



# 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



Patient Name : Teenu Chauhan UHID No. : 104664 IPD No. : 5927  
Age / Sex : 25 Y / F Bed No. : ..... D.O.A. 10/9/24 D.O.S. 10/9/24

## OPERATION THEATRE NOTES

Surgeon In-charge : Dr. Kuan Yoda Anesthetist : Dr. Mohit  
Assistant Surgeon : ..... OT Technician : .....  
OT Staff : ..... Type of Anaesthesia : SA

Pre-Operative Diagnosis : .....

Post - Operative Diagnosis : Prv UCEC shorted = ST G1/G2 366u

Procedure Name : em UCEC SA = B/c tubectomy

Operation Started at : ..... Operation Finished at : ..... Duration : .....

Sponge Count : ..... Whome : .....

### Operative Notes :

pt. laid supine b/sa. Ports cleared & draped. SAC put in. Pfannenstiel incision taken. VV fold opened. Bladder retracted. Kehrer incision taken. Prv scar thinned out. Excess Bary delivered as VX CTAD. Cord doubly clamped, cut. Bary headed over. Bladder delivered complete. ut sutured. ut may not cont interlocking layers. B/c tubectomy done. Counts complete. Hemostasis complete. Abdominal closed in layers skin sutured. ut may not cont interlocking layers. B/c tubectomy done. Counts complete. Hemostasis complete. Abdominal closed in layers skin sutured.

Organ Exploded : As above closed in layers skin sutured

Specimen Sent for histopathology (if any) : As above BPR done

Immediate post-operative condition : .....

Surgeon's Signature : [Signature]

Date & Time : 10/9/24 (am/pm)



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Ref No.	PDC/USG/OPC/UHID104664	Date	22-08-2024
Patient's Name	Mrs. Teenu Chaudhary w.o Mohit Kumar	Age & Sex	24Y/F
Referred By	Dr. Kiran Yadav	Test Done	USG-

## OBSTETRICS SCAN

LMP: 04-01-2024 (Gestational age by L.M.P. 33wks 0day)

Scan shows single foetus with **cephalic** presentation.  
Foetal cardiac activity and foetal movements are seen. FHR: 130BPM.  
No obvious gross congenital anomaly (brain, spine & abdomen) is seen at present in present fetal position.  
Amniotic fluid is excess (AFI=20cm).

Parameter	Measurement	Gest Age
BPD	: 8.58cm	34weeks 4days
Head Circumference	: 31.02cm	34weeks 5day
Abd Circumference	: 29.27cm	33weeks 2days
Femur length	: 6.22cm	32weeks 2day

Foetal wt is :2147 + 322gms.  
Computed mean gestational age is 33weeks 5days.  
EDD by USG is : 05/10/2024  
Placenta is posteriorly located and is in upper segment. Placental maturity is grade 'I'.

No loop of cord seen in fetal neck region.

**IMPRESSION :** Single live intrauterine pregnancy of 33Weeks 5days  $\pm$  1 week with polyhydrominos. BPS 10/10

*I, Dr. Ritesh Garg, declare that while conducting ultrasonography on this patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.*

Dr. Ritesh Garg  
MBBS MD (Radiodiagnosis)  
Consultant Radiologist

गर्भवती महिला की घोषणा  
मैं श्रीमती Teenu Chaudhary w.o Mohit Kumar ..... घोषणा करती हूँ की मैंने अल्ट्रासोनोग्राफी/छाया चित्रण आदि करवाकर अपने भ्रूण के लिंग की जाँच नहीं करवाई है। भ्रूण लिंग के विषय में हमारी डॉक्टर से कोई बातचीत नहीं हुई है

Teenu  
गर्भवती महिला के हस्ताक्षर/ अंगूठा



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*Dr. Anil Yadav*

## HISTO PATHOLOGY REQUISITION SLIP

Date 10/9/24

Name Mrs. Teenu Chaudhary w/o Mohit kumar

Age 25 Y Sex female Address Barla, Rewari

Phone 8684843614  
Admission No. 8684843614

UHID- 104664

IPD- 05927



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

Brief Relevant Clinical History

① Rt tubectomy specimen

Brief Operative Note

② Left tubectomy specimen



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

Unique Identifier: \_\_\_\_\_


## Test Name/Test Code

(Please refer to the Directory of Services for details)

1. HPE Small-2

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

3. \_\_\_\_\_

4. 

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

## Patient Details

Name: Teenu Chaudhary <sup>2</sup> 104664

25/F Gender: Male  Female

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

Address: \_\_\_\_\_

Referral ID: \_\_\_\_\_

Referral By: \_\_\_\_\_ Contact No: \_\_\_\_\_

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

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ inches LMP: \_\_\_\_\_  Last Ultrasound Report

## Instructions to Laboratory/Clinician

## Referring Information

Name: Pushpanjali Rawari

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

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

Specimen Received: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

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

Payment via:  Cash  Cheque  Credit  ePlatform

## Specimen Collection Information

To:  Patient: \_\_\_\_\_

Sample / Specimen Type: Contour

## 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/FLCIT	<input type="checkbox"/> FN Apprals	<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: \_\_\_\_\_

## Specimen Information (For MolQ use only)

Temperature:  Ambient  Refrigerated  Frozen

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

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

## Specimen Collection Information

Date: 11/9/24

Fasting: Yes  No

Collection by: \_\_\_\_\_

Urine Volume: \_\_\_\_\_

Signature of Accessioning Officer(s)

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

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