

PUSHPANJALI HOSPITAL

(A unit of Pushpanjali Medicare Pvt. Ltd.)

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

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CIN : U85110DL1987PTC207727

HISTO PATHOLOGY REQUISITION SLIP

Komal
Bimla

Date..... 3/17/24

Sex F Address.....

133961

04370



11856656

S/o

Admission No. 9671892452

Site.....

Int Clinical History

ative Note

Bladder Wall Biopsy

nt Special Investigation

CYTOTOLOGY REQUISITION SLIP

psmear

ding and History..... LMP / Any other

est Menopausal / Suspicious Lesion / Other

ple

f fornix, Lat Vag wall / endo Cervix

Ref. Dr.....



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Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

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Bimla

UHID No.: 538461

IPD No.: 04270

Patient Name

71 Y/o

Bed No.

D.O.A.

31/7/24

D.O.S. 31/7/24

Sex:

D.O.A.

OPERATION THEATRE NOTES

Surgeon In-charge: Dr. Kamal

Anesthetist:

Dr. Mohit

Assistant Surgeon: Dr. Yogesh

OT Technician:

SA

Staff:

Type of Anaesthesia:

GA

Pre-Operative Diagnosis:

Post - Operative Diagnosis:

BNL c Bladder wall Biopsy

Operation Started at:

Operation Finished at:

Duration:

Operation Count:

Whome:

Operative Notes: Findings: Bladder neck stenosis
Gross thickening & fungating mass over trigonal region, infiltrating PTVT

Procedure: After P&D of parts, LAP, Cystoscopy & Urethroscopy done. Above mentioned findings are noted. Bladder neck Incision done at 5'0 & 7'0 clock 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:

Yogesh

Specimen Sent for histopathology (if any):

Bladder wall Biopsy

Good

Immediate post-operative condition:

Surgeon's Signature:

DR

Date & Time:

31/7/24

(am / pm)

01:11

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.

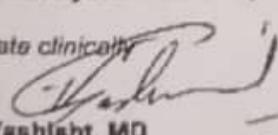
Uterus is post-menopausal in size, measuring 4.8 x 4.1 x 2.6 cm. The endometrium measures 2 mm. The uterine cavity is empty. No focal lesion seen.

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 Vashisth, MD
Consultant Radiologist
HMC No.: 014362