



# 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

Name : Mr. Mohy UHID No. : 16665 IPD No. : 16410  
Sex : M Bed No. : 414/K D.O.A. : 14/1/25 D.O.S. : 14/1/25

## OPERATION THEATRE NOTES

Surgeon In-charge : Dr. Neeraj Anesthetist : Dr. Mohit Meera  
Assistant Surgeon : ..... OT Technician : Ms. Shubast  
OT Staff : .....  
Pre-Operative Diagnosis : ACUTE CHOLECYSTITIS Type of Anaesthesia : GA  
Post - Operative Diagnosis : .....  
Procedure Name : LAP CHOLECYSTECTOMY  
Operation Started at : ..... Operation Finished at : ..... Duration : .....  
Sponge Count : ..... Whome : .....

### Operative Notes :

- OT Findings -
1. GB distended, wall thickness (N)
  2. A large stone noted in GB lumen
  3. Calot's triangle anatomy (N)
  4. cystic duct and artery clipped
  5. 18 Fr drain placed in Morrison's pouch

In Explored : .....  
Specimen Sent for histopathology (if any) : .....  
Immediate post-operative condition : .....

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



Name: Manju Devi

Age/Sex: 40/F

Ref. by: Mahadev Hospital, Kanina

Date: 18/12/2024

**ABDOMINO-PELVIC ULTRASOUND**

**LIVER & BILIARY TREE:** Liver is normal in size & shows diffuse Grade-I fatty infiltration, has a smooth contour. No focal lesion is seen. The hepatic veins and portal veins are normal in caliber. No e/o intra-hepatic or extra-hepatic biliary dilatation is seen.

**GALLBLADDER:** is physiologically distended. Wall thickness is normal. There is e/o a mobile, highly reflective echogenic focus with prominent posterior acoustic shadowing measuring approx 24.9mm noted within depended portion of gallbladder lumen in fundal region s/o cholelithiasis.

**CBD** appears normal in outline and caliber.

**PANCREAS:** Visualized head & body appears normal. No pancreatic ductal dilatation or pancreatic calcification is visualized.

**RIGHT KIDNEY:** 11.0x4.6cms, Normal in size, shape & position. The corticomedullary differentiation is maintained. No e/o any mass, calculi or hydronephrosis seen. Renal cortical thickness is within normal limits.

**LEFT KIDNEY:** 7.4x2.5cms, slightly small in size, shape & position. The corticomedullary differentiation is maintained. No e/o any mass, calculi or hydronephrosis seen. Renal cortical thickness is within normal limits.

**SPLEEN** is normal in echogenicity and size, measures 12.2cms & no focal lesion is seen.

**URINARY BLADDER:** is moderately distended and appears grossly normal.

**UTERUS:** is anteverted. Myometrium shows normal echo-pattern.

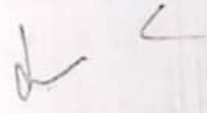
Endometrial echo is normal. B/L Adnexa clear. No e/o free fluid is seen in the cul-de-sac. ET ~ 7.6mm

**IMPRESSION:**

Finding are s/o

- Fatty Liver.
- Cholelithiasis.

Advice: Clinical, lab data correlation, further evaluation & follow-up if required.

  
**DR. KULVEER SINGH YADAV**  
MBBS, MD (RADIOLOGICAL DIAGNOSIS)  
CONSULTANT RADIOLOGIST

Not for Medicolegal Purpose This is a professional opinion based on imaging findings not final diagnosis. In case of any alarming/unexpected results or typographical error please contact immediately for necessary remedial action



Unique Identifier

# TEST REQUISITION FORM

## Patient Details

First Name: Manju Devi Last Name: 166656  
 Age: 41R 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

## Billing Information

Client Name: Pushpanjali Rawari  
 Client ID: \_\_\_\_\_  
 Total Amount \_\_\_\_\_  
 Amount Received: \_\_\_\_\_ Receipt No.: \_\_\_\_\_  
 Amount 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 |

Other Sample Type/Source \_\_\_\_\_

## Test Name/Test Code

(Please refer to the Directory of Services for correct name and specimen type)

- \_\_\_\_\_
- HPE Small
- \_\_\_\_\_
- 
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Instructions to Laboratory/Clinical Information

**formation**  
 Ambient  Refrigerated  Frozen

Sample / Vial Type	Vial ID Barcode
<u>Conter</u>	

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

## Specimen Collection Information

Date: 15/1/25 Time: 10:30  
 Fasting: Yes  No  Fasting Period: \_\_\_\_\_ Hrs.  
 Collection by: \_\_\_\_\_  
 Urine Volume: \_\_\_\_\_ ml Hrs. \_\_\_\_\_

## Received Specimen Information (For MolQ use only)

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

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

Signature of Accessioning Officer(s)

**Patient Consent:** I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to my condition/illness information etc. as may be necessary to perform the test or services etc. Medical records/information 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 leftover specimens for immediate research and in future research of any kind and at any time in the future. I agree to the access of my medical records and specimen for diagnostic and research purpose.

**Disclaimer:** The sample 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 publication by MolQ Laboratory, Patient's identity will remain confidential. For any test/service related complaint/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurugram, Haryana. The financial liability or compensation of any sort is not more than MRP of the test requested.

**OD words:** *(Hindi text regarding consent and disclaimer)*

**अवधि:** *(Hindi text regarding consent and disclaimer)*

Date \_\_\_\_\_ Patient/Client/Doctor's Signature \_\_\_\_\_

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DR. Neeraj

## HISTO PATHOLOGY REQUISITION SLIP

Date.....14/1/25.....

Name.....Mrs Manju Devi.....<sup>W/o</sup> Sh. Shuresh Kumar

Age.....41y.....Sex.....female.....Address.....

YHID-166656.....Admission No. Mob. no- 9050157916

JPN No- 10410



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 / Any

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr.....