



Unique Identifier

TEST REQUISITION FORM

Test Name/Test Code

(Please refer to the Directory of Services)

1. HPE small



2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Instructions to Laboratory/Client

Payment Information



Sample / Vial Type

Contn

Total No. of Vials/Container:

Specimen Collection Information

Date: 14/9/24

Fasting: Yes No

Collection by: _____

Urine Volume: _____

Patient Details

Name: Anil Last Name: 158112
46/M Gender: Male Female

Address: _____
Contact No: _____

ID: _____

Ordered By: _____ Contact No: _____

External Screening - Date of Birth:

Weight: _____ kg Height: _____ ft _____ inches LMP: _____ Last Ultrasound Report

Payment Information

Name: Pushpanjali Rewar

Address: _____

Amount: _____

Received: _____ Receipt No.: _____

Balance / Due: _____

Payment via: Cash Cheque Credit ePlatform

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 |

Sample Type/Source: _____

Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen

Time: _____

No. of Vials/container: _____

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 medical history, test results, and other information, for the purposes of providing services to me and for the purposes of marketing and research. I agree to the terms of my medical records and specimens for diagnostic and research purposes.



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Refresh 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... 13/9/24

Name Mr. Anil kumar S/o Dharam Singh

Age 46 Y Sex male Address Khera...

Phone 98135 22600
Admission No. 018135 22600

HTD - 158116

PD - 06054



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

Relevant Clinical History

Gall Bladder

Operative Note

Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History..... LMP /

Pre-menopausal / Post Menopausal / Suspicious Lesion / Other

Site of Sample

Pre / Post coitus, Lat Vag wall / endo Cervix

Ref. Dr.....



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Ref No.	PDC/USG/IPT/UHID158116	Date	12-09-2024
Patient's Name	Mr. Anil Kumar	Age & Sex	46Y/M
Referred By	Dr. Pooja Aneja	Test Done	USG-

ULTRASOUND REPORT OF WHOLE ABDOMEN

Liver is normal in size and shows **grade I fatty infiltration**. No obvious focal lesion is seen in liver parenchyma. Intra hepatic biliary channels are not dilated. **Portal vein** is normal. **The CBD** is not dilated

Gall bladder is contracted, however shows **multiple calculi in lumen of gall bladder**, largest of size 5.3mm. Findings are s/o **cholelithiasis with chronic cholecystitis**.

Pancreas is normal in size & echotexture with no e/o focal lesion.

Spleen is normal in size and echotexture. No focal lesion is seen.

Right Kidney is normal in size (9.4x4.4cm), shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on right side.

Left Kidney is not visualized in left renal fossa however visualized in left paramedian umbilical region. It is normal in size (10.7x3.5cm), shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on left side.

Urinary bladder is well distended. The lumen is echofree with no e/o any calculus or mass lesion.

Prostate is normal in size (27cc) and echo-texture with no e/o any focal lesion.

No e/o ascites or free fluid seen.

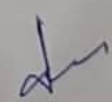
No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

IMPRESSION :

- Cholelithiasis with chronic cholecystitis.
- Ectopically located left kidney.
- Grade I fatty liver.

Adv: clinical correlation.


Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist



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



Patient Name : Mr. Anil Kumar UHID No. : 158116 IPD No. : 06054
 Age / Sex : 46 Y / m Bed No. : 101 D.O.A : 12/01/24 D.O.S : 13/01/24

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. Dense omental adhesions noted over liver and GB
 2. GB contracted, wall thickened
 3. GB lumen completely filled with multiple stones
 4. Cystic duct dilated

Organ Explained : Cystic duct and artery clipped
 Specimen Sent for histopathology (if any) :
 Immediate post-operative condition :

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