

SI no. _____

Executive Name: Alok
Employee No.: _____
Signature: _____

For Lab use only
Specimen Barcode

PUB055183 TRF
SAKSHI RAMESH NISARGANDH
PUB055183

PATIENT INFORMATION:

*** PATIENT'S NAME (Block Letters: First Name Mandatory)
Miss. SAKSHI RAMESH NISARGANDH
(First Name) (Middle Name) (Last Name)

Patient's Address: _____
Phone No.: _____
Email ID: _____
***Date of Birth: _____ ***Sex ☐ Male ☒ Female
Age: 19 Yrs _____ Months _____ Days _____
Height: _____ cms Weight: _____ Kgs

Test Requirements: Please refer to the Directory of services for correct Test Code

***Test Code	***Test Description
<u>Histopath</u>	
<u>A -</u>	<u>Sx - Appendicectomy</u>
<u>B -</u>	<u>Right Ovary Cyst-wall</u>

*** Temperature Sent	*** Temperature Recd.
Frozen (<-0° Celsius)	Frozen (<-0° Celsius)
Cold (2-8° Celsius)	Cold (2-8° Celsius)
Ambient (18° - 22° Celsius)	Ambient (18° - 22° Celsius)

***Specimen Type (with Qty)	
<input type="checkbox"/> Serum	<input type="checkbox"/> Bacter Bottle*
<input type="checkbox"/> W. Blood ACD	<input type="checkbox"/> uSwab
<input type="checkbox"/> W. Blood EDTA	<input type="checkbox"/> aPs
<input type="checkbox"/> W. Blood Fluoride	<input type="checkbox"/> Body Fluid*
<input type="checkbox"/> Plasma: EDTA/CIT/FL	<input type="checkbox"/> BAL
<input type="checkbox"/> W. Blood Heparin	<input type="checkbox"/> aCF
<input type="checkbox"/> IW. Blood Sodium Citrat	<input type="checkbox"/> irafin Block*aFassueaP
<input type="checkbox"/> aSide	<input type="checkbox"/> Sputum
<input type="checkbox"/> ine (24 Hrs.)arUrine (Rando	<input type="checkbox"/> (1st/ 2nd/ 3rd
<input type="checkbox"/> / 1st Morning)a	<input type="checkbox"/> aTiter Paper
<input type="checkbox"/> Stool (1st/ 2nd/ 3rd)	<input type="checkbox"/> Bone Marrow
<input type="checkbox"/> Any Others*	

BILL TO:

***Client Code: C019815
Name Address: _____
Phone No.: _____
Email ID: _____
DC Code: _____

*** Referring Doctor:

Doctor's Name: Dr. Swapnil Tajane.
Phone No.: _____ City: _____
Email ID: _____

Specimen Information

Date & Time of sample Collection: 5-11-2024 Time _____ AM / PM
For Repeat / Add on Test / Follow-up Patient

Old Lab Ref No.:

Essential Clinical Information

(Please fill in whatever is relevant)

- Provisional diagnosis:
- H/o Medication: _____ Yes / No
if yes, Name & Dose: _____
- Status of Medication: Ongoing / Terminated
if ongoing, Duration: _____
if terminated, When: _____
- LMP (where applicable): A 22663957 PP
- Fasting Period
- 24 Hour Urine Volume
- For Genome studies attach detailed history
- Attach other relevant information

Recieved in Diagno Lab:

Date & Time: B. 22663958 F
Courier Barcode No. _____
No. of Samples received: _____
Any Discrepancy noted (if yes - record details): _____

Initials of Sample Receiving Staff: Dr. Ranjee

*Mention Type / Site of Sample Collection

Please Note: After completion of the ordered tests, the remaining sample may be stored and used for research in medical sciences.
I/ We agree to receive information or to be contacted through mail, telecommunication, electronic & personal means from Diagno Labs and related group companies, time to time.

Signature / Thumb impression of patient

Date: _____

Signature of Requisitioner

Date: _____

I don't agree

IMPORTANT : It is mandatory to provide all the requested information to enable accurate and timely reporting.

*** Mandatory field

Dr. RANJEE

Dr. Ranjeet D. Ghatge

MBS, DMRE.

Reg. No.: 2001/02/1106

Consultant Sonologist & Radiologist



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Sri Diagnostic Clinic

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Name: SAKSHI RAMESH NISARGANDHA
Ref By: DR. SWAPNIL GULABRAO TAJANE

Date: 03-Nov-2021
Study: ABDOMEN PELVIS USG

USG: ABDOMEN & PELVIS

Liver is normal in size, shape and echotexture. No focal lesion seen at present. Intrahepatic biliary radicals and portal vein radicals appear normal. Portal vein measures 11 mms. CBD measures 2 mms.

Gall bladder is well distended with normal wall thickness. No calculi or changes of cholecystitis.

Pancreas appears normal in size, shape and echopattern. No focal lesion seen. Pancreatic duct is of normal caliber.

Spleen appears normal in size, shape & echopattern. No focal lesion seen.

E/o 42 x 8 mm inflamed aperistaltic tubular blind bowel loop noted in right iliac fossa with minimal free fluid around it and probe tenderness over it.

Right Kidney: 92x40 mm. Left Kidney: 90x42 mm.
No signs of obstruction or large calculus are seen. C-M differentiation is maintained.

Urinary bladder is distended and normal. No obvious intraluminal focal lesion noted.

Uterus measures 83x40x43 mms. Endo echo is 8 mms. No focal lesion noted. Right ovary shows 4.7 x 4.4 cm cyst with thin internal septations. Left ovary measures 26x19 mms.

SUMMARY:

E/o 42 x 8 mm inflamed aperistaltic tubular blind bowel loop noted in right iliac fossa with minimal free fluid around it and probe tenderness over it. These findings are in favour of some inflammatory bowel pathology in rif, most likely appendicitis.

Right ovary shows 4.7 x 4.4 cm cyst with thin internal septations.

May I suggest a clinical correlation.

Dr. RANJEET DUSHYANT GHATGE