



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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CIN: U85110DL1987PTC207727

Lab No:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Rohitaswa Yadav

Referring Doctor Dr. Manoj Yadav

Date 05/02/25

Name _____

Date of Birth 73

Sex: Male / Female

IPD No _____

Collection Centre _____

Uhid No. 099786

OPD

Telephone _____



RCC _____
(if different)

Site of Specimen: _____

Rectal polyp

Relevant Clinical History: _____

Additional Clinical and Relevant Data:
(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis: _____

Type of Specimen:

Large Medium Small

*Rectal polyp biopsy to Rb
dysplasia*

Histopath Slides / Block for review: _____

- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

Fixation

Adequate
 Inadequate

Dr. Manoj Yadav
MBBS, MD (Gen Med) (ist)
DM Gastroenterology
Reg No IN 17057
Pushpanjali Hospital, Rewari

Doctor's Signature's



PUSHPANJALI HOSPITAL

RAJESH PILOT CHOWK, GARHI BOLNI ROAD, REWARI

GASTROENTEROLOGY

Patient ID : UHID099786

Visit Date : 05/02/2025

Patient Name : ROHITASHWA YADAV

Referred by : Dr. Manoj Yadav

Age/Gender : 73Yrs, Male

Consulted by : Dr Manoj Yadav

SIGMOIDOSCOPY

Informed consent was obtained from the patient after explaining all the benefits and risks of the procedure which the patient appeared to understand and so stated. The patient was connected to the monitoring devices and placed in left lateral position. The Endoscope (CF-H170L) was advanced under direct visualisation

Premedication : Lactulose enema

P/R : Normal

Preparation : Adequate

Anal Canal : Internal hemorrhoids

Rectum : A small sessile polyp (Paris Is ~ 6mm)

Recto Sigmoid : Normal

Sigmoid Colon : Normal

Biopsy : Not taken

Impression (Paris Is) : Internal hemorrhoids, A small rectal sessile polyp

