



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

Kamul Singh

HISTO PATHOLOGY REQUISITION SLIP

Date 02/07/24

Name Mr. Raghu Nath S/o.....

Age 76 Y Sex Male Address Vill- Daulatpur Nagason

UHID - 080484 Admission No 9466276849

IPD - 03348



Specimen..... Site.....

Brief Relevant Clinical History

TURP chips

Brief Operative Note

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History..... LMP / Any other.....

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Pre-vix / Post vix, Lat Vag wall / endo Cervix

Ref. Dr.....



Unique Identifier

Test Name/Test Code

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

Details

Name: Raghu Nath Last Name: 080484

76/M Gender: Male Female

Contact No. _____

by: _____ Contact No. _____

Maternal Screening-Date of Birth:

kg. Height: _____ ft _____ inches, LMP _____ Last Ultrasound Present

1. HPE small



Information

Name: Pushpanjali Rewari

Account: _____

Received: _____ Receipt No.: _____

Balance/ Due: _____

via:

Cash Cheque Credit ePlatform

Instructions to Laboratory/Clinical Information



Information

Ambient Refrigerate

Sample / Vial Type

Vials

Container

Specimen Type Received (For MolQ 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

Sample Type/ Source: _____

Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen

Time: _____

Date: _____ 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: _____

Urine Volume: _____ ml Hrs: _____

I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to any condition that may affect 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 to the laboratory for immediate research and in future research of any kind and at any time in the future. I agree to the access of my information for research purpose.

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

For any related complaint/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurgaon, Haryana. If any suit is not more than MRP of the test requested.

हमने प्रयोगशाला को अधिकृत करने के लिए मैंने अपने व्यक्तिगत जानकारी अर्थात् किसी भी तरह के रक्त के साथ सहज कर सकती है। मेरी बीमारी की प्रकृति या मुझसे संबंधित किसी भी प्रकार के अज्ञान के कारण मेरी जानकारी को लक्षण उत्पन्न करने के लिए प्रयोग किया जा सकता है, जो कि कानूनी सीमा के अंतर्गत है। मेरी इस प्रकार की जानकारी को पूर्ण रूप से गुप्त रखा जाये और कानूनी रूप से उपयोग में लाया जाये। यदि मैं किसी भी तरह के लिए उपयोग करवाऊं या, दूसरी से कोई भी व्यक्ति को प्रयोगशाला अर्थात् मेरी, किसी भी समय और किसी भी प्रकार के प्रयोग के लिए उपयोग में ला सकते हैं। मैं सुझाव देता हूँ कि प्रयोग और किसी भी प्रकार के अनुसंधान के लिए उपयोग में लिये जा सकते हैं।

मैंने मेरी पूर्ण रूप से अधिकृत किया जाये और मुझे स्पष्ट से रखा जायेगा, जब इसकी स्पष्ट किया जायेगा तो पूर्ण रूप से निर्यात और विनिर्मित का उपयोग किया जायेगा। किसी भी प्रकार के अज्ञान मुझसे मेरी किसी भी जानकारी को पूर्ण रूप से गुप्त रखा जायेगा।

यदि किसी भी प्रकार के अज्ञान मुझे स्पष्ट से रखा जायेगा, जब इसकी स्पष्ट किया जायेगा तो पूर्ण रूप से निर्यात और विनिर्मित का उपयोग किया जायेगा। किसी भी प्रकार के अज्ञान मुझसे मेरी किसी भी जानकारी को पूर्ण रूप से गुप्त रखा जायेगा।

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

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

Ref No.	PDC/USG/OPE/UHID080484	Date	26-06-2024
Patient's Name	Mr. Raghu Nath	Age & Sex	76Y/M
Referred By	Dr. Kamal	Test Done	USG-

ULTRASOUND REPORT OF WHOLE ABDOMEN

Liver is normal in size and **shows grade I fatty infiltration**. 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 partially distended. No e/o any obvious calculus or mass lesion is seen.

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. **A simple cyst of size 21x19mm is noted at upper pole of right kidney.**

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.

Prostate is mildly enlarged in size volume 34cc.

No e/o ascites or free fluid seen.

No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

IMPRESSION :

- > Grade I fatty liver.
- > Right renal simple cyst.
- > Mild prostatomegaly. PVR:- 35cc.

Adv: clinical correlation.

Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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

Phone No +91-1274-263300, 263301

E-mail: pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC201121

Name Raghu Nath UHID No 090484 IPD No 3348
 Sex 70Y M Bed No Dr. 00A Date 2/7/24 DOB 2/7/24

OPERATION THEATRE NOTES

Surgeon In-charge: Dr. Kamal Anesthetist: Dr. Mohit
 Assistant Surgeon: Dr. Yogesh OT Technician: _____
 OT Staff: _____ Type of Anaesthesia: SA
 Pre-Operative Diagnosis: BPE
 Post-Operative Diagnosis: 4
 Procedure Name: Cystoscopy + OIU + TURP
 Operation Started at: _____ Operation Finished at: _____ Duration: _____
 Sponge Count: _____ Whome: _____

Operative Notes: findings: $\left\{ \begin{array}{l} \text{Grade III Prostatomegaly} \\ \text{High bladder Neck} \\ \text{Urethra snug to 26 fr sheath} \end{array} \right.$

Procedure: After P&D of Parts, LASP, Cystoscopy & urethroscopy done. above mentioned findings are noted. OIU done at 12 o'clock. Resection of prostate done with monopolar Resectoscope. TURP chips retrieved using Ellik's evacuator. ~~TURP chips retrieved~~ Complete Hemostasis ensured. 20fr 3-way foley's Catheterization done. NS Irrigation started.

Organ Explained: _____
 Specimen Sent for histopathology (if any): TURP chips
 Immediate post-operative condition: Good

Surgeon's Signature: Dr. Kamal
 Date & Time: 2/7/24 (am / pm)