

PUSHPANJALI HOSPITAL

(A unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari - 123 401 (Haryana), India

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Email: pushpanjalihospitalrewari@gmail.com

CIN : U85110DL1987PTC207727

HISTO PATHOLOGY REQUISITION SLIP

Date 31/7/24

Dr. Komal
Bimla

S/o

Sex F

Address

133961

Admission No. 9671892452

04370



Site

Present Clinical History

Bladder Wall Biopsy

Relevant Note

Present Special Investigation

CYTOLOGY REQUISITION SLIP

Pap smear

Presenting and History..... LMP / Any of

Post Menopausal / Suspicious Lesion / Other

Specimen

from fornix, Lat Vag wall / endo Cervix

Ref. Dr.....



TEST REQUISITION FORM




Unique Identifier

Patient Details

First Name: Bijola Last Name: 133961
Age: 71F Gender: Male Female
Address: _____
Contact No: _____
Referred By: _____ Contact No: _____
For Molecular Screening Date of Birth:
Height: _____ kg Weight: _____ inches LMP: _____

Test Name/Ref Code

Please refer to the Directory of Services
HPE small


Billing Information


Client Name: Rushpanjali Rewards
Client ID: _____
Total Amount: _____
Amount Received: _____ Receipt No: _____
Amount Balance Due: _____
Payment via: Cash Cheque Credit ePlatform

Instructions to Laboratory/Client

Specimen Type Received (For MolQ use only)

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Serum | <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> CSF |
| <input type="checkbox"/> Plasma COMPLETE | <input type="checkbox"/> PB Aggregates | <input type="checkbox"/> Pw |
| <input type="checkbox"/> EDT | <input type="checkbox"/> Tissue Fragments | <input type="checkbox"/> M |
| <input type="checkbox"/> In-house EDTA | <input type="checkbox"/> Papillary Block | <input type="checkbox"/> Sp |
| <input type="checkbox"/> W Blood Plasma | <input type="checkbox"/> Smear | <input type="checkbox"/> Urine |
| <input type="checkbox"/> W Blood Heparin | <input type="checkbox"/> Skin (MSU) | <input type="checkbox"/> Vag |
| <input type="checkbox"/> W Blood Sodium Citrate | <input type="checkbox"/> Pw | <input type="checkbox"/> WBC |
| <input type="checkbox"/> Serum | <input type="checkbox"/> Blood Culture Bottle | <input type="checkbox"/> Others |

Specimen Information


Designer / visit type

Received Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen
Date: _____ Time: _____
Patient ID: _____ No. of Vials/containers: _____

Specimen Collection Information

Total No. of Vials/Container: _____
Date: 31/7/24
Fasting: Yes No
Collection by: Surinder
Lab ID: _____

1 _____
2 _____
Signature of Accompanying Officer(s)

We warrant: (inserted within MolQ Laboratory to use and share with affiliates, its service providers, students and employees in the confidential information that we have the information in the patient submitted by you and requested, and all test results generated, and all test results generated, together, submitted by you in the patient submitted, and all test results generated in the course of the patient submitted and submitted for diagnosis and research purposes. The sample used for research will be used to manage confidentially and will be discarded as per the policy and regulations specified as applicable to you. In the event of any conflict, for any reference matter, contact MolQ Laboratory for assistance. In case of any dispute, the jurisdiction will be held in India, Gurgaon, Haryana and that MolQ of the test requested.

we warrant: (inserted within MolQ Laboratory to use and share with affiliates, its service providers, students and employees in the confidential information that we have the information in the patient submitted by you and requested, and all test results generated, and all test results generated, together, submitted by you in the patient submitted, and all test results generated in the course of the patient submitted and submitted for diagnosis and research purposes. The sample used for research will be used to manage confidentially and will be discarded as per the policy and regulations specified as applicable to you. In the event of any conflict, for any reference matter, contact MolQ Laboratory for assistance. In case of any dispute, the jurisdiction will be held in India, Gurgaon, Haryana and that MolQ of the test requested.



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Patient Name: Bimla UHID No: 838461 IPD No: 02270
Sex: 7146 Bed No: _____ D.O.A: 31/7/24 D.O.S: 31/7/24

OPERATION THEATRE NOTES

Surgeon In-charge: Dr. Kamal Anesthetist: Dr. Mohit
Assistant Surgeon: Dr. Yogesh OT Technician: _____
Staff: _____ Type of Anaesthesia: SA

Pre-Operative Diagnosis: BOO
Post-Operative Diagnosis: _____
Procedure Name: BNI ± Bladder wall Biopsy
Operation Started at: _____ Operation Finished at: _____ Duration: _____

Wound Count: _____ Whome: _____

operative Notes: Findings: [Bladder neck stenosis
Gross thickening ± fungating mass over
trigonal region, infiltrating RTVUS

Procedure: After P&D of parts, LAD, Cystoscopy ± Urethroscopy.
done. Above mentioned findings are noted. Bladder neck
Incision done at 5'o, 7'o clock ~~position~~ position. Biopsy of
the Bladder wall lesion ~~done~~ taken. Specimen Retrieved.
Complete Hemostasis ensured. 18 Fr 3-way Foley's Catheterization
done & NS Irrigation started.

Organ Explored: _____
Specimen Sent for histopathology (if any): Bladder wall Biopsy
Good
Immediate post-operative condition: _____

Surgeon's Signature: [Signature]
Date & Time: 31/7/24 (am / pm)



Patient Name	: BIMLA DEVI	Reg. Date	: 01-MAR-2024
Age/Sex	: 71Y/F	Referred By	: Dr. RAMAN TANWAR

USG WHOLE ABDOMEN

Clinical history: Abdominal pain

Liver is normal in size (longitudinal span 13 cm), contour and echotexture. No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen.

The common bile duct and portal vein are normal in course and caliber.

The gall bladder is partially distended with normal wall thickness. No intraluminal calculi / focal lesion seen. No pericholecystic pathology seen.

Both the kidneys are normal in position. The right kidney measures 11.4 x 5.2cm and shows moderate-severe hydronephrosis with echogenic material in the calyces. Marked cortical thinning is noted. No focal lesion/calculus noted in right kidney.

The left kidney measures 9.3 x 3.9cm and shows mild hydronephrosis with normal corticomedullary differentiation. The cortical thickness is within normal limits. Small simple cortical cyst is seen in left kidney.

Spleen is normal in size (11 cm) and echopattern with no focal lesion.

Pancreas is normal in size and parenchymal echogenicity. No obvious focal lesion is seen. MPD is not dilated.

No ascites noted.

The Urinary Bladder is empty with catheter bulb in situ. The wall is diffusely thickened measuring 13 mm in thickness involving the vesicoureteric junction resulting in upstream hydroureteronephrosis.

Uterus is post-menopausal in size, measuring 4.8 x 4.1 x 2.6 cm. The endometrium measures 2 mm. The uterine cavity is empty. No focal lesion seen.

No gross adnexal masses.

IMPRESSION:

- Moderate-severe right hydronephrosis with marked cortical thinning and echogenic material in the calyces, likely representing pyonephrosis/hemorrhage.
- Mild left hydronephrosis.
- Cystitis with wall thickening involving the vesicoureteric junction resulting in upstream hydroureteronephrosis.

Please correlate clinically

Dr. Gaurav Vashisht, MD
Consultant Radiologist
HMC No.: 014362