

PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727



Lab No:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Mrs. SENA Referring Doctor D ROOJA Date 12/6/24
Name 79 Date of Birth F Sex: Male / Female
IPD No 24-02550 Collection Centre _____ Uhid No. 113 96 /

Telephone _____ RCC _____
(if different)

Site of Specimen: Biopsy from blackish deposits & oedematous mucosa of rt upper lobe bronchus
Relevant Clinical History: C/O cough, Breathlessness

Additional Clinical and Relevant Data: X 1 mth
(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis: CECT chst => Right middle lobe collapse

Type of Specimen: Right upper lobe bronchus
 Large Medium Small
oedematous & blackish deposits
 Miscellaneous
 IHC markers
 Special Stains
 Microphotography

Histopath Slides / Block for review: ?? Fungal
?? Micromycosis
?? Infelne
Fixation: Adequate Inadequate

Doctor's Signature's



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Ref No.	PDC/CT/UHID113961	Date	10-06-2024
Patient's Name	Mrs. Mewa Devi	Age & Sex	79Y/F
Referred By	Dr. Pooja Aneja	Test Done	CT

HRCT CHEST

Serial non-contrast discontinuous ultrathin bone algorithmic axial sections were obtained from the lung apices to domes of diaphragm and studied in lung, mediastinal and bone window.

Middle lobe of right lung is collapsed.

Mild bilateral pleural effusion is seen.

Remaining lung fields are normal.

No evidence of significant mediastinal/ hilar lymphadenopathy is seen.

Trachea and main stem bronchi are normal in calibre.

The mediastinal vasculature, heart, pericardium and the bony thoracic cage are unremarkable.

Please correlate clinically.

Dr. Rajesh Gaur

Pushpanjali Hospital Rewari

Rajesh Pilot Chowk Sector 4 Rewari

PH : 01274-263300

BRONCHOSCOPY

Patient Name : MEWA DEVI
Referred By : SELF

Age/Gender : 79 Years/Female
Unit No : UHID113961

Date : 12-06-2024



Trachea with carina



RIGHT UPPER LOBE BRONCHUS



RIGHT TRUNCUS INTERMEDIUS



LEFT MAIN BRONCHUS

VIDEO BRONCHOSCOPY MULTIMODALITY REPORT

Indication:- Right middle lobe collapse

Procedure:- The Bronchoscope was introduced under LA via nasal cavity with all aseptic precautions. The bronchoscope was passed through to the carina, which was examined for sharpness, position and texture. The bronchial orifices were systematically identified, evaluated and suctioned free of secretions and close attention paid to color, texture, position, size and patency.

VOCAL CORDS :- Normal

TRACHEA:- is central.

CARINA:- Sharp and central

LEFT BRONCHIAL TREE:- Left upper lobe bronchus is inflamed, edematous and has blackish deposits.

RIGHT BRONCHIAL TREE:- Right upper lobe bronchus is grossly edematous & inflamed and has blackish deposits (? fungal) . Right upper lobe bronchus is completely narrowed due to oedema. Right middle lobe bronchial tree mucosa has slight narrowing with no intrabronchial growth . Right lower lobe bronchus normal.

BRONCHOSCOPY NBI:- NBI examination was normal.

BRONCHOSCOPY WITH LAVAGE:- Thorough washing done & BAL taken from multiple segments of right bronchial tree.

Biopsy also taken from blackish and edematous mucosa from right upper lobe mucosa.

IMPRESSION: Microbiology / cytology reports are awaited.

Dr. Pooja Aneja
Pulmonologist

Dr. Pooja Aneja