



# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Ref No.	PDC/USG/OPC/UHIP090570	Date	04-07-2024
Patient's Name	Mrs. Saroj Devi	Age & Sex	50Y/F
Referred By	Dr. Kiran Yadav	Test Done	USG-

## ULTRASOUND REPORT OF PELVIS

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

**UTERUS** is enlarged in size (88x48x72mm). A hypoechoic lesion of size 12.5 x 9.3mm is seen in posterior myometrium in region of upper uterine body s/o intramural uterine fibroid. Myometrium shows normal echo-pattern. Endometrium is thickened. Endometrial thickness is 20 mms.

A simple cyst of size 44x47mm is noted in left ovary.

**Right ovary** is visualised and are normal. No adnexal mass is seen on right side.

No free fluid is seen in pouch of douglas.

No e/o ascites seen.

No e/o obvious pelvic lymphadenopathy is seen.

### IMPRESSION :

- Bulky uterus with thickened endometrium and intramural uterine fibroid.
- Left ovarian simple cyst.

**Adv: clinical correlation.**

Dr. Ritesh Garg  
MBBS MD (Radiodiagnosis)  
Consultant Radiologist



HISTOPATHOLOGY REQUISITION FORM

Patient Name Saeoj

Referring Doctor Dr. Kaur

Date 11/2/24

Age 6

Date of Birth 50 years

Sex: Male / Female

Collection Centre \_\_\_\_\_

Uhid No. 09057

Phone ~~02240113~~



RCC \_\_\_\_\_

(if different)

Specimen Endometrial cavity

Clinical History: Menopausal for 7 years

40 PM Bleeding

Clinical and Relevant Data: (Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

EB for NPE

Specimen:

Size:  Large  Medium  Small

- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

Specimen

Histopath Slides / Block for review:

Fixation

- Adequate
- Inadequate



# TEST REQUISITION FOR

Unique Identifier

## Test Name/Test Code

(Please refer to the Directory of Services)

### Details

Sareej  
50/F

Last Name: 90570

Gender: Male  Female

Contact No.

Contact No.

Screening-Date of Birth:

DDMMYYYY

kg. Height: ft inches, LMP

Last Ultrasound Report

- 
- HPE small
- 
- 
- 
- 
- 
- 
- 
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### Information

Pushpanjali Rawari

Received: Receipt No.:

Price/ Due:

Payment:  Cheque  Credit  ePlatform

### Instructions to Laboratory/

### Specimen Type Received (For MolQ use only)

TA/FLU/CIT

OTA

Ureter

Ureter

Sodium Citrate

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

Type/ Source:

### Specimen Information

Sample / vial type

Control

### 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/Container

### Specimen Collection Info

Date: 11/7/24 Time:

Fasting: Yes  No  Fa

Collection by: Surender Kumar

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 left-over specimens for immediate research and in future research of any kind and at any time in the future. I agree to the above purpose.