

UP



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
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HISTO PATHOLOGY REQUISITION SLIP

Consultant. Dr. NEERAJ

Date 26/7/24

Name Mrs. REKHA w/o AKSHAY
Age 24 yrs Sex Female Address VPO Mas Chara Thajjan
UID-154205, IPD-24-04195 Mobile Admission No: 9728080096
Cat - A/B

Specimen Site
~~Small intestine~~ HCU POSITIVE

Brief Relevant Clinical History

① Mesenteric lymph nodes.



Brief Operative Note

② Appendix.



Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History.....LMP

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr.....

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Ref No	PDC/USG/OPC/UHID154705	Date	26-07-2024
Patient's Name	Mrs. Rekha	Age & Sex	23 Y/F
Referred By	Emergency Consultant	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 partially distended. No e/o any obvious calculus or mass lesion is seen.

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 6 mm.

Both ovaries are visualised and are normal. No adnexal mass is seen.

No free fluid is seen in pouch of Douglas.

No e/o ascites seen.

No USG e/o appendicitis is seen.

Multiple enlarged mesenteric lymphnodes are seen in paraumbilical and RIF regions, largest of size 12.4x7.9mm. No definite evidence of internal necrosis or calcification or matted lymphnodes seen.

IMPRESSION: Mesenteric lymphadenitis.

Adv: Follow up scan after a course of antibiotic and clinical correlation.

Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist



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Patient Name : Mrs. REKHA UHD No. 154705 IPD No. 24-04/25
Age / Sex 24y / F Bed No. ... DOA 26/7/24 DOB 26/7/24

OPERATION THEATRE NOTES

Surgeon In-charge : DR. NEERAJ Anesthetist : DR. SACHIN AKORA
Assistant Surgeon : ... OT Technician : Mr. YAGENDER
OT Staff : Mr. SHRIKANT Type of Anaesthesia : G/A
Pre-Operative Diagnosis : ACUTE APPENDICITIS
Post - Operative Diagnosis : ...
Procedure Name : LAP APPENDICECTOMY
Operation Started at : ... Operation Finished at : ... Duration : ...
Sponge Count : ... Whome : ...

Operative Notes :

OT Findings - 1. Long and inflamed appendix
retrocecal in position
2. Multiple mesenteric lymph nodes
3. Base of the appendix ligated
with catgut endoloop

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

Surgeon's Signature : [Signature]
Date & Time : ... (am / pm)