







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

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Dr. Kamal

HISTO PATHOLOGY REQUISITION SLIP

Date 28/6/24

Name Vijay Kumar Site

Age 34y Sex M Address

152844 / 3185 Admission No. 9017373627

Specimen Site



Brief Relevant Clinical History

Specimen of (RT) Renal tumor (RT) Partial Nephrectomy

Brief Operative Note

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History LMP / Any other

Normal / Post Menopausal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr. Yogesh





संजय

# SANJAY ULTRASOUND & IMAGING CENTRE

CT SCAN, USG, COLOR DOPPLER, ECHO & DIGITAL X-RAY

State, Circular Road, Opp. Khasa Hospital, Bhiwani  
099. 8396990099 ✉ sanjayultrasoundcentre2021@gmail.com

**Shankey Garg**  
(Radio Diagnosis)

### Timing

Morning : 9:00 A.M. to 2:00 P.M.  
Evening : 4:00 P.M. to 7:00 P.M.

**Dr. Kritika**

MBBS, MD, (Radio Diagnosis)

Patient Name: Vijay Kumar

Age: 34 Yrs/M

Ref. By: Dr. Vikas

Date: 12-Jun-24

## USG WHOLE ABDOMEN

- **LIVER:** is normal in size, outline and shows increased echogenicity. Hepatic vasculature is normal. IHBR are not dilated. No SOL seen. CBD is normal.
- **GALL BLADDER:** is physiologically distended with anechoic lumen & normal wall thickness. No e/o cholecystitis seen.
- **PANCREAS:** is normal in size, outline and echotexture. PD is not dilated.
- **SPLEEN:** normal in size, outline and echotexture. No focal solid/cystic lesion seen.
- KIDNEYS:**
  - There is e/o heterogeneously hypoechoic lesion measuring approx. 5.3x4.6 cm seen at interpolar region (at mid & superior pole junction) of right kidney, the lesion is bulging exophytically with minimal areas of internal vascularity on CDFI.
  - Rest of the right Kidney is normal in size (11.4x4 cm), shape, echotexture & outline.
  - Left Kidney is normal in size (10.8x5 cm), shape, echotexture & outline.
  - Corticomedullary differentiation is well maintained.
  - **U.B.:** is partially distended & shows normal wall thickness. No e/o vesical calculus/mass seen.
  - No Free fluid seen in peritoneal cavity.
  - Prostate is enlarged and measures 22 cc in volume with median lobe bulge and areas of parenchymal calcification and is normal with intact capsule and normal in echotexture.
  - IC junction appears normal.
  - No significant bowel loop thickening/dilatation seen.
  - Appendix is visualized and appears normal at present scan.

### IMPRESSION:

- ❖ Right renal SOL- ?Mitotic etiology-? RCC (Renal cell carcinoma)? Nature.
- ❖ Borderline/Grade I prostatomegaly.
- ❖ Grade I fatty liver.

**Adv.** clinical correlation, CECT abdomen for the characterization of the right renal SOL, USG/CT guided FNAC/HPE correlation and follow up scan after treatment and correlate with previous record.

**DR. SHANKEY GARG**  
MBBS, MD RADIODIAGNOSIS  
CONSULTANT RADIOLOGIST

Despite the best efforts and even in the most trained hands, like any other medical investigation, the ultrasonography investigation has some possible of false positive and false negative results. The concerned physician/surgeon is advised to take a second opinion or repeat examination of the patient before taking a major decision. It is an opinion not a diagnosis. Kindly correlate clinically. Not valid for MLC.

### FACILITIES

❖ CT SCAN ❖ COLOR DOPPLER ❖ ULTRASOUND 4D/5D ❖ ECHO CARDIOGRAPHY ❖ DIGITAL X-RAY

हमारे यहाँ शिव की ज्यो नही की ज्यो है क्योंकि यह पर मन्दूरी है: ❖ Thanks For Reference ❖ Not Meant For Medico-Legal Purpose ❖ Best Diagnostic Centre in Haryana (Bhiwani)  
Note : USG is a preliminary investigation. For final diagnosis other investigations and clinical correlation is must. For fetal heart anomalies fetal echo is advised.





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Name: Vijay Kumar UNID No: 152844 IPD No: 9185  
 Sex: M Bed No: RU DOA: 27/6/24 DOS: 28/6/24

## OPERATION THEATRE NOTES

Surgeon in-charge: Dr. Kamal Anesthetist: Dr. Mohit  
 Assistant Surgeon: Dr. Yogesh OT Technician: \_\_\_\_\_  
 Staff: \_\_\_\_\_ Type of Anaesthesia: GA  
 Operative Diagnosis: (RT) RCC  
 Post-operative Diagnosis: \_\_\_\_\_  
 Procedure Name: Open (RT) Partial Nephrectomy  
 Operation Started at: \_\_\_\_\_ Operation Finished at: \_\_\_\_\_ Duration: \_\_\_\_\_  
 Sponge Count: \_\_\_\_\_ Whome: \_\_\_\_\_

Operative Notes: Findings: - Partially Exophytic tumor on (RT) Posteral lateral part of (RT) Kidney.

Procedure: - After P&D of Parts, LASP, (RT) side Renal Incision given, wound made in layers, Retroperitoneal cavity opened, Gerota's fascia opened. (RT) Renal tumor noted. (RT) Kidney mobilized & Hilary clamp applied using Bulldog clamp. Tumor Resected & 5mm Margin circumferentially. Opened renal sinuses identified & clamped. Complete Hemostasis ensured. Renal repair done after packing with Surgicell & the 1/2 pack. Complete Hemostasis ensured. Retroperitoneal 28 to Drain placed. Wound closed in layers ASD done.

Organ Explained: \_\_\_\_\_  
 Specimen Sent for histopathology (if any): Resected (RT) Renal tumor  
 Immediate post-operative condition: Good

Surgeon's Signature: [Signature]  
 Date & Time: 28/6/24 (am / pm)