



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 18/7/24

Name Puspa S/o.....

Age 28y Sex F Address HANGWAHERA

Phone 1541973917 Admission No 730003153



Specimen.....

Relevant Clinical History

Right Echopri

Right
Sept tube fallen

Relevant Operative Note

Pregnancy

Kemoparabacum

E Echopri jump

Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

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

Pre-menstrual / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Exocervix / 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 name and

Patient Details


First Name: Puspa Last Name: 154197
Gender: Male Female

Contact No: _____

Referral ID: _____

Maternal Screening - Date of Birth: [][] [][] [][] [][]

Weight: _____ kg Height: _____ inches LMP: _____ Last Menstrual Period

1. _____
2. _____
3. HPE Small
4. 
5. _____
6. _____
7. _____
8. _____

Billing Information

Patient Name: Pushpanjali Rewari


Referral ID: _____

Amount Received: _____ Receipt No.: _____

Payment via: Cash Cheque Credit ePlatform

Instructions to Laboratory/Clinical Informa

Information

1.  Ambient Refrigerated

Sample / Vial Type: Cotter Vial ID Barcode: _____

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/FLCIT | <input type="checkbox"/> FN Aspirate | <input type="checkbox"/> Fluid |
| <input type="checkbox"/> SST | <input type="checkbox"/> Tissue Formalin | <input type="checkbox"/> BAL |
| <input type="checkbox"/> W Blood EDTA | <input type="checkbox"/> Paraffin Block | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> W Blood Fluoride | <input type="checkbox"/> Smear | <input type="checkbox"/> Urine |
| <input type="checkbox"/> W Blood Heparin | <input type="checkbox"/> Slide (HSE) | <input type="checkbox"/> Stool |
| <input type="checkbox"/> W 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 |

Other Sample Type/Source: _____

Sample / Vial Type	Vial ID Barcode
<u>Cotter</u>	

Received Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen

Time: _____

Referral ID: _____ No. of Vials/container: _____

1. _____ 2. _____

Signature of Accessioning Officer(s)

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 20/7/24 Time: 11:30

Fasting: Yes No Fasting Period: _____

Collection by: _____

Urine Volume: _____ ml Hrs. _____

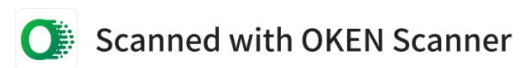
I hereby authorize MOLOQ Laboratory to use and share with affiliates, my personal information including but not limited to my confidential information, as may be necessary to perform a test or to the extent applicable by laws and regulations, will be kept confidential and will not be made publicly available. Further, I authorize the use of the outside agencies for immediate research only for the future. I agree to the access of my medical records and specimens for diagnostic and research purposes.

The authorization for research will be noted to maintain confidentiality and will be disclosed as per the laws and regulations specified as applicable by law, at the event of my publication by MOLOQ Lab. For any further related information please contact MOLOQ Laboratory. In case of any dispute the jurisdiction will be Haryana, Gurgaon, Haryana. The dispute shall be resolved by the court of law.

I hereby authorize MOLOQ Laboratory to use and share with affiliates, my personal information including but not limited to my confidential information, as may be necessary to perform a test or to 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 outside agencies for immediate research only for the future. I agree to the access of my medical records and specimens for diagnostic and research purposes.

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Date: _____ Path: _____





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Patient Name : Puspa UHID No. : 154197 IPD No. : 3917
 Age / Sex : 28 YIF Bed No. : _____ D.O.A. : 18/7/24 D.O.S. : 18/7/24

OPERATION THEATRE NOTES

Surgeon In-charge : Dr. Kuan Yada Anesthetist : Dr. Adet
 Assistant Surgeon : _____ OT Technician : _____
 Staff : _____ Type of Anaesthesia : _____

Pre-Operative Diagnosis : _____
 Post-Operative Diagnosis : _____

Procedure Name : lap chelopyectomy & ovarian cystectomy
 Operation Started at : _____ Operation Finished at : _____ Duration : 1 hour
 Sponge Count : _____ Whome : Dr. Kuan Yada

Operative Notes : Patient laid in supine position 1 GA
 Pains cleared & draped. Pneumo created &
 Veress needle, fls TPC 26 2 accessory ports
 Pump, Uterus (W)

Bleeding from Rt tub +++
 Absence of B/c ovum
 Cyst

Left tube normal
 2 swab Hemoperitoneum (+) (+) Drain
 selpychology done fls. B/c cyst Aspiration
 Hemostasis (C)

Specimen Explored : HS chm P. tissue done
 Specimen Sent for histopathology (if any) : _____ (H&E)

Immediate post-operative condition : IOBRAC to be
 Intra op : swab
 Surgeon's Signature : [Signature]
 Date & Time : _____ (am)

Ref No.	RS/2024	Date	18-Jul-24
Patient's Name	Mrs. Pushpa w.o Tek Chand	Age & Sex	308 Y / F
Referred By	Dr. Manoj Yadav MS	Test Done	USG- WA

ULTRASOUND REPORT OF WHOLE ABDOMEN

LIVER is normal in size, shape and shows normal homogenous echotexture. Intra Hepatic Billiary Radicals are normal. No space-occupying lesion is seen. **Portal vein and IVC** are normal in calibre.

GALL BLADDER is physiologically dilated. No calculus / mass seen. Wall thickness is normal.

CBD is normal in diameter. No CBD calculus is seen.

PANCREAS is normal in size and shows normal echotexture.

SPLEEN is normal in size and shows normal echotexture. Splenic vein is normal.

RIGHT KIDNEY is normal in size & shape, position and echotexture. Cortico-medullary differentiation is well maintained. Pelvicalyceal system is not dilated. No calculus is seen.

LEFT KIDNEY is normal in size & shape, position and echotexture. Cortico-medullary differentiation is well maintained. Pelvicalyceal system is not dilated. No calculus is seen.

URINARY BLADDER is normal in capacity with smooth outline. No calculus/mass seen.

UTERUS is anteverted in nature. It is normal in size and echotexture. It measures 8.8 x 5.1 x 4.9 cm in size. No mass lesion seen. Uterine cavity is empty. Endometrial thickness is normal.

A heteroechoic solid cystic lesion of size approx. 42.2 x 25.6 mm is seen in left adnexa region with peripheral vascularity. Mild to moderate free fluid with echoes seen in pelvis.

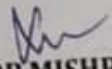
Let ovary is not separately visualized.

40.4 x 40.3 mm well defined ovoid anechoic cystic lesion seen in right ovary.

IMPRESSION:-

- > Left tubo ovarian mass? Ectopic pregnancy.
- > Right ovarian simple cyst.

Adv. - Serial beta HCG correlation/MRI pelvis


DR ANOOP MISHRA MD
CONSULTANT ULTRASONOLOGIST

गर्भवती महिला की घोषणा

में श्रीमती Pushpa सत्य निष्ठा से घोषणा करती हूँ कि मैंने अल्ट्रासोनोग्राफी/छाया चित्रण आदि करवाकर अपने भ्रूण का लिंग जांच नहीं कराया है और न ही इसके बारे में कोई बातचीत की है।

(गर्भवती महिला के हस्ताक्षर/अंगूठे का निशान)



Doctor Residence, Mahal Bagh, Old Bus Stand, Tijara (Raj.) Tel. 01469-262151, Mob. : 8890274242, 9983040100, E-mail : rishisonography

• 4D-Sonography • Multi Slice CT Scan • Echo-Cardiography • Colour Doppler • Mammography • Digital X-Ray • OPG • TMT • ECG • EEG • PF

professional opinion and not the final diagnosis. The report is to be correlated clinically and with lab reports. This report is not valid for medico