



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

Neeraj

HISTO PATHOLOGY REQUISITION SLIP

Date 19/07

Name Mrs. Savita w/o Shri Bhagwan

Age 56 Y Sex Female Address V.P.O. - Bawana 930627481

U.H.I.D. - 154024 Admission No.

I.P.O. - 3868



Specimen Site

Brief Relevant Clinical History

Gall Bladder

Brief Operative Note

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History..... LM

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr.....



Unique Identifier

TEST REQUISITION FORM

Test Name/Test Code


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

1 _____

2 _____

3. **HPE Small**

4 _____

5.  1185662S

6 _____

7 _____

8 _____

9 _____

Pat Details

Name: **Savita** Last Name: **154029**

56/F Gender: Male Female

Contact No. _____

City: _____ Contact No. _____

Age: _____ Date of Birth:

Weight: _____ kg, Height: _____ ft _____ inches, LMP: _____ Last Observed Period

Referral Information

Referral to: **Poojaparnali Rawari**

Referral from: _____

Received: _____ Receipt No.: _____

Balance /Due: _____

Payment Mode: Cash Cheque Credit ePlatform

Specimen Type Received (For MolQ use only)

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Serum | <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> CSF |
| <input type="checkbox"/> Plasma: EDTA/FL/CIT | <input type="checkbox"/> FN Aspirate | <input type="checkbox"/> Fluid |
| <input type="checkbox"/> Sputum | <input type="checkbox"/> Tissue Formalin | <input type="checkbox"/> SAL |
| <input type="checkbox"/> Blood EDTA | <input type="checkbox"/> Paraffin Block | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> Blood Fluoride | <input type="checkbox"/> Smear | <input type="checkbox"/> Urine |
| <input type="checkbox"/> Blood Hepann | <input type="checkbox"/> Slide (H&E) | <input type="checkbox"/> Stool |
| <input type="checkbox"/> Blood Sodium Citrate | <input type="checkbox"/> Pus | <input type="checkbox"/> Swab |
| <input type="checkbox"/> Semen | <input type="checkbox"/> Blood Culture Bottle | <input type="checkbox"/> Others |

Specimen Type/Source

Specimen Information (For MolQ use only)

Storage: Ambient Refrigerated Frozen


Time: _____

No. of Vials/container: _____

1	2
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Signature of Accessioning Officer(s)

Instructions to Laboratory/Clinical Information

Barcode:  1185662S

Alert: Refrigerate

Sample / Vial Type	Vial ID
Container	

Total No. of Vials/Container: _____

Specimen Collection Information

Date: **20/7/24** Time: _____

Fasting: Yes No Fasting

Collection by: _____

Urine Volume: _____ ml Hrs

I authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to my identification information etc. as may be necessary for the extent applicable by laws and regulations, will be kept confidential and will not be made publicly available. Further, I authorize the use of the above information for research in the future. I agree to the access of my medical records and specimens for diagnostic and research purposes. Information used for research will be coded to maintain confidentiality and will be discarded as per the rules and regulations specified as applicable by law. In the event of any controversy or any legal/ethical related compliances please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Home Office, Gurgaon, Haryana. This is the last requested.

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Ref No.	PDC/USG/IPC/UHID154029	Date	17-07-2024
Patient's Name	Mrs. Savita	Age & Sex	56Y/F
Referred By	Dr. Neeraj	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 distended. A calculus of size 12.1mm impacted at GB neck region. Few floating calculi with echogenic sludge are noted in lumen of gall bladder, largest of size 13mm. GB wall is diffusely thickened, measures about 7.1mm.

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 : Cholelithiasis with acute cholecystitis.

Adv: clinical correlation.


Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist



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Patient Name Mrs Saurta UHID No. 154029 IPD No. 3868
 Age / Sex 52y/f Bed No. _____ D.O.A. 17/07/24 D.O.S. 19/07/24

OPERATION THEATRE NOTES

Surgeon In-charge : _____ Anesthetist : _____
 Assistant Surgeon : _____ OT Technician : _____
 OT Staff : _____ Type of Anaesthesia : _____
 Pre-Operative Diagnosis : ACUTE CHOLECYSTITIS - PYOCYCLE of GB
 Post - Operative Diagnosis : _____
 Procedure Name : LAP CHOLECYSTECTOMY
 Operation Started at : _____ Operation Finished at : _____ Duration : _____
 Sponge Count : _____ Whome : _____

Operative Notes :

- OT Findings -
1. Dense omental and duodenal adhesions noted over GB and liver
 2. GB over distended, wall thick
 3. GB lumen filled with multiple stones and slugs
 4. Calot's triangle frozen
 5. Cystic duct steamp saturated with PD. 2-0

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

Surgeon's Signature _____

Date & Time _____ (am / pm)