





# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)  
 Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India  
 Phone No +91-1274-293300, 290021  
 E-mail: pushpanjalihospitalrewari@gmail.com. CIN: U85110DL1987PTC207727

## HISTO PATHOLOGY REQUISITION SLIP

Dr. Manoj

Date 14-8-24

Name M. Vijay Lal S/o Pahl Adh Singh

Age 75 Sex M Address

M. 9738255132

Admission No

UHID 15505P  
04P45

Address Chitlang Road, Rewari  
Couch

Specimen Site



Brief Relevant Clinical History

Lipoma

Brief Operative Note

Any Relevant Special Investigation

## CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History LMP / Any other

Normal / Post Menopausal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.



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Ref No	PDC/USG/OPC/UHID155858	Date	12-08-2024
Patient's Name	Mr. Vijay Pal	Age & Sex	75 Y/M
Referred By	Dr. Neeraj	Test Done	USG-

## USG SOFT TISSUE

A hyperechoic lesion of size about 116x59x82mm is seen in subcutaneous fascial plane at site of complaint at right axillary region and extending into medial aspect of upper arm s/o Lipoma.

Please correlate clinically.

Dr. Ritesh Garg  
MBBS MD (Radiodiagnosis)  
Consultant Radiologist



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Name: Mr Vijaypal UHID No: 155558 IPD No: 04845  
 Sex: 75417 Bed No: \_\_\_\_\_ D.O.A: 14-8-24 D.O.S: 14-8-24

## OPERATION THEATRE NOTES

Surgeon In-charge: \_\_\_\_\_ Anesthetist: \_\_\_\_\_

Assistant Surgeon: \_\_\_\_\_ OT Technician: \_\_\_\_\_

OT Staff: \_\_\_\_\_ Type of Anaesthesia: \_\_\_\_\_

Pre-Operative Diagnosis: LARGE Myolipoma over (Rt) Axilla

Post-Operative Diagnosis: \_\_\_\_\_

Procedure Name: EXCISION DONE

Operation Started at: \_\_\_\_\_ Operation Finished at: \_\_\_\_\_ Duration: \_\_\_\_\_

Sponge Count: \_\_\_\_\_ Whome: \_\_\_\_\_

### Operative Notes :

OT Biopsy - 1. Approx 11.5 cm x 9cm lipoma over (Rt) Axilla and ~~medial~~ extending upto (Rt) axm medial aspect

2. 16 Fr Removal drain placed in subcutaneous cavity

Organ Explained: \_\_\_\_\_

Specimen Sent for histopathology (if any): \_\_\_\_\_

Immediate post-operative condition: \_\_\_\_\_

Surgeon's Signature: \_\_\_\_\_

Date & Time: \_\_\_\_\_ (am / pm)