

# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.) Rajesh Pilot Chowk, Garhl Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

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

§	Lab No:
HISTOPATHOLOGY REQUISITION	NFORM
Patient Name 11, NO. 17 ReferringDoctor D REDOJA  Name 79 Date ofBirth C  IPD No. 24-02550 CollectionCentre	Date 12/6/24 Sex: Male / Female Uhid No. 113 96/
Telephone	RCC (ifdifferent)
Site of Specimen: Biopy from black Relevant Clinical History: Ocale	ush deposts & malors mucose
C/O Cough, Breaklesser	of vt upper lobe
Additional Clinical and Relevant Data:  (Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:  CECTCLt =)  Type of Specimen: Ryhb up be lo k  Large Medium Small Edemals	Ryht middle lobe
Type of Specimen: Right up be to be large Medium Small Small Whather	HCmarkers
deposit	SpecialStains   Microphotography
Histopath Slides / Blockforreview. Mucormya	Fixation
	Doctor's Signature's

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Maternal Screening-Date	of Birth: DD MM VVVV	8:
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SST W Blood EDTA	☐ Timbus Formalin ☐ BAL ☐ Paraffin Block ☐ Soutum	
W. Blood Fluoride W. Blood Heparin	☐ Smear ☐ Unite ☐ Stde [H & E) ☐ Stool	
W. Blood Sodium Citrate	Cl Pus Cl Swab	
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pent ID:	No. of vials/container	Date: 1216124 Time: 9:00
	2	Fasting: Yes 🗆 No 🗆 Fasting Period
	2	Collection by: Surender Kumar Res
Signature of A	Accessioning Officer(s)	Urine Volume ml Hrs
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CI	Test Done	Dr. Pooja Aneja	Referred By
79Y/1	Age & Sex	Mrs. Mewa Devi	Patient's Name
10-06-202	Date	PDC/CT/UHID113961	Ref No.

# 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.

No evidence of significant mediastinal/ hilar lymphadenopathy is seen. Remaining lung fields are normal.

Frachea and main stem bronchi are normal in calibre

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

Please correlate clinically.

Dr Bitoch Com

## Pushpanjali Hospital Rewari

Rajesh Pilot Chowk Sector 4 Rewari

PH: 01274-263300

BRONCHOSCOPY

Patient Name: MEWA DEVI Referred By:

SELF

Unit No:

Age/Gender: 79 Years/Female

UHID113961

12-06-2024 Date:



Trachea with carina

### 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.

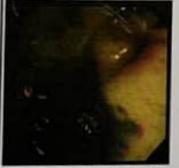
RIGHT BRONCHIAL TREE:- Right upper lobe bronchus is grossly edematous & inflamed and has blackish deposits (? fungal). Right upper lobe bronchus is completly narrowed due to oedema. Right middle lobe bronchial tree mucosa has slight narrowing with no intrabronchial growth. Right lower lobe bronchus normal.

BRONCHOSCOPY NBt - 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.



IGHT UPPER LOBE BRONCHUS



**GHT TRUNCUS INTERMEDIUS** 



LEFT MAIN BRONCHUS

Dr. Pooja Aneja Pulmonologist

Dr. Pooja Aneja

