


TEST REQUISITION FORM

Test Name/Test Code

(Please refer to the Directory of Services for correct)

1. HPE Small

2. HPE Small

3.  **11856526**

4. **11856526**

5. _____

6. _____

7. _____

8. _____

9. _____

Patient Details

Name: Munsi Ram Last Name: 154450

68/M Gender: Male Female

Address: _____ Contact No. _____

Mobile ID: _____

Referred By: _____ Contact No. _____

Maternal Screening - Date of Birth:

Weight: _____ kg. Height: _____ ft. _____ Inches, LMP: _____ Last Ultrasound Report

Instructions to Laboratory/Clinical

Billing Information

Name: Pushpanjali Rewari

ID: _____

Amount: _____

Amount Received: _____ Receipt No.: _____

Amount Balance /Due: _____

Payment via: Cash Cheque Credit ePlatform

Specimen Information

Total No. of Vials/Container: Patient Relative

Sample / Vial Type	Vial
<u>Container</u>	

Specimen Type Received (For MoIQ use only)

<input type="checkbox"/> Serum	<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> CSF
<input type="checkbox"/> Plasma: EDTA/FL/CIT	<input type="checkbox"/> FN Aspirate	<input type="checkbox"/> Fluid
<input type="checkbox"/> SST	<input type="checkbox"/> Tissue Formalin	<input type="checkbox"/> BAL
<input type="checkbox"/> W Blood EDTA	<input type="checkbox"/> Paraffin Block	<input type="checkbox"/> Sputum
<input type="checkbox"/> W Blood Fluoride	<input type="checkbox"/> Smear	<input type="checkbox"/> Urine
<input type="checkbox"/> W Blood Heparin	<input type="checkbox"/> Slide (H&E)	<input type="checkbox"/> Stool
<input type="checkbox"/> W. Blood Sodium Citrate	<input type="checkbox"/> Pus	<input type="checkbox"/> Swab
<input type="checkbox"/> Semen	<input type="checkbox"/> Blood Culture Bottle	<input type="checkbox"/> Others

Other Sample Type/Source

Received Specimen Information (For MoIQ use only)

Temperature: Ambient Refrigerated Frozen

Time: _____

ID: _____ No. of Vials/container: _____

1	2
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Signature of Accessioning Officer(s)

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 17/8/24 Time: _____

Fasting: Yes No Fasting

Collection by: _____

Urine Volume: _____ ml

I hereby authorize MoIQ Laboratory to use and share with affiliates, my personal information including but not limited to my condition/disease information etc., as may be necessary for the extent applicable by laws and regulations, will be kept confidential and will not be made publicly available. Further, I authorize the use of the above specimens for research purposes in the future. I agree to the access of my medical records and specimen for diagnostic and research purpose. If a sample used for research will be coded to maintain confidentiality and will be discarded as per the rules and regulation specified as applicable by law. In the event of any publication, I will be notified. For any test/service related complaint, please contact MoIQ Laboratory for resolution. In case of any dispute the jurisdiction will be New Delhi, Gurgaon, Haryana. This is the ACP of the test requested.



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U05110DL1987PTC207727

HISTO PATHOLOGY REQUISITION SLIP

Date 16/8/2024

MUNSHI RAM S/o

687 Sex M Address

154450

Admission No. 9355429990

4923



Site

Relevant Clinical History

Gall Bladder

Operative Note

Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Papsmear

Relevant History.....LMP / Any o

Post Menopausal / Suspicious Lesion / Other

Sample

Post fomix, Lat Vag wall / endo Cervix

Ref. Dr.....



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Ref No.	PDC/USG/OPC/UHID154450	Date	24-07-2024
Patient's Name	Mr. Munshi Ram	Age & Sex	67Y/M
Referred By	Dr. Neeraj	Test Done	USG-

ULTRASOUND REPORT OF WHOLE ABDOMEN

Liver is normal in size and echo-texture. 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 partially distended. A **floating calculus of size 13.5mm** is noted in lumen of gall bladder.

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. **A simple cyst of size 20x20mm is noted in mid pole of left kidney.**

Urinary bladder is well distended. The lumen is echofree with no e/o any calculus or mass lesion.

Prostate is mildly enlarged in size volume 31cc.

No e/o ascites or free fluid seen.

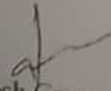
No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

IMPRESSION :

- > Cholelithiasis.
- > Left renal simple cyst.
- > Mild prostatomegaly. PVR:- Nil.

Adv: clinical correlation.


Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist





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Patient Name : M. Singh: Pan UHID No. : 1516450 IPD No. : 4923

Age / Sex : 67 M Bed No. : D.O.A. 16-8-24 D.O.S. 16-8-24

OPERATION THEATRE NOTES

Surgeon In-charge : Anesthetist :

Assistant Surgeon : OT Technician :

OT Staff : Type of Anaesthesia :

Pre-Operative Diagnosis : ACUTE CHOLECYSTITIS

Post - Operative Diagnosis :

Procedure Name : LAP CHOLECYSTECTOMY

Operation Started at : Operation Finished at : Duration :

Sponge Count : Whome :

Operative Notes :

- OT Findings -
1. GB distended,
 2. A large stone impacted at neck of GB
 3. Calot's triangle anatomy (N)
 4. Cystic duct and artery clipped

Organ Exploded :

Specimen Sent for histopathology (if any) :

Immediate post-operative condition :

Surgeon's Signature : [Signature]

Date & Time : (am / pm)

