



# 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 11/9/20

Name Dr. Mahmaad Rafik Azael S/o. Mohammaad Khan

Age 70/4 Sex male Address NOH

Phone 0199188278  
Admission No. 0199188278

HID-157930  
ID - 05977  
Specimen



Site

Relevant Clinical History

TURP CHIPS

Operative Note

Relevant Special Investigation

## CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History..... LMI

Pre-menopausal / Post Menopausal / Suspicious Lesion / Other

Site of Sample

Exocervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr. Yogesh

# TEST REQUISITION FORM




Unique Identifier

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

## Test Name/Test Code

(Please refer to the Directory of Services for complete list)

1. \_\_\_\_\_  
2. HPE Small  
3. \_\_\_\_\_  
4.  11856219  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_  
8. \_\_\_\_\_  
9. \_\_\_\_\_

## Patient Details

Name: Mahmud Rafik Last Name: 157930  
79/M Gender: Male  Female   
Age: \_\_\_\_\_ Contact No: \_\_\_\_\_  
ID: \_\_\_\_\_  
Referred By: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Internal Screening - Date of Birth: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ ft \_\_\_\_\_ inches, LMP: \_\_\_\_\_ [Last Laboratory Report](#)

## Instructions to Laboratory/Clinic

\_\_\_\_\_

## Payment Information

Name: Pushpanjali Rewari  
ID: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Receipt No: \_\_\_\_\_  
Due Date / Due: \_\_\_\_\_  
Payment via:  Cash  Cheque  Credit  ePlatform

## Send Specimen Information

 11856219 Ambient  Refrigerated  Frozen   
Center

## 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

## Specimen Source

Temperature:  Ambient  Refrigerated  Frozen  
Time: \_\_\_\_\_  
ID: \_\_\_\_\_ No. of Vials/container: \_\_\_\_\_

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

## Specimen Collection Information

Date: 12/9/24 Time: \_\_\_\_\_  
Fasting: Yes  No   
Collection by: \_\_\_\_\_  
Urine Volume: \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
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 contact/insurance information etc. as may be necessary 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 laboratory specimens for any purpose in the future. I agree to the access of my medical records and specimens for diagnostic and research purposes. The samples used 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 public health emergency, for any test/service related complaint, please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gandhinagar, Hyderabad, MPP of the test requested.

By using laboratory services, you agree to the following terms and conditions: 1. All test results are confidential and will be shared only with you and your authorized personnel. 2. We do not store your test results on our servers. 3. We do not share your test results with any third party. 4. We do not sell your test results to any third party. 5. We do not use your test results for any other purpose. 6. We do not use your test results for any marketing or promotional purposes. 7. We do not use your test results for any research or development purposes. 8. We do not use your test results for any other purpose. 9. We do not use your test results for any other purpose. 10. We do not use your test results for any other purpose.



# METRO HEART INSTITUTE WITH MULTISPECIALITY

Sector-16A, Faridabad (Delhi-NCR)-121002  
Ph: 0129-4277777, 6911111, Fax: 0129-4277799  
Ambulance: 9899449970 Emergency: 9711914000

Helpline:  
**15106**



Quality Accreditations

## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Lab No	CT24008578	Date	16/AUG/2024
Name	MR. MOHAMMAD RAFIQUE AZAD	Age/Sex	80YRS 3MN / M
Referred By		Regn. No	24/34078
Panel	HARYANA GOVT (CASH)	Add. Ref. By	
Bill No		Room No.	2402 DELUX ROOM

### CECT KUB REGION

**TECHNIQUE:** Helical acquisition of the KUB was done on MDCT scanner after administration of IV contrast followed by multiplanar reconstruction.

#### FINDINGS:

Right kidney is normal in size (10.3 x 5.6 cm) and attenuation and show immediate and prompt excretion of contrast. No evidence of hydronephrosis or calculi seen. Few punctate cortical cysts are seen.

Left kidney is normal in size (9.4 x 4.7 cm) with mildly irregular/ lobulated cortical outlines. Few punctate cortical cysts are seen. Immediate and prompt excretion of contrast is noted. No evidence of hydronephrosis or calculi seen.

Urinary bladder is normal in contour, capacity, wall thickness and contents.

Prostate is enlarged in size (approx vol- 89.2 cc) and heterogeneous in attenuation.

Mild herniation of peritoneal fat seen in left inguinal canal.

Note is made of mild bilateral hydroceles.


Well circumscribed nonenhancing hypodense lesions (average CT value 20-40 HU) are seen in bilateral adrenal glands (16.3 x 16.0 mm on right & 23.4 x 15.0 mm on left side).

The visualized small bowel loops and colon are normal in outline, caliber and mucosal pattern. No evidence of retroperitoneal or pelvic lymphadenopathy seen. No free fluid seen in the peritoneal cavity.

#### IMPRESSION:

- > Mildly irregular / lobulated left renal outlines.
- > Few punctate cortical cysts in both kidneys.
- > Normally functionally both kidneys.
- > Gross prostatomegaly with heterogeneous parenchymal attenuation. Adv:- PSA correlation
- > Fat containing left inguinal hernia.

Please correlate clinically,

  
Dr. Aastha Agrawal  
MBBS, DNB  
Consultant Radiologist

This is professional opinion & not to be used for medico-legal purpose

mail: info@metrohospitalfaridabad.com

Website: www.metrohospitalfaridabad.com







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E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

Name : Dr. Mohamad Rafik Azael UHID No. : 1574930 IPD No. : 05977

Sex : Male Bed No. : \_\_\_\_\_ D.O.A. 11/01/24 D.O.S. 11/01/24

## OPERATION THEATRE NOTES

Surgeon In-charge : Dr. Kamel Anesthetist : Dr. Mohit

Assistant Surgeon : Dr. Yogesh OT Technician : \_\_\_\_\_

Staff : \_\_\_\_\_ Type of Anaesthesia : SA

Operative Diagnosis : BPE + Bulbar Urethral stricture.

Post-operative Diagnosis : \_\_\_\_\_

Procedure Name : TURP + OIU

Operation Started at : \_\_\_\_\_ Operation Finished at : \_\_\_\_\_ Duration : \_\_\_\_\_

Wound Count : \_\_\_\_\_ Whome : \_\_\_\_\_

Operative Notes : findings:- [ Grade III obstructive prostatomegaly  
Grade II/III bladder wall tuberculation & Sacculations  
Bulbar Urethral stricture ]

Procedure:- After PVD of Kusts, LAMP, CPE done, above mentioned findings are noted. OIU done at 12 o'clock position. Resection of prostate done using monopolar resectoscope. TURP chips retrieved using Ellik's evacuator. Complete Hemostasis ensured. 20 Fr 3-way foley's Catheterization done & NS Irrigation started.

Explained : \_\_\_\_\_ Yogesh

Specimen Sent for histopathology (if any) : TURP chips

Post-operative condition : Good

Surgeon's Signature : [Signature]

Date & Time : 11/01/24 (am / pm)