



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 6/7

Ms. Namika Devi - W/o. Gur Singh

72 Sex F Address Gurgaon Empire Colony

D. J.P.D. Admission No. 94763

354 03440



Site.....

ant Clinical History

Watt Bladder

ive Note

at Special Investigation

CYTOLOGY REQUISITION SLIP

smear

ng and History.....

t Menoposal / Suspicious Lesion / Other



TEST REQUISITION FORM

Unique Identifier

Test Name/Test Code

(Please refer to the Directory of Services for

Details

Name: Kamla Devi Last Name: 153354

Age: 72 Gender: Male Female

Contact No. _____

Contact No. _____

Screening-Date of Birth:

Weight: _____ kg. Height: _____ ft _____ inches, LMP _____ Last Ultrasound Report

1. _____
2. HPE Small



5. _____

6. _____

7. _____

8. _____

9. _____

Information

Pushpanjali Rewari

Instructions to Laboratory/Collector

Referral: _____ Receipt No.: _____

Expiry/ Due: _____

Cheque Credit ePlatform

Sample Information



Sample / Vial type

Container

Specimens Received (For MolQ use only)

- | | | |
|---------------------------------------|-----------------------------------------------|---------------------------------|
| <input type="checkbox"/> VFL/CIT | <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> CSF |
| <input type="checkbox"/> A | <input type="checkbox"/> FN Aspirate | <input type="checkbox"/> Fluid |
| <input type="checkbox"/> uride | <input type="checkbox"/> Tissue Formalin | <input type="checkbox"/> BAL |
| <input type="checkbox"/> arin | <input type="checkbox"/> Paraffin Block | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> tium Citrate | <input type="checkbox"/> Smear | <input type="checkbox"/> Urine |
| | <input type="checkbox"/> Slide (H & E) | <input type="checkbox"/> Stool |
| | <input type="checkbox"/> Pus | <input type="checkbox"/> Swab |
| | <input type="checkbox"/> Blood Culture Bottle | <input type="checkbox"/> Others |

Type/ Source: _____

Specimen Information (For MolQ use only)

Ambient Refrigerated Frozen

Time: _____

No. of vials/container: _____

1

2

Signature of Accessioning Officer(s)

Total No. of Vials/Containers: _____

Specimen Collection Information

Date: 7/7/24 Time: _____

Fasting: Yes No

Collection by: Surender K

Urine Volume: _____

I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to any test or services etc. Medical records/information, to the extent applicable by laws and regulations, will be kept confidential and any leftover specimens for immediate research and in future research of any kind and at any time in the future. I agree to the use of my specimens for research will be coded to maintain confidentiality and will be discarded as per the rules and regulations specified by the laboratory, patient's identity will remain confidential.



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Patient Name: Kamla Devi UHID No: 153354 IPD No: 03440
 Sex: F Bed No: 336A D.O.A: 5/7/2024 D.O.S: 6/7/2024

OPERATION THEATRE NOTES

Surgeon In-charge: Anesthetist:
 Assistant Surgeon: OT Technician:
 OT Staff: Type of Anaesthesia:
 Pre-Operative Diagnosis: Acute on Chronic cholecystitis
 Post - Operative Diagnosis:
 Procedure Name: LAP CHOLECYSTECTOMY
 Operation Started at: Operation Finished at: Duration:
 Sponge Count: Whome:

Operative Notes :

- OT Findings -
1. Dense omental adhesions noted over GB and liver
 2. GB contracted, wall thickened
 3. GB lumen completely filled with a large stone
 4. Calot's triangle region inflammation ^{note}
 5. Cystic duct clipped with lig clip 400

Organ Explored:
 Specimen Sent for histopathology (if any):
 Immediate post-operative condition:

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



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Ref No.	PDC/USG/IPC/UHID153354	Date	05-07-2024
Patient's Name	Mrs. Kamla Devi	Age & Sex	72Y/F
Referred By	Dr. Neeraj	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 contracted, however shows wall echo shadow complex-? **Cholelithiasis**. Adv:- review fasting after 3days of fat free diet.

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 :

- > **Grade I fatty liver.**
- > **Gall bladder is contracted, however shows wall echo shadow complex-? Cholelithiasis.**
Adv:-review fasting after 3days of fat free diet.

Adv: clinical correlation.

Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist