

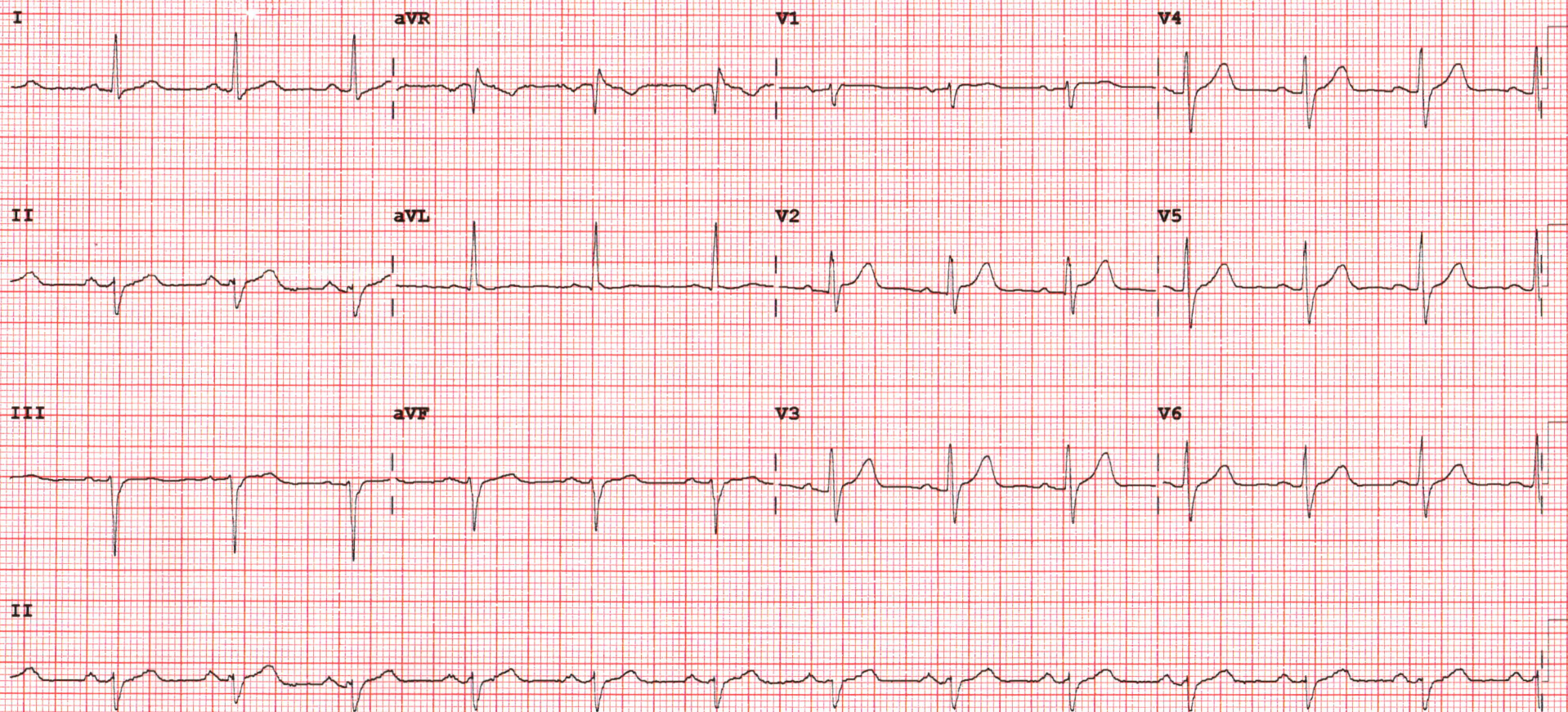
51 Years

Rate 78  
PR 172  
QRSD 106  
QT 380  
QTc 433

--AXIS--

P 49  
QRS -53  
T 47

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-150 Hz W

PH09

P?



## **2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT**

**NAME: SALIMBHAI GHANCHI**

**AGE/SEX: 51 YRS/MALE**

**DATE: 10/06/2024**

**REF BY: DIRECT**

### **OBSERVATION:**

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST.
- GRADE I LV DIASTOLIC DYSFUNCTION.
- TRIVIAL MR. NO MS.
- NO AR. NO AS.
- TRIVIAL TR. NO PAH.
- NORMAL SIZED LA, RA & RV WITH NORMAL RV SYSTOLIC FUNCTION.
- NORMAL SIZED MPA, RPA & LPA.
- INTACT IAS & IVS.
- NO E/O INTRACARDIAC CLOT/VEGETATION/PE.
- NORMAL IVC.
- NORMAL PERICARDIUM.

**LA: 36MM**

**AO: 27MM**

**IVS: 12/15MM**

**LVPW: 11/14MM**

**LVID: 46/30MM**

### **CONCLUSION:**

- NORMAL LV/RV SIZE AND SYSTOLIC FUNCTION.
- NO RWMA AT REST.
- LVEF = 60% (VISUAL).

**DR. NIRAV BHALANI**  
[CARDIOLOGIST]

**DR. ARVIND SHARMA**  
[CARDIOLOGIST]



PATIENT NAME: SALIMBHAI GHANCHI

AGE/SEX: 51 YRS/M

DATE: Monday, 10 June 2024

**ULTRASOUND OF ABDOMEN & PELVIS**

**LIVER** appears normal in size and **shows raised parenchymal echogenicity**. No evidence of focal lesion. No evidence of dilated IHBR or portal vein. CBD appears normal.

**GALL BLADDER** is distended. No e/o wall thickening, pericholecystic edema or calculus within.

**VISUALIZED PART OF PANCREAS** appears normal. MPD is WNL.

**SPLEEN** appears normal in size and shows normal parenchymal echogenicity. No evidence of focal lesion.

**BOTH KIDNEYS** appear normal in size and position.

Show normal cortical echogenicity. Corticomedullary differentiation is maintained.

No calculus or hydronephrosis on either side.

**URINARY BLADDER** is full. Mucosal surface appears smooth with no e/o obvious wall thickening or calculus within.

**PROSTATE** appears normal in size. No evidence of focal lesion noted.

**BOWEL LOOPS** appear normal and show normal peristalsis

No evidence of LYMPHADENOPATHY noted.

No evidence of ASCITES or PLEURAL EFFUSION noted.

**IMPRESSION:**

- **GRADE II FATTY LIVER.**

  
**DR SHARAD RUNGTA (MD & DNB)**  
**CONSULTANT RADIOLOGIST**

*Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.*



PATIENT NAME: SALIMBHAI GHANCHI

AGE/SEX: 51 YEARS /M

DATE: Monday, 10 June 2024

CHEST X-RAY (PA)

Both lung fields appear normal.

Both hila appear normal

Bilateral costo-phrenic angles appear grossly clear

Mediastinum and cardiac shadow appear normal

Bony thorax appears unremarkable

No evidence of free gas under domes of diaphragm

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY NOTED IN LUNG FIELDS
- NORMAL CARDIAC SHADOW

  
DR SHARAD RUNGTA (MD & DNB)  
CONSULTANT RADIOLOGIST

*Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.*



# Savita

**Superspeciality Hospital**  
(A Unit of Solace Healthcare Pvt. Ltd.)

Parivar Char Rasta, Waghodia-Dabhoi Ring Road, Vadodara-390019

☎ 0265-2578844 / 2578849 📱 63596 88442

✉ contact@savitahospital.com 🌐 www.savitahospital.com

**Patient Name :** Salimbhai . Ghanch

**Sample No. :** 20240602444



**Patient ID :** 20240601759

**Visit No. :** OPD20240605814

**Age / Sex :** 51y/Male

**Call. Date :** 10/06/2024 09:39

**Consultant :** DR KANCHI DESAI

**S. Coli. Date :** 10/06/2024 10:05

**Ward :** -


**Report Date :** 10/06/2024 16:52

## CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	16.8 gm/dl	13.5 to 18.0 gm/dl
P.C.V. :	51.9 %	42.0 to 52.0 %
M.C.V. :	80.1 fL	78 to 100 fL
M.C.H. :	25.9 pg [L]	27 to 31 pg
M.C.H.C. :	32.4 g/dl	32 to 36 g/dl
RDW :	11.6 %	11.5 to 14.0 %
RBC Count :	6.48 X 10 <sup>6</sup> /cumm [L]	4.7 to 6.0 X 10 <sup>6</sup> /cumm
Polymorphs :	62 %	38 to 70 %
Lymphocytes :	34 %	15 to 48 %
Eosinophils :	2 %	0 to 6 %
Monocytes :	2 % [L]	3 to 11 %
Basophils :	0 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	8200 /cmm	4000 to 10000 /cmm
Platelets Count :	296000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	9 mm/hr	1 to 13 mm/hr

**Dr.Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**



<b>Patient Name :</b>	Salimbhai . Ghanchi	<b>Sample No. :</b>	20240602444 
<b>Patient ID :</b>	20240601759	<b>Visit No. :</b>	OPD20240605814
<b>Age / Sex :</b>	51y/Male	<b>Call. Date :</b>	10/06/2024 09:39
<b>Consultant :</b>	DR KANCHI DESAI	<b>S. Coll. Date :</b>	10/06/2024 10:05
<b>Ward :</b>	-	<b>Report Date :</b>	10/06/2024 16:52

### Blood Group

Investigation	Result	Normal Value
<b>BLOOD GROUP :</b>		
ABO	B	
Rh	Positive	

### FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	138 mg/dl [H]	74 - 100 mg/dl
Urine Sugar ( FUS ) :	Nil	

### RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	0.6 mg/dl	0.6 - 1.4 mg/dl
Urea :	15 mg/ dl	13 - 45 mg/dl
Uric Acid :	5 mg/dl	3.5 - 7.2 mg/dl
Calcium :	9.2 mg/dl	8.5 - 10.5
Phosphorus :	4.2 mg/dl	1.5 - 6.8

**Dr.Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**



<b>Patient Name :</b> Salimbhai . Ghanchi	<b>Sample No. :</b> 20240602444
<b>Patient ID :</b> 20240601759	
<b>Age / Sex :</b> 51y/Male	<b>Visit No. :</b> OPD20240605814
<b>Consultant :</b> DR KANCHI DESAI	<b>Call. Date :</b> 10/06/2024 09:39
<b>Ward :</b> -	<b>S. Coll. Date :</b> 10/06/2024 10:05
	<b>Report Date :</b> 10/06/2024 16:52

### Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	<b>209 mg/dl [H]</b>	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	140 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	50 mg/dl	Low risk: >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	<b>131 mg/dl [N]</b>	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	28 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	2.62	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	4.18	Low Risk : 3.3 to 4.4 Average Risk : 4.4 to 7.1 Moderate Risk : 7.1 to 11.0 High Risk : > 11.0
Total Lipids :	699 mg/dl	400 to 700 mg/dl

**Note :-** Lipemic samples give high triglyceride value and falsely low LDL value.

**Dr.Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**



Patient Name : Salimbhai . Ghanchi

Sample No. : 20240602444



Patient ID : 20240601759

Visit No. : OPD20240605814

Age / Sex : 51y/Male

Call. Date : 10/06/2024 09:39

Consultant : DR KANCHI DESAI

S. Coll. Date : 10/06/2024 10:05

Ward : -

Report Date : 10/06/2024 16:52

### LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	0.6 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.2 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.4 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	33 U/L	5 to 34 U/L
ALT (SGPT) :	42 U/L	0 to 55 U/L
Total Protein (TP) :	8.2 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	4.2 g/dl	3.5 to 5.2 g/dl
Globulin :	4 g/dl [H]	2.3 to 3.5 g/dl
A/G Ratio :	1.05	
Alkaline Phosphatase (ALP) :	116 U/L	40 to 150 U/L
GAMMA GT. :	58 U/L [H]	7 to 35 U/L

**Dr.Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**





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 Home Visit / OPD Reception : 9998724579



TEST REPORT

Reg. No. : 40601004517      Reg. Date : 10-Jun-2024 11:28      Collected On : 10-Jun-2024 11:28  
 Name : Mr. SALIMBHAI GHANCHI      Approved On : 10-Jun-2024 12:47  
 Age : 51 Years      Gender : Male      Ref. No. :      Dispatch At :  
 Ref. By :      Tele No. :  
 Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine) <i>Method:CLIA</i>	1.26	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	8.50	µg/dL	4.5 - 12.6
TSH ( ultra sensitive) <i>Method:CLIA</i>	H 5.150	µIU/mL	0.55 - 4.78
Sample Type:Serum			

**Comments:**  
 Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamic) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

**TSH levels During Pregnancy :**

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

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*Mithesh*

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Dr Mitesh Rathwa  
MD PATHOLOGY  
Reg No : 624194 of 2

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## TEST REPORT

<b>Reg. No.</b> : 40601004517	<b>Reg. Date</b> : 10-Jun-2024 11:28	<b>Collected On</b> : 10-Jun-2024 11:28
<b>Name</b> : Mr. SALIMBHAI GHANCHI		<b>Approved On</b> : 10-Jun-2024 12:47
<b>Age</b> : 51 Years	<b>Gender</b> : Male	<b>Dispatch At</b> :
<b>Ref. By</b> :	<b>Ref. No.</b> :	<b>Tele No.</b> :
<b>Location</b> : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD		

Test Name	Results	Units	Bio. Ref. Interval
PSA	0.310	ng/mL	0 - 4

Method:CLIA

Sample Type:Serum

### Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
3. Prostate cancer screening.

### Comments

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

----- End Of Report -----

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*Mitesh*  
**Dr Mitesh Rathwa**  
 MD PATHOLOGY  
 Reg No : 521196

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TEST REPORT

Reg. No. : 40601004726 Reg. Date : 10-Jun-2024 14:32 Collected On : 10-Jun-2024 14:32  
Name : Mr. SALIM GANCHI Approved On : 10-Jun-2024 17:47  
Age : 51 Years Gender : Male Ref. No. : Dispatch At :  
Ref. By : Tele No. :  
Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
<b>HEMOGLOBIN A1 C</b>			
HbA1c <i>HPLC</i>	6.70	%	Normal: <= 5.6 Prediabetes: 5.7-6.4 Diabetes: >= 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose <i>Method: Calculated</i>	146	mg/dL	
Sample Type: EDTA Whole Blood			

Criteria for the diagnosis of diabetes

- HbA1c >= 6.5 \*Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
- Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
- Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus

- HbA1C, also known as glycated haemoglobin, is the most important test for the assessment of long term blood glucose control( also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD ) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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Dr Mitesh Rathwa  
MD PATHOLOGY  
Reg No : 624196

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TEST REPORT

Reg. No. : 40601004726      Reg. Date : 10-Jun-2024 14:32      Collected On : 10-Jun-2024 14:32  
 Name : Mr. SALIM GANCHI      Approved On : 10-Jun-2024 17:47  
 Age : 51 Years      Gender : Male      Ref. No. :      Dispatch At :  
 Ref. By :      Tele No. :  
 Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Bio-Rad CDM System  
Bio-Rad Variant V-II Turbo Instrument #1

PATIENT REPORT  
V2TURBO\_A1c\_2.0

Patient Data

Sample ID: 140601004726  
 Patient ID:  
 Name:  
 Physician:  
 Sex:  
 DOB:

Analysis Data

Analysis Performed: 10/JUN/2024 17:20:32  
 Injection Number: 9744  
 Run Number: 439  
 Rack ID: 0009  
 Tube Number: 9  
 Report Generated: 10/JUN/2024 17:33:56  
 Operator ID: derfgtyh

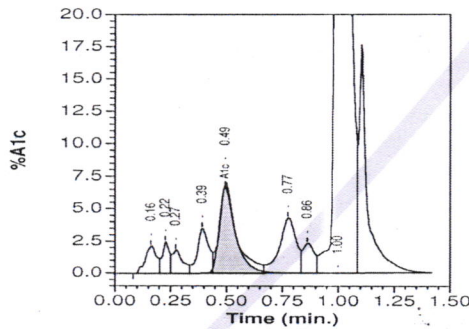
Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.3	0.161	21618
A1b	---	0.9	0.225	14836
F	---	1.0	0.273	16313
LA1c	---	2.1	0.391	35052
A1c	6.7*	---	0.494	94114
P3	---	3.7	0.775	62719
P4	---	1.3	0.861	22665
Ao	---	84.2	0.998	1423515

\*Values outside of expected ranges

Total Area: 1,690,832

HbA1c (NGSP) = 6.7\* %



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*Mithesh*

Dr Mitesh Rathwa  
 MD PATHOLOGY  
 Reg No : 624196  
 Page 2 of 2

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Patient Name :	Salimbhai . Ghanchi	Sample No. :	20240602444
Patient ID :	20240601759	Visit No. :	OPD20240605814
Age / Sex :	51y/Male	Call. Date :	10/06/2024 09:39
Consultant :	DR KANCHI DESAI	S. Coll. Date :	10/06/2024 10:05
Ward :	-	Report Date :	10/06/2024 17:08

### Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Pale Yellow	
Reaction (pH) :	6.0	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.030	1.005-1.010
Protein :	Absent	Absent
Glucose :	Absent	Absent
Bile Salts :	Absent	Absent
Bile pigments :	Absent	Absent
Ketones :	Absent	Absent
Urobilinogen :	Absent	
Blood :	Absent	Absent
Pus Cells :	1-2 /hpf	0-5/hpf
Red Blood Cells :	0-1 /hpf	Absent
Epithelial Cells :	1-2 /hpf	

**Dr.Mehul Desai**  
M.B.D.C.P  
Reg.No.G-9521



SpO<sub>2</sub> -  
P -  
Bp -

## Examination by Ophthalmologist

Name: SALIMBHAI GHANCHI

Reg. No: 20240601759

Age/ Sex: 51/MALE

DOE: 10/06/2024

Nil

### Medical History:

Nil

### Examination of Eye: Right LEFT

External Examination: \_\_\_\_\_

Anti seg Examination: WNL \_\_\_\_\_

Schiot Tonometry IOP: \_\_\_\_\_

Fundus: \_\_\_\_\_

Without Glass Distant Vision: \_\_\_\_\_

Near Vision: \_\_\_\_\_

With Glass Distant Vision: 6/6 6/6 6/6

Near Vision: N6 N6

Colour Vision (With Ishihara Chart): WNL

Impression: (BE) Presbyopia

Advice: Near glass use (BE) +1.5D

Signature: \_\_\_\_\_





## Examination by DENTAL

Name: SALIMBHAI GHANCHI

Reg. No: 20240601759

Age/sex 51/MALE

DOE: 10/06/2024

### Presenting Complaints:

Routine checkup

### Medical History:

Hypothyroidism, N/O chewing supari

### Examination:

Calculus ++, Stain ++

### Impression:

### Advice:

Deep Scaling and Polishing

Signature: \_\_\_\_\_





### Examination by Physician

Name: SALIMBHAI GHANCHI

Reg. No: 20240601759

Age/ Sex: 51 / MALE

DOE: 10-06-2024

#### Physical Examination

Height: 172 cm Weight: 102 kg BMI: 34.5 Tempera  
ture: \_\_\_\_\_ Pulse: 92/min BP: 132/96 mmHg

SPO<sub>2</sub> = 95%

#### Chief Complaints:

No fresh complaints

#### Past History:

K1C10 - Hypothyroidism on  
Hyroxine 12.5 x 2 yrs

#### Examination:

General Examination:

NAD

Systemic Examination:

RS - clear

CVS - S1 S2 +mt.

#### Investigation:

RBS \_\_\_\_\_

ECG WNL

Others USG - S10 - grade II fatty liver

#### Advice:

Signature \_\_\_\_\_







Bill of Supply (Interim Bill)



Patient ID : 20240601759

Age / Sex : 51y / M

Patient Name : SALIMBHAI . GHANCHI

Dr. Name : DR KANCHI DESAI

Referred By : self

City/Village : Vadodara

Class : Contract

PAN Card : AAQCS5566G

Visit No. : OPD20240605814(OPD)

Bill No. : OPD20240605814

Bill Date : N/A

Speciality : INTERNAL MEDICINE

Company Name : Mediwheel Health Check Up

GSTIN : 24AAQCS5566G2ZW

SAC : 999312 "Medical Service covered under healthcare service"

Mobile No. : 9737536786


Expense Details

	Qty	Rate	Gross Amount	Waive	Net Amount
<b>Visit Charge</b>					
10/06/2024 Physician First Consultation OPD	1.0	0.0	0.00	0.0	0.00
Ophthalmologist First Consultation OPD	1.0	0.0	0.00	0.0	0.00
Dentist First Consultation OPD	1.0	0.0	0.00	0.0	0.00
<b>Visit Charge (Subtotal)</b>			<b>0.0</b>	<b>0.0</b>	<b>0.00</b>
<b>PATHOLOGY</b>					
10/06/2024 CBC, ESR	1.0			0.0	
Urine R/M	1.0			0.0	
STOOL EXAMINATION	1.0			0.0	
Blood Group	1.0			0.0	
FBS & PPBS	1.0			0.0	
TFT (Thyroid Function Test)	1.0			0.0	
Lipid Profile	1.0			0.0	
RENAL FUNCTION TEST	1.0			0.0	
LFT (Liver Function Test)	1.0			0.0	
PSA (Prostate Specific Antigen) Male	1.0			0.0	
HBA1C	1.0			0.0	
MediWheel Full Body Health Check-Up(Male Above 40)	1.0	2500.0	2500.00	0.0	2500.00
<b>PATHOLOGY (Subtotal)</b>			<b>2500.0</b>	<b>0.0</b>	<b>2500.00</b>
<b>Radiology</b>					
10/06/2024 X-RAY CHEST PA	1.0			0.0	
USG WHOLE ABDOMEN SCREENING	1.0			0.0	
X-RAY CHEST PA	1.0	0.0	0.00	0.0	0.00
USG WHOLE ABDOMEN SCREENING	1.0	0.0	0.00	0.0	0.00
<b>Radiology (Subtotal)</b>			<b>0.0</b>	<b>0.0</b>	<b>0.00</b>
<b>Non Invasive Cardiology</b>					
10/06/2024 ECG Charge(OPD Base)	1.0			0.0	
ECHO COLOUR DOPPLER SCREENING	1.0			0.0	
ECG Charge(OPD Base)	1.0	0.0	0.00	0.0	0.00
ECHO COLOUR DOPPLER SCREENING	1.0	0.0	0.00	0.0	0.00
<b>Non Invasive Cardiology (Subtotal)</b>			<b>0.0</b>	<b>0.0</b>	<b>0.00</b>
<b>Total Bill Amount</b>					<b>2500.00</b>
<b>Net payable amount</b>					<b>2500.00</b>
<b>Bill Outstanding</b>					<b>2500.00</b>



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
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नाम : सलीम भाई  
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हस्ताक्षर / Signature

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मेरा आभार, मेरी पहचान

