


TEST REQUISITION FORM



Unique Identifier

Test Name/Test Code

(Please refer to the Directory of Services for correct

1 _____
2 HPE small
3 _____
4  11856263
5 _____
6 _____
7 _____
8 _____
9 _____

Details


Name: Babli Yadav Last Name: 156672
581F Gender: Male Female
Contact No: _____
Y: _____ Contact No: _____
Age: _____ Date of Birth: [][] [][] [][][][]
Weight: _____ kg Height: _____ ft _____ inches, LMP: _____ Last Ultrasound Report: _____

Instructions to Laboratory/Clinical

Information

Ref: Pushpanjali Rawat
Patient: _____
Received: _____ Receipt No.: _____
Balance / Due: _____
Payment: Cash Cheque Credit ePlatform

Specimen Information

 11856263 Patient Refr

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/FL/CIT	<input type="checkbox"/> FN Aspirate	<input type="checkbox"/> Fluid
<input type="checkbox"/> Tissue	<input type="checkbox"/> Tissue Formalin	<input type="checkbox"/> BAL
<input type="checkbox"/> Blood EDTA	<input type="checkbox"/> Paraffin Block	<input type="checkbox"/> Sputum
<input type="checkbox"/> Blood Fluoride	<input type="checkbox"/> Smear	<input type="checkbox"/> Urine
<input type="checkbox"/> Blood Heparin	<input type="checkbox"/> Slide (H&E)	<input type="checkbox"/> Stool
<input type="checkbox"/> 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

Sample / Vial Type	Vial
<u>Contn</u>	

Sample Type/Source

Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen
Time: _____
No. of Vials/container: _____

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 8/9/24 Time: _____
Fasting: Yes No Fasting
Collection by: _____
Urine Volume: _____ ml

1	2
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Signature of Accessioning Officer(s)

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 for the services applicable by laws and regulations, will be kept confidential and will not be made publicly available. Further, I authorize the use of the leftover specimens for research in the future. I agree to the access of my medical records and specimen for diagnostic and research purposes. The use of any leftover specimens 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 of any test/service related complimentary please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurgaon, Haryana. The fee for 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: U85110DL1987PTC207727



HISTO PATHOLOGY REQUISITION SLIP

Date 7/1

Name Mrs. Babli Yadav W/O Daya Ram

Age 58Y Sex female Address Sujapur

Phone 94682
Admission No. 94682

UHID- 156672

SPD- 05747



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

Brief Relevant Clinical History

Gall Bladder

Brief Operative Note

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History.....

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fornix, Lat Vag wall / endo Cervix

ATAN

ULTRASOUND CENTRE

MRI (1.5T SIEMENS) • 96 SLICE C.T. SCAN • ELASTOGRAPHY

DR. ATEESH SINGHAL

M.D. (Radio-diagnosis), FIAMS
Consultant Radiologist
Visiting Fellow, Nanavati Hospital, Mumbai
HMC Reg. No. - 8524

DR. (MRS.) ACHAL GUPTA

M.D. (Radio-diagnosis), FIAMS
Consultant Radiologist
Ex-Registrar, PGIMS, Rohtak
HMC Reg. No. - 8955

No.	RUC/USG	Date	31-Aug-24
Patient's Name	Mrs. Babli Yadav w/o D. R. Yadav	Age & Sex	58 y/F
Referred By	Dr. Manoj Yadav	Test Done	USG- WA

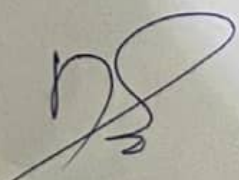
ULTRASOUND REPORT OF WHOLE ABDOMEN

- LIVER** Is enlarged (17.5 cm) in size and shows increased echotexture. Intra Hepatic Billiary Radicals are normal. No space-occupying lesion is seen.
- GB** is contracted and shows multiple echogenic foci in the lumen, largest measuring 12.8 mm in size. Wall is thickened (5 mm). Echogenic sludge is seen.
- CBD** Is normal in diameter (4.4 mm). No CBD calculus is seen. P V is normal in calibre. Para-aortic region is clear.
- PANCREAS** Is normal in size and shows normal echotexture.
- SPLEEN** Is normal in size and shows normal homogenous echotexture.
- RT KIDNEY** Normal in size, shape, position and echotexture. Cortico-medullary differentiation is well maintained. No hydronephrosis or calculus is seen.
- LT KIDNEY** Normal in size, shape, position and echotexture. Cortico-medullary differentiation is well maintained. No hydronephrosis or calculus is seen.
- UB** Is normal in capacity and is lined with smooth outline.
- UTERUS** is anteverted, atrophic in size.
- ADNEXAE** Both adnexae are clear. No adnexal mass is seen. Right iliac fossa is normal. No free fluid is seen in POD.

IMPRESSION: -

- Grade II fatty liver with mild hepatomegaly.
- Cholelithiasis with chronic cholecystitis.

Dr. (Mrs.) Achal Gupta
M.D. (Radio-diagnosis)


Dr. Ateesh Singhal
M.D. (Radio-diagnosis)

• MRI (1.5T) • 96 Slice C.T. Scan (Radiology) • 5D/4D/3D Ultrasound • Colour Doppler • Mammography • X-Ray • OPG • Path Lab.

OPP. GOVT. GIRLS SR. SEC. SCHOOL, NEAR KANOD GATE, CIRCULAR ROAD, REWARI-123401 (HR.)
Tel. : 01274-298838, 222109, Mob. : +91-7056462708, 7056462709, email: dr.ateesh@gmail.com

This is a professional opinion only and not the final diagnosis. The report is to be correlated clinically and with lab reports.
In emergency please contact the Radiologist immediately. All congenital malformations can not be detected by Ultrasound. NOT VALID FOR MEDICO LEGAL USE.



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Mrs. Babli Yadav UHID No. : 156672 IPD No. : 05797

SBY/E Bed No. D.O.A. 7/9/24 D.O.S. 9/9/24

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. Omental adhesions noted over GB
 2. GB distended, wall thickened
 3. Multiple stones in GB lumen
 4. Dilated cystic duct
 5. Cystic duct and artery clipped

Organ Explored :

Specimen Sent for histopathology (if any) :

Immediate post-operative condition :

Surgeon's Signature : _____

Date & Time : _____ (am / pm)