

Unique Identifier

Test Name/Test Code

(Please refer to the Directory of Services for correct name)

Test Details

Name: Sumitra Devi Last Name: 150962

61F Gender: Male Female

Contact No. _____

ID: _____

Ordered by: _____ Contact No. _____

External Screening-Date of Birth:

kg. Height: _____ ft _____ inches, LMP: _____ Late Menstrual Report

1. _____

2. HPE Small

3. _____

4. 

5. _____

6. _____

7. _____

8. _____

9. _____

Information

Name: Pushpanjali Rewari

Amount: _____

Received: _____ Receipt No.: _____

Balance/ Due: _____

Payment via: Cash Cheque Credit ePlatform

Instructions to Laboratory/Clinical In

Specimen Information

Moist Refrigerate

Sample / Vial type _____ Vials _____

Container

Specimen Type Received (For MoIQ use only)

- Bone Marrow
- FN Aspirate
- Tissue Formalin
- Paraffin Block
- Smear
- Slide (H & E)
- Pus
- Blood Culture Bottle
- CSF
- Fluid
- BAL
- Sputum
- Urine
- Stool
- Swab
- Others

Specimen Information (For MoIQ use only)

Temperature: Ambient Refrigerated Frozen

Time: _____

ID: _____ No. of vials/container: _____

| | |
|---|---|
| 1 | 2 |
|---|---|

Signature of Accessioning Officer(s)

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 3/7/24 Time: 11

Fasting: Yes No Fasting Period _____

Collection by: Surender

Urine Volume: _____ ml Hrs. _____

I hereby authorize MoIQ Laboratory to use and share with affiliates, my personal information including but not limited to any condition/ disease to perform the test or services etc. Medical records/information, to the extent applicable by laws and regulations, will be kept confidential and will not be made available for research purposes. I agree to the access of my medical records for research purposes.

The samples used for research will be coded to maintain confidentiality and will be discarded as per the rules and regulations specified as applicable to MoIQ Laboratory, patient's identity will remain confidential.

For any complaint/query please contact MoIQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurgaon. Helpline number is not more than 24 hours.

मौलिक प्रयोगशाला को अधिकृत करता है कि सभी पूर्ण परिष्कृत जानकारी अपने विदेशी भी डाटा के साथ साझा कर सकती है। सभी विदेशी भी डाटा या सूचना का उपयोग और प्रसारण के अलावा के लिए इस जानकारी को साझा और सांकेतिक रूप में साझा कर सकता है। सभी इस प्रकार की जानकारी को पूर्ण रूप से सुरक्षित रखे और सांकेतिक रूप में उपयोग न करे।

इसके अलावा, हमारे पास आपके स्वास्थ्य के बारे में सभी जानकारी है। हमें यह सुनिश्चित करने में मदद करने के लिए हमें यह जानकारी साझा करने की आवश्यकता है।

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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

Dr. Kiran Yadav

HISTO PATHOLOGY REQUISITION SLIP

Date 2-7-21

Name Mrs. Sumitra Devi, 150 Mahakir Singh

Age 61y Sex F Address Sonawad

Admission No.

UHID 150962
03336



9717213311

Specimen Site

Brief Relevant Clinical History

at cervix for HPE

Brief Operative Note

for

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History.....LMP / A

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.....

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| | | | |
|----------------|------------------------|-----------|------------|
| Ref No. | PDC/USG/OPE/UHID150962 | Date | 30-05-2024 |
| Patient's Name | Mrs. Sumitra Devi | Age & Sex | 61Y/F |
| Referred By | Dr. Kiran Yadav | Test Done | USG- |

ULTRASOUND REPORT OF WHOLE ABDOMEN

Liver is normal in size and echo-texture. No obvious focal lesion is seen in liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein is normal. The CBD is not dilated.

Gall bladder is not visualized (Post Operative status).

Pancreas is normal in size & echotexture with no e/o focal lesion.

Spleen is normal in size and echotexture. No focal lesion is seen.

Right Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on right side.

Left Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on left side.

Urinary bladder is well distended. The lumen is echofree with no e/o any calculus or mass lesion.

UTERUS is postmenopausal in appearance.


No e/o ascites seen.

No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

IMPRESSION : No significant abnormality detected.

Adv: clinical correlation.


Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist



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Patient Name: Mr 150962 UHID No: 150962 IPD No: 03336
 Sex: 6148 Bed No: _____ DOA: 1-7-24 DOS: 2-7-24

OPERATION THEATRE NOTES

Surgeon In-charge: Dr Kuan Yadav Anesthetist: Dr Mohit
 Assistant Surgeon: _____ OT Technician: Rakesh
 OT Staff: _____ Type of Anaesthesia: _____

Pre-Operative Diagnosis: _____
 Post - Operative Diagnosis: VH = PPR ↓ SA
 Procedure Name: _____
 Operation Started at: _____ Operation Finished at: _____ Duration: _____
 Sponge Count: _____ Whome: _____

Operative Notes:
 Pt laid in lithotomy LSA
 Parts cleaned & draped
 SAC put in
 UV fold opened & bladder
 for rectum detached
 Colloony structure cleaned (cut), Fourfold
 B/c Uterus
 B/c Meckel's
 B/c Uterine Artery
 B/c Meckel's
 Uterus

Organ Explained: _____
 Specimen Sent for histopathology (if any): Remnant complete
 Immediate post-operative condition: Wound closed Exposed draped

Surgeon's Signature: [Signature]
 Date & Time: _____ (am / pm)