**USG GUIDED THERAPEUTIUC / DIAGNOSTIC ASPIRATION OF RIGHT PLEURAL EFFUSION.**

**Date:** {pat-date}

**Name of Patient:** {patname} **Age:** {patage}

* USG guided **therapeutic /** **diagnostic** **aspiration of Right sided pleural effusion** isdone after informed consent, prior atropinisation and under all aseptic precaution.
* **Approx 25 cc of light yellow colored fluid aspirated, which sent for lab investigation.**
* No intra- procedural complication seen and patient tolerated procedure well.