N~~[illegible]~~4

REQUISTION FOR HISTOPATHOLOGY

Lab No: 3/5/3/8/2024 IPD/OPD No: _____

Patient Name: Mrs. Usha Singh Age/Sex : 50/Female

Dr. Name: Dr. Jyoti Srivastav Date : 05/08/24

ProvisionalDiagnosis: HUGE FIBROID

ShorTHistory: Frequent menses.

NameofSurgicalProedure: TAH & BSO USG : Large subserosal fibroid 12.4 × 9.8 cm Multiple uterine fibroids

Nameofspecimen: Uterus & B/L tubes & ovaries

PrevHistopathologyReportifanywithdate: _____

SPECIMEN SENT BY:- Uterus Doctor Sing: [signature]

GB DIAGNOSTICS

✦ SPIRAL CT SCAN ✦ DIGITAL X-RAY ✦ OPG ✦ 4D COLOR DOPPLER SONOGRAPHY ✦ EEG

C1-C2/19, Opposite Nagar Nigam Zone Office (Pani Tanki), Near Niharika Cinema, KORBA (C.G.)

Dr. Harpal Singh
M.B.B.S., D.M.R.D (Mumbai)
Reg. No. : C.G.M.C. 1195/07
Sunday Closed

Consultant Radiologist, Sonologist
Ex. Registrar : Nair & Nanawati Hospital, Mumbai
Ph. : 07759-227700, M : 9893254400
--Reporting Time : 10 AM to 6 PM--

Name : USHA SAHU
Ref. By Dr. : SHRADDHA SIL SR.MO [SECL]
Date : 18-07-2024
Age/Sex : 49 Y / F

USG OF ABDOMEN & USG OF PELVIS

LIVER :
The liver is normal in size, shape and has smooth margins. It is uniformly isoechoic, has normally distributed and normal size biliary and portal radicals and is without solid or cystic mass lesion or calcification.

PORTAL VEIN :
It measures 9.1 mm & is normal in its intra & extra hepatic course.It shows normal variation in size during respiration.

GALL BLADDER:
The gall bladder is well distended, with uniformly thin and regular walls, without, gall stones or mass lesions.

COMMON BILE DUCT:
The common bile duct is normal in caliber. It measures 2.1 mm at porta hepatis.No evidence of calculus is noted in CBD.

PANCREAS:
The pancreas is normal in size, shape, contours and echotexture. No evidence of solid or cystic mass lesion is noted.

KIDNEYS:
The kidneys are normal in size and have smooth renal margins.Cortical echotexture is normal.
The central echocomplex does not show evidence of calculus or hydronephrosis.

URINARY BLADDER:
The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa.
No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

SPLEEN:
The spleen is normal in size and shape and echotexture.No evidence of focal lesion is noted. It measures 8.8 cms.

RETROPERITONEUM:
There is no evidence of enlarged coeliac, mesenteric, portal pre or paraaortic lymphnodes.
The great vessels namely aorta and IVC and its visualized branches are normal.

ASCITES:
There is no ascites.

PELVIS:

- The **uterus** is anteverted & *OBLONG(POST LSCS STATUS)* It measures 10.6 x 4.5 x 5.2 cm. in the longitudinal, anteroposterior and transverse dimensions respectively.
- *>> SHOWS A LARGE SUBSEROSAL ROUNDED TO OVAL HYPOECHOIC FIBROID IN THE RT LATERAL WALL OF UPPER & MID UTERINE SEGMENT MEASURING 12.4 X 9.8 CM IN SIZE .*
- *>> SHOWS FEW INTRAMURAL ROUNDED TO OVAL HYPOECHOIC FIBROIDS IN POSTERIOR WALL & LT LATERAL WALL OF UPPER UTERINE SEGMENT . RANGING FROM 8 - 10 MM IN SIZE .*
- The **ovaries** on the either side show normal echotexture.
  Right ovary measures 3.5 x 1.7 cms.
  Left ovary measures 2.7 x 1.8 cms.
- No adnexal mass is seen.No fluid is noted in the cul-de-sac.
- End thickness - 8.7 mm. (Type III)

IMPRESSION > F/S/O >> *MULTIPLE UTERINE FIBROIDS AS DESCRIBED IN DETAIL .*

Thanks for the referral
PLEASE CORRELATE WITH CLINICAL & OTHER LAB. FINDINGS.

DR. HARPAL SINGH
M.B.B.S., D.M.R.D (MUMBAI)
CONSULTANT RADIOLOGIST & SONOLOGIST

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OT - NOTES

Surgeon - Dr. Jyoti Srivastav Anaesthesia ☑ SA ☐ GA ☐ EA

Assistant - 1. Dr. Pratik Sharma Anaesthestist Dr. Pooja Yadav

Assistant - 2. Dr. Pooja. Operation : ☑ Major ☐ Minor

Incision - Infraumbilical longitudinal Date : 05-08-24 Time : 11:45 - 12

Procedure TAHT BSO. Duration

Abdomen opened by Pfannenstiel incision. Uterus - 20wk - Hysterectomy T B/L oophrectomy done maintaining haemostasis. Vault closed maintaining haemostasis. Abdomen closed in layers.

RBS - 94 mg/l

Tetra Count. Correct Blood Loss < 100 ml.

Urine Output 500 ml HPE: ✓

Post Operative Notes -

dE - P -
BP -
PA -
Blr -

Rx
IV { RL @ 10 ml/hr
10 D.A
10 DNS.
Inj. MONOCEF 1gm BD IV
Inj. METROGYL (100 ml) I/V tid.
Inj. PAN - IV bd.
Inj. Voveran - inj IM tid
Monitor vitals, bt PIV

RBS - 9hr.

Maintain I - O chart