PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)
Rajesh Pilot Chowk, Garhi Boini Road, Rewari-123401 (Haryana), India
Phone No +91-1274-263300, 260021
E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC201727

Dr Pkaraj

HISTO PATHOLOGY REQUISITION SLIP

Date 12-8-26

Name Mrs. LALITA DEVI S/o W/o kailash chand

Age 56 Y Sex F Address Vill Raisthana

Admission No.

UHID = 155386
IP 047881

11856562

9012931987

Specimen Site

Brief Relevant Clinical History Gall Bladder

Brief Operative Note

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History LMP / Any

Normal / Post Menoposal / Suspicious Lession / Other

Site of Sample

Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.

TEST REQUISITION FORM

MOLQ LABORATORY

Unique Identifier

Patient Details

First Name: Lalita Devi Last Name: 155386

Age: 56/F Gender: Male ☐ Female ☐

Address: ____________________

Contact No. ____________________

E-mail ID: ____________________

Referred By: ____________ Contact No. ____________

For Maternal Screening -Date of Birth:- D D M M Y Y Y Y

Weight: ______ kg Height: ____ ft ____ Inches, LMP ______ Last Ultrasound Report

Billing Information

Client Name: Pushpanjali 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)

☐ Serum	☐ Bone Marrow	☐ CSF
☐ Plasma EDTA/FL/CIT	☐ FN Aspirate	☐ Fluid
☐ SST	☐ Tissue Formalin	☐ BAL
☐ W.Blood EDTA	☐ Paraffin Block	☐ Sputum
☐ W.Blood Flavide	☐ Smear	☐ Urine
☐ W.Blood Heparin	☐ Slide (H&E)	☐ Stool
☐ W. Blood Sodium Citrate	☐ Pus	☐ Swab
☐ Semen	☐ Blood Culture Bottle	☐ Others

Other Sample Type/Source ____________________

Received Specimen Information (For MolQ use only)

Temperature ☐ Ambient ☐ Refrigerated ☐ Frozen

Date: ____________ Time: ____________

Patient ID ____________ No. of Vials/container ____________

1	2

Signature of Accessioning Officer(s)

Test Name/Test Code

(Please refer to the Directory of Services for correct name and sp...

1. ____________________
2. HPE Small
3. 11856562
4. ____________________
5. ____________________
6. ____________________
7. ____________________
8. ____________________
9. ____________________

Instructions to Laboratory/Clinical Information

...ormation

11856562

...bient ☐ Refrigerated ☐

Sample / Vial Type	Vial ID Barcode
Corder	

Total No. of Vials/Container: ____________

Specimen Collection Information

Date: 13/8/24 Time: 11:0...

Fasting: Yes ☐ No ☐ Fasting Period: ______

Collection by Surender Kumar Rewar...

Urine Volume: ____________ ml Hrs. ______

...ent Consent : I hereby authorize MolQ Laboratory to use and share with affiliates my personal information including but not limited to my condition/disease information etc. as may be necessary to perform the test...

[illegible]

Date ____________ Patient/Client/Guardian...

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Ref No	PDC/USG/OPE/UHID155386	Date	06-08-2024
Patient's Name	Mrs. Lalita Devi	Age & Sex	56Y/F
Referred By	Dr. Neeraj	Test Done	USG-

ULTRASOUND REPORT OF WHOLE ABDOMEN

Liver is mildly enlarged in size 16.9cm and shows grade I fatty infiltration. 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 contracted, however shows wall echo shadow complex-? Cholelithiasis. Adv:- review fasting after 3days of fat free diet.

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 postmenopausal in appearance. Endometrial thickness is 4 mms. **Two hypoechoic lesions are seen in anterior and posterior wall of uterus, largest measuring 17.5x15.6mm in posterior wall s/o intramural uterine fibroids.**

No e/o ascites seen.
No e/o obvious abdominal lymphadenopathy is seen.
No USG e/o appendicitis is seen.

IMPRESSION

- **Mild hepatomegaly with grade I fatty liver.**
- **Gall bladder is contracted, however shows wall echo shadow complex-? Cholelithiasis. Adv:-review fasting after 3days of fat free diet.**
- **Intramural uterine fibroids.**

Adv: clinical correlation.

Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist

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Patient Name : Mrs Lalita Devi UHID No. : 155386 IPD No. : 24-04781

Age / Sex 56/F Bed No. D.O.A 12/8/24 D.O.S 12/8/24

OPERATION THEATRE NOTES

Surgeon In-charge : Anesthetist :

Assistant Surgeon : OT Technician :

OT Staff Type of Anaesthesia

Pre-Operative Diagnosis : CHRONIC CHOLECYSTITIS

Post - Operative Diagnosis :

Procedure Name LAP CHOLECYSTECTOMY

Operation Started at Operation Finished at Duration

Sponge Count Whome

Operative Notes :

OT Findings -

1. Dense omental and duodenal adhesions noted b over GB and liver
2. GB contracted, wall thickened
3. GB lumen completely filled with stones
4. Calot's triangle frozen
5. Cystic duct stump sutured with PDS 2-0

Organ Explored

Specimen Sent for histopathology (if any)

Immediate post-operative condition

Surgeon's Signature

Date & Time (am / pm)