



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)
 Rajesh Pilot Chowk, Garhi Boini Road, Rawari-123401 (Haryana), India
 Phone No +91-1274-263300, 260021
 E-mail : pushpanjalihospitalrawari@gmail.com, CIN: U85110DL1987PTC207727

Neeraj

HISTO PATHOLOGY REQUISITION SLIP

Date - 7/9/24

Name Mrs. Omwerti ^{Lofo} Ashok Kumar
 Age 52 Yr Sex female Address Bhoela Khural
 Phone Admission No. 91928822

PHID - 157532
 EPD - 05795
 Specimen



Site

Brief Relevant Clinical History

Gall Bladder

Brief Operative Note

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

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

Normal / Post Menoposal / Suspicious Lession / 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**



Patient Details

First Name: **Omwoti** Last Name: **157532**

Age: **52/F** Gender: Male Female

Address: _____ Contact No: _____

E-mail ID: _____

Referred By: _____ Contact No: _____

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

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

Instructions to Laboratory/Clinic

Billing Information

Client Name: **Rushpanjali Rewari**

Client ID: _____

Total Amount: _____

Amount Received: _____ Receipt No: _____

Amount Balance /Due: _____

Payment via: Cash Cheque Credit ePlatform

Specimen Collection Information

1 Client

Sample / Vial Type

Contn

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"/> 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

Total No. of Vials/Container: _____

Received Specimen Information (For MolQ use only)

Temperature Ambient Refrigerated Frozen

Date: _____ Time: _____

Patient ID: _____ No. of Vials/container: _____

Specimen Collection Information

Date: **8/9/24** Time: _____

Fasting: Yes No Fa

Collection by: _____

Urine Volume: _____

Signature of Accessioning Officer(s)

Test 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 necessary for the proper management of my condition. My personal information, including but not limited to my condition/disease information etc. as may be necessary for the proper management of my condition. My personal information, including but not limited to my condition/disease information etc. as may be necessary for the proper management of my condition. My personal information, including but not limited to my condition/disease information etc. as may be necessary for the proper management of my condition.



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minutes after last dose
Patient Name : Omwati UHID No. : 157532 IPD No. : 5795
Age / Sex : 52/f Bed No. : 800 D.O.A. : 4/9/24 D.O.S. : 7/9/24

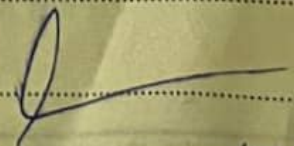
OPERATION THEATRE NOTES

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

Operative Notes :

- OT findings -
1. GB contracted, wall thickened
 2. GB lumen filled with multiple stones
 3. Dilated cystic duct
 4. Cystic duct and artery clipped

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

Surgeon's Signature : 
Date & Time : (am / pm)

Patient's name	Mrs. Omwati W.O Ashok	Age & sex	50 Y/F
Referred by	Dr. Sandeep Singh	Date	26-Aug-24

U.S.G. OF ABDOMEN & PELVIS

LIVER: Normal in size (14.1 cm), shape & echopattern. Intra Hepatic Biliary radicals are not dilated. No evidence of focal or diffuse mass lesion. IVC & Portal vein are normal. Right hemi diaphragm shows normal excursion.

GALL BLADDER: Physiologically dilated. **Multiple freely mobile calculi largest measuring 9.3 mm with distal acoustic shadowing seen in GB lumen.** No evidence of wall thickening. CBD measures ~4.0 mm.

PANCREAS: Normal in size & echo-texture. No e/o focal or diffuse lesion. MPD not dilated

SPLEEN: Normal in size, shape & echo-texture. No evidence of focal or diffuse lesion.

RIGHT KIDNEY: Normal in size, shape and position. Cortico medullary differentiation maintained. Cortical thickness and echogenicity are normal. Pelvi-calyceal system is not dilated. No evidence of stone.

LEFT KIDNEY: Normal in size, shape and position. Cortico medullary differentiation maintained. Cortical thickness & echogenicity are normal. Pelvi-calyceal system is not dilated. No evidence of stone.

URINARY BLADDER: UB is filled. No evidence of mucosal thickening & intra vesical calculus

UTERUS & OVARIES: is absent, (post hysterectomy status).

No e/o any gut pathology or enlarged lymph nodes seen in abdomen.
 No free fluid seen in cul-de-sac.

OPINION: U.S.G. findings are suggestive of: -

- Cholelithiasis.

Advice: Clinical & lab correlation.


 Dr. Tripta Aeron
 HMC No. 7642
 (Consultant Sonologist).