



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



HISTO PATHOLOGY REQUISITION SLIP

Consultant: DR. NEERAJ

Date 19/08/2024

Name Mrs. POOJA W/O DALIP KUMAR
 Age 28 yrs. Sex female Address Buruli (75) Rewari H. 123411
 UHID - 15096, IPD - 24-05-018 Mobile 921517648
 Cat - A/B Admission No 3



Specimen..... Site.....

Brief Relevant Clinical History

Gut Bleeder

Brief Operative Note

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

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

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr.....




TEST REQUISITION FORM



Unique Identifier

Test Name/Test Code

(Please refer to the Directory of Services for code)

1 _____
 2 HPE Small
 3 _____
 4 
 5 _____
 6 _____
 7 _____
 8 _____
 9 _____

Patient Details

First Name: Pooja Last Name: 156096
 Age: 28/F Gender: Male Female
 Address: _____ Contact No: _____
 Email ID: _____
 Referred By: _____ Contact No: _____
 For Maternal Screening -Date of Birth:
 Weight: _____ kg Height: _____ s _____ inches LMP: _____ Last Ultrasound Report

Instructions to Laboratory/Clinic

Billing Information

Patient Name: Poojanjali Rawari
 Patient ID: _____
 Total Amount: _____
 Amount Received: _____ Receipt No: _____
 Amount Balance /Due: _____
 Payment via: Cash Cheque Credit ePlatform

Barcode Information

1  Patient

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/FUCIT	<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: _____

Sample / Vial type
Center

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)

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 20/8/24 Time: _____
 Fasting: Yes No
 Collection by: _____
 Urine Volume: _____

Patient 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 applicable to 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 following specimens (if and at any time in the future) I agree to the access of my medical records and specimens for diagnostic and research purposes. The sample used for research will be coded to maintain confidentiality and will be destroyed as per the rules and regulation specified as applicable to law. In the event of my death, my personal information will be destroyed. For any test/service related complimentary please contact MolQ Laboratory. In case of any dispute the jurisdiction will be Haryana Office, Gurgaon, Haryana. (Print Name) _____ (Print MRP of the test requested)

DR. RAJESH GOYAL

MBBS, MD (Radio Diagnosis)

Consultant Radiologist

Regn. No. HMC - 6713

Ex. Sr. Resident - Dr. Ram Mohan Lal Hospital, New Delhi
& Mahatma Agha Khan Hospital, New Delhi

DR. RITU JAIN

MBBS, MD (Obst. & Gynaec.)

Regn. No. HMC - 6712

Ex. Sr. Resident - Dr. Ram Mohan Lal Hospital, New Delhi
& PGIMS, Rohtak



K.LAL

ULTRASOUND & IMAGING CLINIC



Patient Name: Pooja w/o Mohit
Age: 25Y/F

Date: 16/08/2024
Ref. By: Dr. Satish

ULTRASOUND REPORT (WHOLE ABDOMEN)

Liver: Normal size, shape & echo pattern
No evidence of obvious focal mass lesion
PV-Normal
CBD - Normal (3.6mm)
IHBR - Not dilated.

GB: Wall regular & normal thickness.
Couple of large (14.8mm & 12.1mm) calculi seen in lumen of GB.

Spleen: Normal size, shape & echo pattern
Pancreas: Normal size, shape & echo texture.

Right Kidney: Normal size, shape & echopattern.
Corticomedullary differentiation normal.
2.8mm calculus seen in mid pole calyx
Pelvicalyceal system normal.

Left Kidney: Normal size, shape & echopattern.
Corticomedullary differentiation normal.
No evidence of nephrolithiasis / nephrocalcinosis.
Pelvicalyceal system normal.

No evidence of obvious abdominal lymphadenopathy.
No evidence of free fluid in abdomen.
No obvious USG e/o acute appendicitis seen

Urinary Bladder Inadequately distended

Uterus: Normal in size, shape & echotexture.
No e/o obvious myometrium mass lesion seen.
Endometrial echo is midline & normal thickness.

Ovaries: Both the ovaries are normal in size, shape & echotexture.
No evidence of obvious adnexal mass lesion.
POD clear.

Imp. Cholelithiasis
Tiny right renal calculus.

ADV: Clinical correlation.

DR. RAJESH GOYAL
RADIOLOGIST

Equipped with:

VOLUSON E8

VOLUSON E6 Radiance

Digital X-Ray



21, BRASS MARKET, REWARI-123401 (HARYANA) PH. : 01274-222915, 9992112115



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Patient Name : msg Rana UHID No. : 156095 IPD No. 05012
 Age / Sex : 26 yf Bed No. : 102 D.O.A. : 19-8-24 D.O.S : 19-8-24

OPERATION THEATRE NOTES

Surgeon In-charge : ALITE Anesthetist : 202
 Assistant Surgeon : 202 OT Technician : 202
 OT Staff : 202 Type of Anaesthesia : 202
 Pre-Operative Diagnosis : ACUTE CHOLECYSTITIS
 Post - Operative Diagnosis : 202
 Procedure Name : LAP CHOLECYSTECTOMY
 Operation Started at : 202 Operation Finished at : 202 Duration : 202
 Sponge Count : 202 Whome : 202

Operative Notes :

- OT Findings .
1. GB distended, wall thickened
 2. Two large stone seen in GB lumen, one of them impacted at neck of GB
 3. 202 Calot's triangle anatomy (N)
 4. cystic duct and artery ~~clipped~~ clipped

Organ Explored : 202
 Specimen Sent for histopathology (if any) : 202
 Immediate post-operative condition : 202

Surgeon's Signature : [Signature]
 Date & Time : 19-8-24 (am / pm)