



# 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: U85110DL1987PTC207727

*Manoj*

## HISTO PATHOLOGY REQUISITION SLIP

Date *16-8-24*

Name *Mrs. Plummi*      *Wife*      *Manoj Rao*  
Age *50*      Sex *F*      Address *Gurgaon Shaffar*  
HID *155992*      Admission No. *959172F626*  
Specimen *04850*            Site

Relevant Clinical History

*Gall Bladder -*

Operative Note

Relevant Special Investigation

## CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History.....LMP / Any

Pre / Post Menopausal / Suspicious Lesion / Other

Sample

Endocervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.....

# TEST REQUISITION FORM



Unique Identifier

## Test Name/Test Code

(Please refer to the Directory of Services for codes)

1. **HPE Small**



## Patient Details

First Name: **Murry** Last Name: **155992**

Age: **55** Gender: Male  Female

Address: \_\_\_\_\_ Contact No: \_\_\_\_\_

Ref ID: \_\_\_\_\_

Ordered By: \_\_\_\_\_ Contact No: \_\_\_\_\_

Maternal Screening - Date of Birth: [ ][ ] [ ][ ] [ ][ ] [ ][ ]

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ inches, LMP: \_\_\_\_\_ Last Menstrual Period

## Instructions to Laboratory/Clinical

## Billing Information

Ref Name: **Pashpanjali Rewari**

Ref ID: \_\_\_\_\_

Amount: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Amount Balance Due: \_\_\_\_\_

Payment via  Cash  Cheque  Credit  ePlatform

## Barcode Information

1.  Billing

Sample / Vial Type Vial ID

**Container**

## Specimen Type Received (For MolQ use only)

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> Serum                   | <input type="checkbox"/> Bone Marrow          | <input type="checkbox"/> CSF    |
| <input type="checkbox"/> Plasma EDTA/PLCIT       | <input type="checkbox"/> PB Aspirate          | <input type="checkbox"/> Fluid  |
| <input type="checkbox"/> SST                     | <input type="checkbox"/> Tissue Formalin      | <input type="checkbox"/> Saliva |
| <input type="checkbox"/> Wt Blood EDTA           | <input type="checkbox"/> Papain Block         | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> Wt Blood Fluoride       | <input type="checkbox"/> Smear                | <input type="checkbox"/> Urine  |
| <input type="checkbox"/> Wt Blood heparin        | <input type="checkbox"/> Slide (H&E)          | <input type="checkbox"/> Stool  |
| <input type="checkbox"/> Wt 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 |

Ref Sample Type/Source

## Specimen Information (For MolQ use only)

Temperature  Ambient  Refrigerated  Frozen

Time: \_\_\_\_\_

Ref ID: \_\_\_\_\_ No. of Vials/Container: \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_

Signature of Accessioning Officer(s)

Total No. of Vials/Container: \_\_\_\_\_

## Specimen Collection Information

Date: **17/8/24** Time: **10**

Fasting: Yes  No  Fasting Period: \_\_\_\_\_

Collection By: \_\_\_\_\_

Urine Volume: \_\_\_\_\_ ml Hrs: \_\_\_\_\_

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Ref No.	PDC/USG/OPC/UHID155992	Date	14-08-2024
Patient's Name	Mrs. Munni	Age & Sex	55Y/F
Referred By	Self	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 distended. A calculus of size 17mm is impacted at GB neck region. GB wall is diffusely thickened, measures about 4.8mm.

**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.


No e/o ascites seen.

No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

**IMPRESSION** : Cholelithiasis with mild cholecystitis.

**Adv:** clinical correlation.

  
Dr. Ritesh Garg  
MBBS MD (Radiodiagnosis)  
Consultant Radiologist





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Patient Name : Mrs. M. M. M. UHID No. : 155992 IPD No. : 01850  
 Age / Sex : 55 y 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 : ACUTE CHOLECYSTITIS - PYOCELE OF GB  
 Post - Operative Diagnosis : .....  
 Procedure Name : LAP CHOLECYSTECTOMY  
 Operation Started at : ..... Operation Finished at : ..... Duration : .....  
 Sponge Count : ..... Whome : .....

### Operative Notes :

- OT findings -
1. Dense omental adhesions noted over GB and liver
  2. GB overdistended, wall thickened.
  3. A large stone impacted at neck of GB
  4. Calot's triangle region inflammation and adhesions seen
  5. 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)