



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

Dr. Karmal Singh

HISTO PATHOLOGY REQUISITION SLIP

Date 21/2/25

Name Mr. Mahesh Singh Yadav Slo. Shri Laxman Singh Yadav

Age 72 Y Sex male Address 986 Sec 3 Rewari

Phone Admission No. 9990237330

UHID-147698

IPD-11643



Specimen Site

Brief Relevant Clinical History

TWRP chips

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. Yadav



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Ref No.	PDC/USG/OPC/UHID147698	Date	27-01-2025
Patient's Name	Mr. Mohar Singh Yadav	Age & Sex	72Y/M
Referred By	Dr. Shreyash Yadav	Test Done	USG-

ULTRASOUND REPORT OF WHOLE ABDOMEN

- Liver is normal in size and echo-texture. 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 normally distended. No e/o any obvious calculus or mass lesion is seen.
- Pancreas is normal in size & echotexture with no e/o focal lesion.
- Spleen is normal in size and echotexture. No focal lesion is seen.
- An echogenic focus casting faint PAS measuring 2.8mm in size is seen in lower pole calyx of right kidney likely - Concretion.
- Right Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o hydronephrosis is seen on right side.
- An echogenic focus casting dense PAS measuring 5mm in size is seen in mid pole calyx of left kidney.
- An echogenic focus casting faint PAS measuring 3mm in size is seen in mid pole calyx of left kidney likely - Concretion.
- A cortical cyst measuring 30x30mm is seen in mid pole of left kidney.
- Left Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o hydronephrosis is seen on left side.
- Urinary bladder is well distended. Mild diffuse irregular urinary bladder wall thickening (3.2mm) is seen likely sequelae to -Chronic urinary bladder outlet obstruction. Prevoid volume of urinary bladder is 207cc
- Prostate is normal in size (19cc) 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.
- Note made of right inguinal hernia.

IMPRESSION:

- Imaging features likely represents - Left nephrolithiasis.
- Bilateral renal concretions.
- Bosniak-1 cysts in left kidney.
- Mild diffuse irregular urinary bladder wall thickening likely sequelae to -Chronic urinary bladder outlet obstruction.
- PVRU - 122cc.

Dr. Navdeep
MBBS MD (Radiodiagnosis)
Consultant Radiologist



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Patient Name: NR Mahalingam yalav UHID No: 147198 IPD No: 11643
 Age / Sex: 74/M Bed No: 313 D.O.A: 21/4/25 D.O.S: 21/4/25

OPERATION THEATRE NOTES

Surgeon In-charge: Dr Kamal Anesthetist: Dr Mohit
 Assistant Surgeon: Dr Yogesh OT Technician: CA
 OT Staff: _____ Type of Anaesthesia: GA
 Pre-Operative Diagnosis: BPH
 Post - Operative Diagnosis: 4
 Procedure Name: TURP
 Operation Started at: _____ Operation Finished at: _____ Duration: _____
 Sponge Count: _____ Whome: _____

Operative Notes: findings :-

- Grade II Obstructive Prostatomegaly
- High bladder Neck

Procedure: After P&O of parts, LASP, Cystourethroscopy done, above mentioned findings are noted. Resection of prostate done using bipolar resectoscope. TURP chips retrieved. Using Ellik's evacuator. Complete Hemostasis ensured. 20hr 3-Way foley's Catheterization done, NS Irrigation started.

Organ Exploded: _____
 Specimen Sent for histopathology (if any): TURP chips
 Immediate post-operative condition: Good

Surgeon's Signature: [Signature]
 Date & Time: 21/2/25 (am / pm)