



# 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


## HISTO PATHOLOGY REQUISITION SLIP


Date 5/2/24

Name Mr Kailash S/o

Age 56yrs Sex male Address Mangalpur 9467066974

UHID 153310 Admission No 3741

Specimen 1. (LT) Parotid tumor Site   
wik gland

Relevant Clinical History 2. Lymph node 

Operative Note (LT) Parotid tumor - ? Pleomorphic Adenoma

Relevant Special Investigation

## CYTOLOGY REQUISITION SLIP

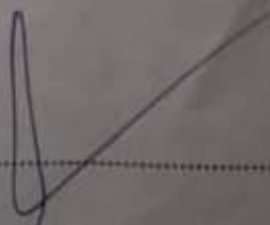
Cytology Papsmear

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

Menopausal / Post Menopausal / Suspicious Lesion / Other

Site of Sample

Ex / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr. 



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Ref No.	PDC/USG/OPC/UHID153310	Date	04-07-2024
Patient's Name	Mr. Kailash	Age & Sex	56Y/M
Referred By	Dr. Neeraj	Test Done	USG-

## ULTRASOUND THYROID (NECK)

*Sonography of the neck was performed using high frequency transducer.*

**A well circumscribed lobulated heterogeneous focal lesion of size 39x23mm is seen in superficial lobe of left parotid gland, showing flow on color doppler-? Pleomorphic adenoma..**

Both lobes and Isthmus of thyroid are normal in size and echotexture.


Bilateral submandibular and right parotid glands are normal.

Bilateral carotid arteries and jugular veins are normal.

No evidence of cervical lymphadenopathy.

**IMPRESSION- USG Neck reveals-? Pleomorphic adenoma in left parotid gland.**

**Adv:- FNAC and Clinical correlation.**

  
**Dr. Ritesh Garg**  
MBBS MD (Radiodiagnosis)  
Consultant Radiologist



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Name: Kailash UHID No. 153310 IPD No. 3441  
Sex: 564/M Bed No. 5.7.24 D.O.A. 5/7/24 D.O.S. 5/7/24

## OPERATION THEATRE NOTES

Surgeon In-charge: ..... Anesthetist: .....  
Assistant Surgeon: ..... OT Technician: .....  
Staff: ..... Type of Anaesthesia: .....  
Operative Diagnosis: (LT) Parotid Tumor - ? Pleomorphic Adenoma  
Operative Diagnosis: Superficial parotidectomy done  
Procedure Name: .....  
Operation Started at: ..... Operation Finished at: ..... Duration: .....  
Sponge Count: ..... Whome: .....

### operative Notes :

OT Findings . 1. Approx. 3x3 cm (LT) parotid tumor  
2. Facial Nerve identified and preserved

Specimens sent for histopathology (if any) .....  
Post-operative condition: .....

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