilatation of the intrahepatic biliary radicals. The intrahepatic vasculature appears unremarkable.

Gall bladder is adequately distended. There is no evidence of any radio-opaque gall bladder calculus or gall bladder wall thickening. The CBD is not dilated.

Pancreatic parenchymal morphology and lobulations are preserved. There is no pancreatic

\*ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 \*NOT VALID FOR MEDICO-LEGAL PURPOSES  
 \*CLINICAL CORRELATION RECOMMENDED



**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23248580      Report Date : 10/10/2024  
Request No. : 190139984      07/10/2024 12.54 PM  
Patient Name : **Ms. SHYAMA SAMANI**  
Gender / Age : Female / 25 Years 10 Months 10 Days  
IP No : 39051

**CT Whole Abdomen with Contrast**

parenchymal calcification and ductal dilatation.

Spleen is normal in size. No focal splenic lesion is seen.

Both adrenal glands are unremarkable.

Both kidneys are normal in size, shape and position. There is no hydronephrosis or cortical scarring. There are no calculi seen. Bilateral perinephric fat planes are unremarkable. Both ureter and periureteric fat planes are unremarkable. The contrast enhancement and excretion of both kidneys are preserved.

Celliac artery, superior mesenteric artery and inferior mesenteric artery are unremarkable. The portal vein, splenic vein and superior mesenteric vein are patent.

There is no ascites.

There is no significant adenopathy seen in the mesentery or in the retroperitoneum.

There is no significant peritoneal or omental abnormality as such perceived.

Visualized lower chest appears unremarkable.

The bone window settings do not demonstrate any significant lytic or sclerotic lesion.

**IMPRESSION:**

- **Moderate size left ovarian cystic lesion observed with this lesion has multiloculated component along its posterolateral aspect which shows hyperattenuated contents / T2 shading effect on limited T2 weighted sequence. It likely represents endometriotic cyst. Left ureter passes left posterolaterally to the lesion. Splaying of adjacent small bowel loop observed. The sigmoid colon passes superior and medially to the lesion.**

ULTRASOUND CANNOT DETECT ALL NERVOUS TISSUES  
NOT VALID FOR MEDICO-LEGAL PURPOSES  
CLINICAL CORRELATION RECOMMENDED



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23248580      Report Date : 10/10/2024  
Request No. : 190139984      07/10/2024 12.54 PM  
Patient Name : Ms. SHYAMA SAMANI  
Gender / Age : Female / 25 Years 10 Months 10 Days  
IP No : 39051

CT Whole Abdomen with Contrast

- Few hemorrhagic follicles in the right ovary favoring endometriotic cysts also observed.
- Small intensely enhancing lesion noted in the left adnexa which shows corresponding gross T2 hypointensity on limited MRI cuts - ? small broad ligament fibroid - ? endometrial deposit in the left ovarian parenchyma.

ULTRA SONOGRAPHY CANNOT DETECT ALL MINOR LESIONS  
NOT VALID FOR MEDICO-LEGAL PURPOSES  
CLINICAL CORRELATION RECOMMENDED

Dr. Kaushal V Sheth,  
Consultant Radiologist



M. Day. R

Patient No. : 23248580      Report Date : 07/10/2024  
Request No. : 190139960      07/10/2024 12.30 PM  
Patient Name : Ms. SHYAMA SAMANI  
Gender / Age : Female / 25 Years 10 Months 10 Days  
IP No : 39051

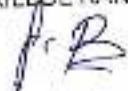
**Echo Color Doppler**

MITRAL VALVE	: TRIVIAL MR, NO MS
AORTIC VALVE	: TRILEAFLET, NO AR, NO AS
TRICUSPID VALVE	: TRIVIAL TR, NO PAH,
PULMONARY VALVE	: NORMAL
LEFT ATRIUM	: NORMAL
AORTA	: NORMAL
LEFT VENTRICLE	: NORMAL, NO REGIONAL WALL MOTION ABNORMALITY, LVEF=60%
RIGHT ATRIUM	: NORMAL
RIGHT VENTRICLE	: NORMAL
I.V.S.	: INTACT
I.A.S.	: INTACT
PULMONARY ARTERY	: NORMAL
PERICARDIUM	: NORMAL
COLOUR/DOPPLER FLOW MAPPING	: TRIVIAL MR, TR, NO PAH

**FINAL CONCLUSION:**

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NORMAL LV DIASTOLIC FUNCTION
6. TRIVIAL MR, TR, NO PULMONARY HYPERTENSION.
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. KILLOL KANERIA MD, DM, Consultant Cardiologist



Patient No. : 23248580      Report Date : 07/10/2024  
Request No. : 190139960      07/10/2024 12:30 PM  
Patient Name : Ms. SHYAMA SAMANI  
Gender / Age : Female / 25 Years 10 Months 10 Days  
IP No : 39051

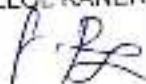
### Echo Color Doppler

MITRAL VALVE	: TRIVIAL MR, NO MS
AORTIC VALVE	: TRILEAFLET, NO AR, NO AS
TRICUSPID VALVE	: TRIVIAL TR, NO PAH,
PULMONARY VALVE	: NORMAL
LEFT ATRIUM	: NORMAL
AORTA	: NORMAL
LEFT VENTRICLE	: NORMAL, NO REGIONAL WALL MOTION ABNORMALITY, LVEF=60%
RIGHT ATRIUM	: NORMAL
RIGHT VENTRICLE	: NORMAL
I.V.S.	: INTACT
I.A.S.	: INTACT
PULMONARY ARTERY	: NORMAL
PERICARDIUM	: NORMAL
COLOUR/DOPPLER FLOW MAPPING	: TRIVIAL MR, TR, NO PAH

### FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NORMAL LV DIASTOLIC FUNCTION
6. TRIVIAL MR, TR, NO PULMONARY HYPERTENSION,
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. KILLOL KANERIA MD, DM, Consultant Cardiologist

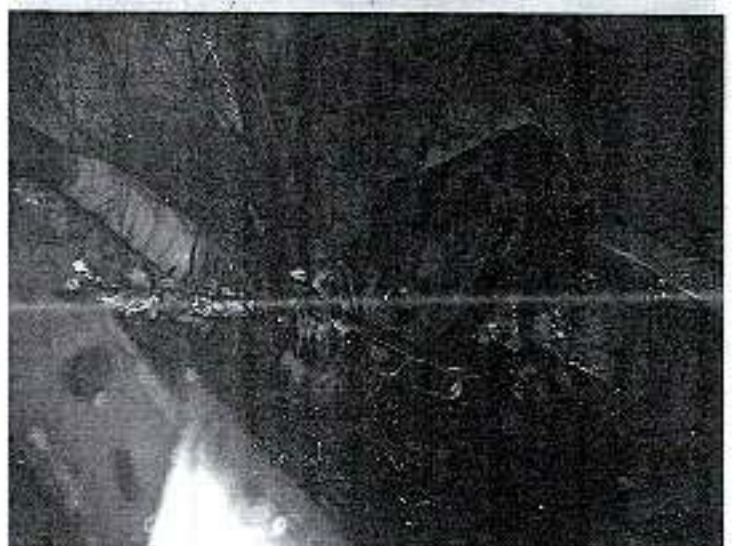
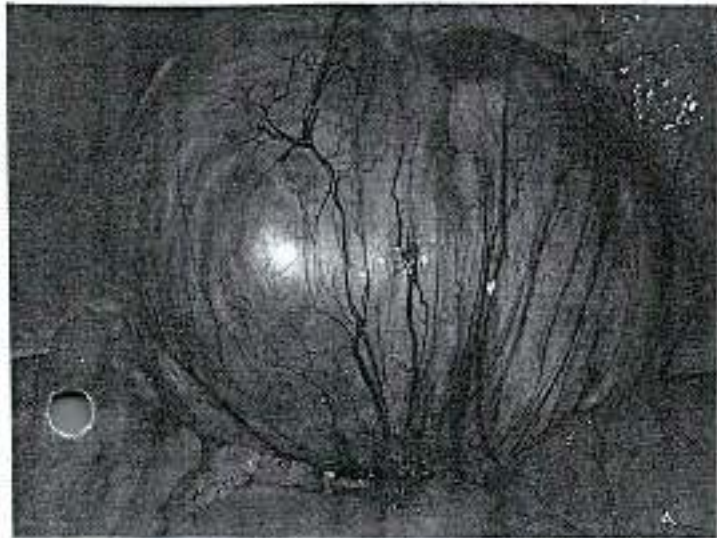






**SHYAMA SAMANI 25/F** **OT**  
**Dr. Monika Jani**  
**MD Gynaecology )**

**Date 08/10/2024**



MR NO. : 23248580  DATE : 15/10/2024  
PATIENT NAME : MS.SHYAMA SAMANI TIME : 11:10 AM  
AGE : 25Y 10M DOCTOR NAME: DR.MONIKA JANI  
GENDER : FEMALE DEPARTMENT : OBSTETRICS AND GYNAECOLOGY

**PRESENTING COMPLAINTS:**

LAPAROSCOPIC OVARIAN CYSTECTOMY DONE  
FOR SR TODAY  
7 TH DAY OF BLEEDING

**CLINICAL EXAMINATION:**

SR DONE, WOUND WELL HEALED

**CLINICAL IMPRESSION:**

HP REPORT S/O H,AGIC ENDOMETRIOTIC CYST

S.No	DRUG NAME	DOSAGE	FREQUENCY	ROUTE	DURATION	REMARKS
1	TAB. ENDOREG 2MG. (DIENOGEST)	0-0-1		ORAL	30 Days	
2	TAB. TONOFOLIC-Z * (FERROUS FUMARATE +FOLIC ACID+ZINC SULPHATE)	0-1-0		ORAL	30 Days	
3	CAP. BECOSULES Z (THIAMINE MONONITRATE+RIBOFLAVINE+VIT .B12+NIACINAMIDE+CALCIUM PANTOTHENATE+FOLIC ACID+BIOTIN+ASCORBIC ACID+ZINC SULPHATE)	0-1-0		ORAL	30 Days	

**ADVICE:**

FOLLOW UP AFTER WEEK

  
Dr. MONIKA JANI  
CONSULTANT OBSTETRICS AND GYNECOLOGY  
Reg No :G-4001

Print Date & Time : 15/10/2024 11.52 AM

Page 1 of 1

MR NO. : 23248580		DATE : 23/10/2024
PATIENT NAME : MS.SHYAMA SAMANI		TIME : 11:10 AM
AGE : 25Y 10M		DOCTOR NAME: DR.MONIKA JANI
GENDER : FEMALE		DEPARTMENT : OBSTETRICS AND GYNAECOLOGY

**PRESENTING COMPLAINTS:**

LAPAROSCOPIC OVARIAN CYSTECTOMY DONE 15 DAYS AGO  
FOR FOLLOW UP

**CLINICAL EXAMINATION:**

VITAL SIGNS ; NORMAL  
RS/CVS : NAD  
P/A : WOUND WELL HEALED

S.No	DRUG NAME	DOSAGE	FREQUENCY	ROUTE	DURATION	REMARKS
1	TAB. ENDOREG 2MG. (DIENOGEST)	0-0-1		ORAL	90 Days	
2	CAP. BECOSULES Z (THIAMINE MONONITRATE+RIBOFLAVINE+VIT .B12+NIACINAMIDE+CALCIUM PANTOTHENATE+FOLIC ACID+BIOTIN+ASCORBIC ACID+ZINC SULPHATE)	0-1-0		ORAL	30 Days	
3	TAB. TONOFOLIC-Z* (FERROUS FUMARATE +FOLIC ACID+ZINC SULPHATE) AFTER DINNER	0-0-1	OD(10PM)	ORAL	90 Days	

*Monika Jani*  
Dr. MONIKA JANI  
CONSULTANT OBSTETRICS AND GYNECOLOGY  
Reg No :G-4001

Print Date & Time : 23/10/2024 12.04 PM

Page 1 of 1

Rate 75 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation  
 Sinus rhythm.....normal P axis, V-rate 50- 99

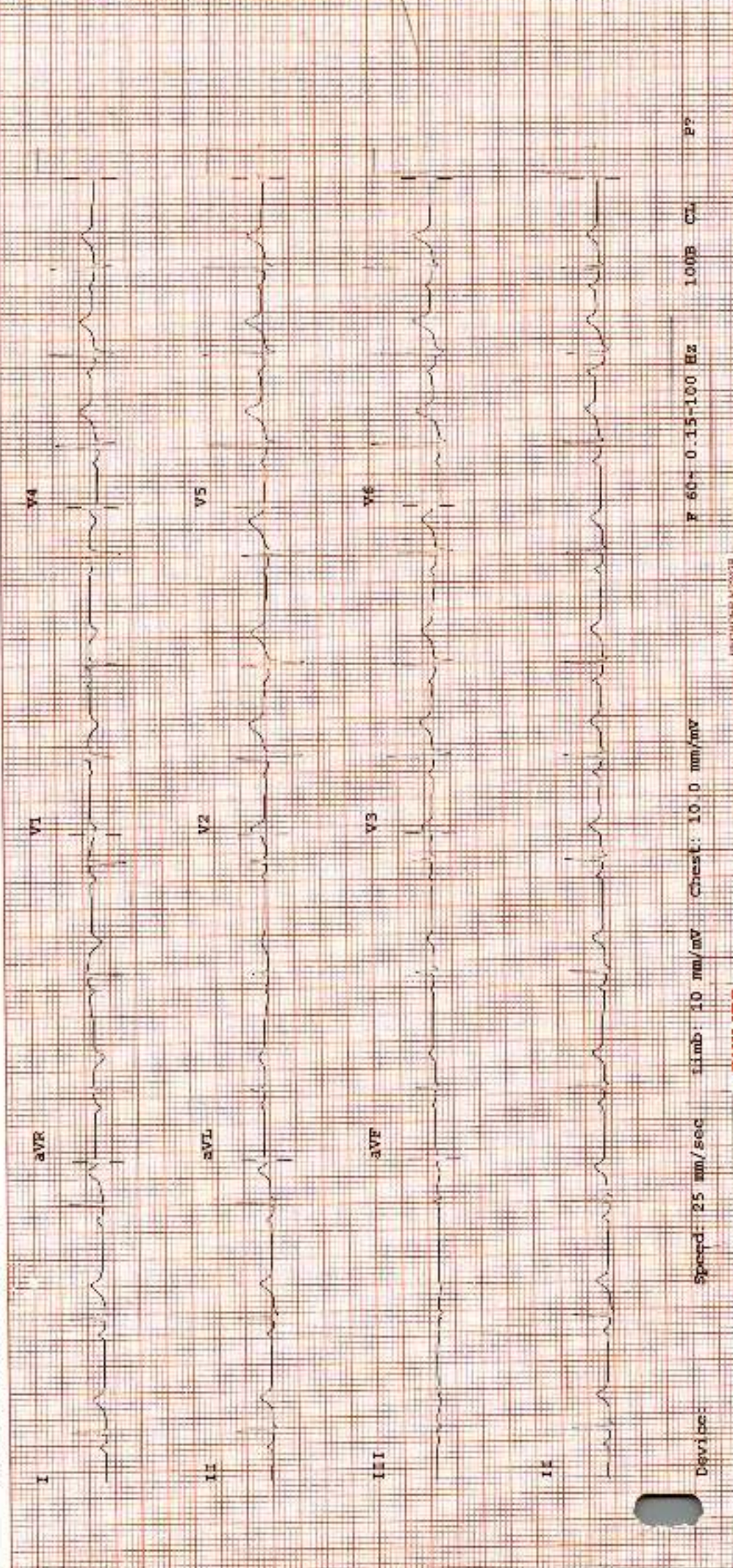
PR 143  
 QRS 87  
 QT 364  
 QTc 407

--AXIS--  
 P 32  
 QRS 28  
 T 24

12 Lead: Standard Placement

-- NORMAL ECG --

Unconfirmed Diagnosis



MR SHIVANI SURESH  
 Female : 25 Yrs Adm. Dt: 31-Oct-24  
 MR No. 23240300 IP No : 35354  
 Room: AL T: MIDU RECOVERY  
 Dr. Kanchana J



Speed: 25 mm/sec    Limb: 10 mm/mV    Chest: 10.0 mm/mV

F 60+ 0.15-100 Hz    1.00B CL    P?

**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23248580      Report Date : 10/10/2024  
Request No. : 190139984      07/10/2024 12.54 PM  
Patient Name : **Ms. SHYAMA SAMANI**  
Gender / Age : Female / 25 Years 10 Months 10 Days  
IP No : 39051

**CT Whole Abdomen with Contrast**

**Clinical History:** Left ovarian lesion - ? endometriotic cyst.

**Technique:** A plain and contrast study has been performed on a multi-slice machine. Non-ionic contrast has been used. Diluted mannitol has been administered as oral contrast. Additional few delayed sections also have been obtained.

**OBSERVATIONS:**

There is moderate size multiseptated left ovarian cystic lesion seen. It measures around 8.9 x 7.9 x 7.5 cm (transverse x anteroposterior x cranio-caudal). This lesion has multiloculated component along its inferolateral aspect which shows hyperattenuated contents / blood products within. Otherwise, no significant soft tissue component or papillary projection in this lesion is observed.

The left ureter passes posterolateral to the lesion. Splaying of adjacent small bowel loop as well as adjacent sigmoid colon is observed.

There is intensely enhancing left adnexal lesion of around 1.8 x 1.7 cm also observed.

The right ovary appears bulky. It shows few follicles within which show slightly hyperattenuated content with corresponding MRI T2 weighted sequence shows T2 shading effect.

Liver appears normal in size. No focal hepatic lesion is seen. There is no dilatation of the intrahepatic biliary radicals. The intrahepatic vasculature appears unremarkable.

Gall bladder is adequately distended. There is no evidence of any radio-opaque gall bladder calculus or gall bladder wall thickening. The CBD is not dilated.

Pancreatic parenchymal morphology and lobulations are preserved. There is no pancreatic

**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23248580      Report Date : 10/10/2024  
Request No. : 190139984      07/10/2024 12.54 PM  
Patient Name : **Ms. SHYAMA SAMANI**  
Gender / Age : Female / 25 Years 10 Months 10 Days  
IP No : 39051

**CT Whole Abdomen with Contrast**

parenchymal calcification and ductal dilatation.

Spleen is normal in size. No focal splenic lesion is seen.

Both adrenal glands are unremarkable.

Both kidneys are normal in size, shape and position. There is no hydronephrosis or cortical scarring. There are no calculi seen. Bilateral perinephric fat planes are unremarkable. Both ureter and periureteric fat planes are unremarkable. The contrast enhancement and excretion of both kidneys are preserved.

Celiac artery, superior mesenteric artery and inferior mesenteric artery are unremarkable. The portal vein, splenic vein and superior mesenteric vein are patent.

There is no ascites.

There is no significant adenopathy seen in the mesentery or in the retroperitoneum.

There is no significant peritoneal or omental abnormality as such perceived.

Visualized lower chest appears unremarkable.

The bone window settings do not demonstrate any significant lytic or sclerotic lesion.

**IMPRESSION:**

- **Moderate size left ovarian cystic lesion observed with this lesion has multiloculated component along its posterolateral aspect which shows hyperattenuated contents / T2 shading effect on limited T2 weighted sequence. It likely represents endometriotic cyst. Left ureter passes left posterolaterally to the lesion. Splaying of adjacent small bowel loop observed. The sigmoid colon passes superior and medially to the lesion.**

• U/LIN SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
• NOT VALID FOR MEDICAL LEGAL PURPOSES  
• CLINICAL CORRELATION RECOMMENDED

**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23248580      Report Date : 10/10/2024  
Request No. : 190139984      07/10/2024 12.54 PM  
Patient Name : **Ms. SHYAMA SAMANI**  
Gender / Age : Female / 25 Years 10 Months 10 Days  
IP No : 39051

**CT Whole Abdomen with Contrast**

- **Few hemorrhagic follicles in the right ovary favoring endometriotic cysts also observed.**
- **Small intensely enhancing lesion noted in the left adnexa which shows corresponding gross T2 hypointensity on limited MRI cuts - ? small broad ligament fibroid - ? endometrial deposit in the left ovarian parenchyma.**

ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
NOT VALID FOR MEDICOLEGAL PURPOSES  
CLINICAL CORRELATION RECOMMENDED



**Dr. Kaushal V Sheth,**  
Consultant Radiologist



# PARAMOUNT DIAGNOSTIC & RESEARCH CENTRE - 2

( A unit of Paramount Charity Trust )

**DIGITAL X-RAY, ULTRA SOUND, COLOUR DOPPLER & MAMMOGRAPHY**

Opp. Bramhan Sabha Hall, Pratap Road, Dandia Bazar, Vadodara. Phone : 0265-2423233/6352734810

PATIENT'S NAME :

EXAM. NO. :

EXAMINATION :

DATE :

NAME : SHYAMA SAMANI

AGE : 26 Y/F

DATE : 01/10/2024

## ULTRASOUND PELVIS (TAS)

### OBSERVATIONS:

#### **Retroverted uterus...**

The uterus measures 77mm x 42.5 mm x 36 mm (volume 62.05 cc).

The combined endometrial thickness measures 7.8 mm.

The myometrium is normal. There is no focal lesion within.

The cervix is normal in morphology and echopattern.

The right ovary measures 28mm x 17mm in size.

**Large 100.6 x 84.2 x 60.2 mm (267 cc) size cystic lesion filled with homogenous internal echoes noted in left adnexal region. Few thick internal septations noted within.**

No evidence of free fluid in culde sac is seen.

The urinary bladder is physiologically distended and non-lithiasic. The walls are normal. There are no internal echoes in the urine.

### CONCLUSION:

- Large left ovarian cyst --- endometriotic cyst.



**DR. RAJAN PATEL (M.D.)  
CONSULTANT RADIOLOGIST**

24 hours 128 Slice Cardiac CT Scan / MRI facility with extra emergency charge for emergency patients.  
AMBULANCE SERVICE AVAILABLE





# Karelibaug Diagnostic Centre

• MRI • Multislice Whole body CT scan  
• CT Angiography • Sonography • Color Doppler • Digital X-Ray

**NAME: SHYAMA SAMANI, F/ 24 YRS**

**DATE: 10/09/2024**

## U.S.G. OF PELVIS

**Clinical Profile: Patient is a K/C/O Bilateral endometrioma.**

Both VUJ jet appear normal.

**Urinary bladder** is well filled. No evidence of calculus or mass seen.

Pre void urinary volume measures about 184 cc.

No significant postvoid residual volume.

**Uterus is retroverted** measures about 49 x 28 x 33 mm = 24 cc and shows a well defined soft tissue nodular area along its lateral aspect measures about 18 x 13 mm – rudimentary uterine tissue likely.

Endometrial thickness is 6.0 mm.

**Right ovary** measures 37 x 19 x 36 mm = 13 ml and shows a well defined mildly hyperechoic cystic area of size 26 x 24 x 23 mm with internal ground glass echoes – Suggestive of endometrioma.

There is a large well defined multiloculated cystic lesion with internal echoes noted in the left adnexa with no separate visualization of the left ovary – Suggestive of large endometriotic cyst measures about 106 x 62 x 90 mm = 312 cc.

No free fluid in cul-de-sac.

### IMPRESSION:

- Retroverted uterus showing a well defined soft tissue nodular area along its lateral aspect – rudimentary uterine tissue likely.
- A well defined mildly hyperechoic cystic area in the right ovary with internal ground glass echoes – Suggestive of endometrioma.
- A large well defined multiloculated cystic lesion with internal echoes in the left adnexa with no separate visualization of the left ovary – Suggestive of large endometriotic cyst.

As compared to previous MRI scan dated 19/07/2024,

- No significant interval change is noted.

*Clinical correlation would be valuable.*

**Dr. Rohan Bhanushali**  
M.D. (Radio-Diagnosis)

**PROCESSED AT :****Thyrocare**

201 Commerce Six Complex,  
T.P.S No 19, F.P No 265,  
Nr. Samved Hospital, Navrangpura  
Ahmedabad 380009

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 | 98706 66333 | wellness@thyrocare.com

**9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable**

**NAME** : SHYAMA SAMANI (26Y/F)  
**REF. BY** : SELF  
**TEST ASKED** : CA-125

**SAMPLE COLLECTED AT :**  
SPANDAN HOUSE, BASEMENT, ARPITA NAGAR,  
BESIDE SHAKTI FARSAN, OPP JALARAM LASSI  
CENTRE, ELLORA PARK, VADGDARA 390007 -  
390023

**PATIENTID** : S517924266

TEST NAME	TECHNOLOGY	VALUE	UNITS
<b>CA-125</b>	<b>C.L.I.A</b>	<b>82.4</b>	<b>U/mL</b>

**Bio. Ref. Interval. :-**

Less than 30.2 U/ml

**Clinical Significance:**

CA-125 is used to monitor therapy during treatment for Ovarian Cancer. CA125 is also to detect or monitor whether there is a recurrence of cancer or malignancy after surgical removal of tumor or radiation therapy or chemotherapy (antineoplastic drugs). This test is sometimes used to follow High-Risk women who have a family history of Ovarian Cancer. CA-125 may normally be increased in early pregnancy and during menstruation. It can also be increased in diseases such as Pelvic Inflammatory Disease or Endometriosis and sometimes in Hepatitis and Cirrhosis of the liver.

**Specifications:**

Precision: Intra Assay (%CV): 4.3 %, Inter Assay (%CV): 2.5%; Sensitivity: 2.0 U/ml

**Kit Validation References:**

Mackey SE, Creasman WT. Ovarian Cancer Screening. J. Clin Oncol 1995; 13(3): 763 - 93.

**Please correlate with clinical conditions.**

**Method:-** TWO SITE SANDWICH IMMUNOASSAY

**Sample Collected on (SCT)** : 01 Oct 2024 09:45  
**Sample Received on (SRT)** : 01 Oct 2024 17:12  
**Report Released on (RRT)** : 01 Oct 2024 22:30  
**Sample Type** : SERUM  
**Labcode** : 0110095154/AE619  
**Barcode** : CO653757



*Margee Shah*  
Dr Margee Shah MD (Path)

*Yukti Shah*  
Dr Yukti Shah, MD (Path)

**PROCESSED AT :**

**Thyrocare**

201 Commerce Six Complex,  
T.P.S No 19, F.P No 265,  
Nr. Samved Hospital, Navrangpura  
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**NAME :** SHYAMA SAMANI (26Y/F)  
**REF. BY :** SELF  
**TEST ASKED :** HEMOGRAM  
**PATIENTID :** SS17924266

**SAMPLE COLLECTED AT :**  
SPANDAN HOUSE, BASEMENT, ARPITA NAGAR,  
BESIDE SHAKTI FARSAH, OPP JALARAM LASSI  
CENTRE, ELLORA PARK, VADODARA 390007 -  
390023

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interva
TOTAL LEUCOCYTES COUNT (WBC)	HF & FC	6.39	X 10 <sup>9</sup> / $\mu$ L	4.0 - 10.0
NEUTROPHILS	Flow Cytometry	50.4	%	40-80
LYMPHOCYTE	Flow Cytometry	38.2	%	20-40
MONOCYTES	Flow Cytometry	7	%	2-10
EOSINOPHILS	Flow Cytometry	3.1	%	1-6
BASOPHILS	Flow Cytometry	0.8	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	Flow Cytometry	0.2	%	0.0-0.4
NEUTROPHILS - ABSOLUTE COUNT	Calculated	3.22	X 10 <sup>9</sup> / $\mu$ L	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	Calculated	2.44	X 10 <sup>9</sup> / $\mu$ L	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	Calculated	0.45	X 10 <sup>9</sup> / $\mu$ L	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	Calculated	0.05	X 10 <sup>9</sup> / $\mu$ L	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	Calculated	0.22	X 10 <sup>9</sup> / $\mu$ L	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	Calculated	0.01	X 10 <sup>9</sup> / $\mu$ L	0.0-0.3
TOTAL RBC	HF & EI	4.3	X 10 <sup>6</sup> / $\mu$ L	3.8-4.8
NUCLEATED RED BLOOD CELLS	Calculated	0.01	X 10 <sup>9</sup> / $\mu$ L	0.0-0.5
NUCLEATED RED BLOOD CELLS %	Flow Cytometry	0.31	%	0.0-5.0
HEMOGLOBIN	SLS-Hemoglobin Method	10.3	g/dL	12.0-15.0
HEMATOCRIT(PCV)	CPH Detection	32.5	%	36.0-46.0
MEAN CORPUSCULAR VOLUME(MCV)	Calculated	75.6	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	Calculated	24	pg	27.0-32.0
MEAN CORP. HEMO. CONC(MCHC)	Calculated	31.7	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	Calculated	49.5	fL	39.0-46.0
RED CELL DISTRIBUTION WIDTH (RDW-CV)	Calculated	18.6	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	Calculated	9	fL	9.8-15.2
MEAN PLATELET VOLUME(MPV)	Calculated	9	fL	6.5-12
PLATELET COUNT	HF & EI	580	X 10 <sup>9</sup> / $\mu$ L	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	Calculated	16.3	%	19.7-42.4
PLATELETCRIT(PCT)	Calculated	0.52	%	0.19-0.39

**Remarks :** Alert!!! RBCs: Moderate anisocytosis mild poikilocytosis. Predominantly normocytic normochromic with microcytes & ovalocytes.  
Platelets: Appear Mildly increased in smear.

Clinical history is asked for all the relevant abnormalities detected and in absence / failure of receiving of clinical history, results are rechecked twice and released. Advised clinical correlation.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(Reference : \*FC- flow cytometry, \*HF- hydrodynamic focussing, \*EI- Electric Impedance, \*Hb- hemoglobin, \*CPH- Cumulative pulse height)

— End of report —

**Sample Collected on (SCT)** : 01 Oct 2024 09:45  
**Sample Received on (SRT)** : 01 Oct 2024 17:19  
**Report Released on (RRT)** : 01 Oct 2024 19:09  
**Sample Type** : EDTA Whole Blood  
**Labcode** : 0110095700/AE619  
**Barcode** : CM390866



Dr Margee Shah MD (Path)

Dr Yukti Shah, MD (Path)

Page : 2 of 4

File No: 20241007B007RH39037

Medsave Health Insurance TPA Ltd	
Film Verification Sheet	
No of films Received	4 - Films
Type of film ( Xray, CT and MRI etc)	4 - X Ray
Date of Film	10-09-24, 10-10-24, 7-10-24, -1-10-24
Age and Name of the patient mentioned on film	29 - F. SHYAMA.
Hospital/ Diagnostic Name	Karolbag, Delhi - 2 - Blue Tulip
1. Fracture Noted	
2. Implant Noted	
Xray Report Present ( yes/ No)	Yes
Final Remarks	
Verified by Name of ( Doctor/ Branch Manager)	Gin3k
Signature	Gin3k
Date of Verification	04-11-24
<p>Note: All films should be retained in the file - the same should not be returned to the insured/patient.                      However if the insured or Patient requires it for their future reference then we should take a written note from them and thereafter takes an written approval from the insurance company before handing over films to them. Acknowledgment of the film</p>	
C D: Res.	

MEDSAVE HEALTH INSURANCE TPA LTD.  
 FILM ATTACHMENT  
 DATE: 04-11-24  
 SIGN: Gin3k



**VADODARA MUNICIPAL CORPORATION**  
**HEALTH DEPARTMENT**

*Administrative Wing, Khanderao Market Main Building, Vadodara-390 209*

**FORM "C"**

*Certificate of Registration*

*This is to Certify that*

*BHAILAL AMIN GENERAL HOSPITAL*

*has been registered with Vadodara Municipal Corporation as*

*HOSPITAL*

*and has been authorised to carry on the said Medical Facility\* at:*

*GORWA, VADODARA, BHAILAL AMIN MARG, OPPOSITE  
ALEMBIC LTD., VADODARA - 390003*

*Registration No:-* REG20W010012

*Valid From* 01/04/2020 *up to* 31/03/2025



\*The Medical Facility has been registered under various provisions of  
- Gujarat (Bombay) Nursing Home Registration Act, 1949  
- G(B)PMC Act, 1949  
- PC & PNDT Act, 1994  
- Birth & Death Registration Act, 1969