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PUSHPANJALI HOSPITAL (A unit of Pushpanjali Medicare Pvt. Ltd.) Rajesh Pilot Chowk, Garhi Bolni Road, Rewari - 123 401 (Haryana), India Phone: +91-1274-260021, 260521, 260500 Email: pushpanjalihospitalrewari@gmail.com CIN: U85110DL1987PTC207727 HISTO PATHOLOGY REQUISITION SLIPAddress..... Admission No..... ief relevant Clinical History TURP CLIPS ef Operative Note Relevant Special Investigation CYTOLOGY REQUISITION SLIP ology Papsmear ical Finding and History..... nal / Post Menoposal / Suspicious Lesion / Other of Sample ix / Post fornix, Lat Vag wall / endo Cervix Ref. Dr.....

JESH GOYAL

SPECIFIC PROPERTY NAMED IN

RITU JAIN

No. MACHINE

E ME-Chief & Germ





Patient Name: Suraj Bhan s/o Nar Singh Age: 80Y/M

Date: 17 July 2024 Ref. By Dr: Kanshai Goyal

ULTRASOUND REPORT (WHOLE ABDOMEN)

Livers Normal size, shape & outline.

Grade II fatty change seen Small degenerative cyat seen in right lobe of liver auteromedially

measuring 26.6 x 21.6mm.

PV-Normal

CBD - Dilated (7.5mm), however no obvious calculi seen in

visualized portion of CBD.

IHBR - Not diluted.

Wall regular & normal thickness. GB:

Couple of large (20mm & 19.4mm) calculi seen in lumen of GB.

Normal size, shape & echopatiers. Spleen: Normal size, shape & echo texture. Puncreus:

Right Kidney: Normal size, shape & outline. Multiple small & large curtical cysts seen in upper, mid & lower

pole region. Largest measures 5.8 x 5.8cm. Corticomedullary differentiation normal. No evidence of nephrolithiasis/nephrocalcinosis

Right kidney shows grade I hydronephrosis

Left Kidney: Normal size, shape & echopattern. Large cortical cyst seen in lower pole region measuring 6.9 x 6.8cm

Certicomedulary differentiation normal. No evidence of nephrolithiasis/nephrocalcinosis. Left kidney shows grade I hydronephrosis

No evidence of obvious abdominal lymphadenopathy.

No evidence of free fluid in abdomen. No obvious USG e/o acute appendicitis seen.

Walls mildly thickened Urinary Bladder: Foley's seen in situ.

Grously enlarged in size & measures 6.4 x 5.8 x 5.4cm,

volume - 104cc.

Imp: Cholelithiasis

Prostate:

Mildly thickened UB walls s/o Cystitis / UTL

Gross prostatic enlargement.

Incidental note is made of dilated LV with poor contractility of LV & increased EDV.

Adv: ECG, ECHO correlation

Urine examination Clinical correlation

DR. RATEST GOYOLE















Depuisoned with VOCUMOR EX Volumes DE Radiones shed E-Rep



21, BRASS MARKET, REWARL-123401 (HARYANA) PH.: 01274-222915, #ADJOLOGIST

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0	DYLORES
18	PUSHPANJALI HOSPITAL
6	(A Unit of Pushpanjall Medicare Pvt. Ltd.) Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India
	Phone No +91-1274-261200 267021
	E-mail: pushpanialihospitalrewari@gmail.com, CIN US\$110DL1987PTC207727
	Ment Name Mr Squag Bhan UHID No. 154710 IPD No. 04192
	Age / Sex 8 1 4 Med No DOA 26-7-24 DOS 26-7-24
	OPERATION THEATRE NOTES
	Surgeon In-charge Dy Kamal Anesthetist Dr Mohit
	Assistant Surgeon : Dr Yoyeth OT Technician :
	OT Staff Pre-Operative Diagnosis: BPE Type of Anaesthesia. S74:
	Pre-Operative Diagnosis BPE
	Post - Operative Diagnosis : 4
	Procedure Name TURP
	Operation Started atOperation Finished atDuration
	Sponge Count
	Operative Notes: findings + woude III obstructive Prostatomegaly
	Procedure: After PDD of Parts, LASP, Cystoscopy done. Above
	mentioned findings are noted. Resection of Prostate
	done with bipolar rescetescope. TURP chips retrieved using
	G11.ic's evacuator. Complete Hemoskais ensured, 24 fr 3- w. foley's catheterization done & NS Imigation started.
	Chile's second. Confict to whell second, 24 hr 3- wi
	folly's Cathetenzation done a NS Imigation started.
	Yoges Synland
	Organ Explored
	Specimen Sent for histopathology (if any)
	Immediate post-operative condition
	Surgeon's Signature 772
	Date & Time
	PHOTICL-001/2023 - 11 (am / pm)
	D7-H