





# 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... 19/7/24

Santia Devi

S/o.....

7/17

Sex F

Address.....

154144

Admission No. 868396822

3894



en.....

Site.....

Relevant Clinical History

Gall Bladder

Operative Note

Relevant Special Investigation

## CYTOLOGY REQUISITION SLIP

Smear Papsmear

Findings and History..... LMP /

Pre / Post Menopausal / Suspicious Lesion / Other

Sample

Post coital / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr.....

\* ULTRASOUND  
\* COLOUR DOPPLER  
\* DIGITAL XRAY

Dr. Sumit Singhania  
MBBS MD (Radio Diagnosis)  
PDCC (Abdominal Imaging) USG  
Consultant Radiologist  
Sr. Consultant at Ganga Hospital & Research Centre  
Sr. Consultant at Ganga Hospital & Research Centre  
Sr. Consultant at Ganga Hospital & Research Centre

PATIENTS NAME: Santra Devi

AGE/SEX: 71/F

REFERRED BY: Dr. Amit Singhania

DATE: 15/7/2024

### ULTRASOUND WHOLE ABDOMEN

**Liver :** enlarged in size (183mm) and shows normal echotexture . The intrahepatic biliary radicals are not dilated. No focal lesion is seen. Portal vein is patent .

**Gall bladder :** is over-distended (measuring 106 x 35 mm) and shows 16 mm calculus in GB lumen. A calculus measuring 20 mm is seen impacted at GB neck. GB wall is thick. Pericholecystic fat planes are thick CBD is normal in caliber.

**Spleen :** Normal in size . No focal lesion is seen.

**Pancreas :** Normal in size , shape and echotexture. MPD is not dilated. Peripancreatic fat planes are maintained.

**Right kidney :** Normal in size and echotexture. Corticomedullary differentiation maintained. No calculus/hydronephrosis is seen.

**Left Kidney :** normal in size and echotexture. Corticomedullary differentiation maintained. No calculus/hydronephrosis is seen.

**Urinary bladder :** Minimally Distended .wall thickness is normal. No calculus is seen urinary bladder lumen.

No free fluid is seen.

Few small periportal lymphnodes are seen .

IMP:

- Findings likely represent acute calculus cholecystitis.

Please correlate clinically.

Dr. Sumit Singhania

M.B.B.S., M.D. (Radiodiagnosis)

PDCC ( Abdominal imaging )

Consultant Radiologist



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Name: Santosh Devi, UHID No: 154144, IPD No: 03874  
71/A, Bed No: 331, D.O.A: 18/7/24, D.O.S: 19/7/24

## OPERATION THEATRE NOTES

In-charge: \_\_\_\_\_ Anesthetist: \_\_\_\_\_  
Surgeon: \_\_\_\_\_ OT Technician: \_\_\_\_\_

Pre-operative Diagnosis: ACUTE CHOLECYSTITIS - PYOCYCLE of GB  
Type of Anaesthesia: \_\_\_\_\_

Name: \_\_\_\_\_  
Started at: 4:45 PM Operation Finished at: \_\_\_\_\_ Duration: \_\_\_\_\_  
Whome: \_\_\_\_\_

### Notes:

OT Findings -

1. Dense omental adhesions noted over GB & liver
2. GB over distended, well thickened
3. A large stone impacted at neck of GB
4. Calot's triangle frozen
5. Cystic duct stump sutured with PDS 2-0

Specimens for histopathology (if any): \_\_\_\_\_  
Intra-operative condition: \_\_\_\_\_

Surgeon's Signature: \_\_\_\_\_  
Date & Time: \_\_\_\_\_ (am / pm)