



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



Dr. Meera

HISTO PATHOLOGY REQUISITION SLIP

Date 22-7-24

Name Miss Payal Dr. Maya Ram

Age 18y Sex F Address Ahmadpur Post Tal III Dist Rewari

UHLID = 154027 Admission No. 9467614085
04028



Specimen _____ Site _____

Brief Relevant Clinical History

Gali Bladder

Brief Operative Note

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History _____ LMP / Any other _____

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr. _____





TEST REQUISITION FORM

Unique Identifier

Test Name/Test Code



TEST REQUISITION FORM

Unique Identifier

Test Name/Test Code

(Please refer to the Directory of Services for correct name and specimen type)

Patient Details

First Name: Payal Last Name: 154027

Age: 18 IF Gender: Male Female

Address: _____ Contact No: _____

E-mail ID: _____

Referred By: _____ Contact No: _____

For Maternal Screening - Date of Birth:

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

Billing Information

Client Name: Purkpanjali Rewari

Client ID: _____

Total Amount: _____

Amount Received: _____ Receipt No: _____

Amount Balance/Due: _____

Payment via: Cash Cheque Credit ePlatform

Specimen Type Received (For MolQ use only)

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Serum | <input type="checkbox"/> Blood Marrow | <input type="checkbox"/> CSF |
| <input type="checkbox"/> Plasma EDTA/PLCIT | <input type="checkbox"/> Tissue Aspirate | <input type="checkbox"/> Fluid |
| <input type="checkbox"/> SST | <input type="checkbox"/> Tissue Freehand | <input type="checkbox"/> BM |
| <input type="checkbox"/> W Blood EDTA | <input type="checkbox"/> Paraffin Block | <input type="checkbox"/> Synovium |
| <input type="checkbox"/> W Blood Fluoride | <input type="checkbox"/> Smear | <input type="checkbox"/> Urine |
| <input type="checkbox"/> W Blood Heparin | <input type="checkbox"/> Slide (H&E) | <input type="checkbox"/> Stool |
| <input type="checkbox"/> W Blood Sodium Citrate | <input type="checkbox"/> Plug | <input type="checkbox"/> Swab |
| <input type="checkbox"/> Sperm | <input type="checkbox"/> Blood Culture bottle | <input type="checkbox"/> Other |

Other Sample Type/Source: _____

Received Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen

Date: _____ Time: _____

Patient ID: _____ No. of Vials/containers: _____

1	2
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Signature of Accessing Officer(s)

Instructions to Laboratory/Clinical Information

Send Specimen Information

Temperature: Ambient Refrigerated Frozen

Vial ID Barcode

Center

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 23/7/24 Time: 11:03

Fasting: Yes No Fasting Period: _____ hrs

Collection by: _____

Urine Volume: _____ ml Mrs. _____

Patient Consent: I hereby authorize MOLQ Laboratory to receive and analyze my specimen, and to disclose information including but not limited to my specimen's composition and/or test results to my physician and/or other healthcare providers for the purpose of diagnosis and/or treatment. I understand that the use of the above specimen for diagnostic purposes and/or for future research is not guaranteed. I agree to the terms of my medical records and specimen for diagnostic and research purposes.

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DR. GARG ULTRASOUND & DIAGNOSTIC CENTRE

Opp. Tehsil, Station Road, Kosli, Distt. Rawari (Hr.)
Ph. : 01259-275677, Mob. : 7056903310

Dr. Ritesh Garg
MBBS, MD (Radiology)
Consultant Radiologist
Formerly at : PGIMS Rohtak

Name of patient:	Ms. Payal	Age/Sex	18 years/F
Referred By :	Dr. Vikas (Guriyani)	Date:	14-Jul-24

ULTRASOUND 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 (4.9mm).

Gall Bladder is partially distended. Multiple calculi are seen in GB lumen, largest measuring 5.5mm. The GB wall is not thickened.

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 anteverted and normal in size. Myometrium shows normal echo-pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 5 mms.

Left Ovary: A cystic lesion of size 28x28mm with fine internal septations and low level internal echoes is seen in left ovary—s/o hemorrhagic ovarian cyst.

Right Ovary: Normal. No adnexal mass is seen on right side.

No free fluid is seen in pouch of Douglas.

No e/o ascites seen.

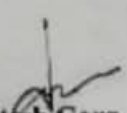
No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

IMPRESSION: USG findings are suggestive of:

- Cholelithiasis.
- Left ovarian hemorrhagic cyst.

Please correlate clinically.


Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist

Not valid for medico-legal purpose.

All clinical information cannot be detected by USG.





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Patient Name Miss Payal UHID No. 154027 IPD No. 04028
Age / Sex 18y F Bed No. _____ DOA 22-7-24 DOS 22-7-24

OPERATION THEATRE NOTES

Surgeon in-charge: Dr Neevijay Anesthetist: Dr Mohit
Assistant Surgeon: _____ OT Technician: Shrikant
OT Staff: Yojender yadav Type of Anaesthesia: _____
Pre-Operative Diagnosis: ACUTE CHOLECYSTITIS
Post - Operative Diagnosis: _____
Procedure Name: LAP CHOLECYSTECTOMY
Operation Started at: _____ Operation Finished at: _____ Duration: _____
Sponge Count: _____ Whome: _____

Operative Notes :

- OT findings -
1. Ommental adhesions noted over GB
 2. GB distended, filled with multiple stones
 3. wide cystic duct
 4. cystic duct and artery cl

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

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