

Patient Name : Mr. NAND LAL VISHVAKARMA Visit No : CHA250033683  
Age/Gender : 60 Y/M Registration ON : 25/Feb/2025 09:12AM  
**Lab No : 10130979** Sample Collected ON : 25/Feb/2025 09:12AM  
Referred By : Dr. RDSO LUCKNOW Sample Received ON :  
Refer Lab/Hosp : RDSO LUCKNOW Report Generated ON : 25/Feb/2025 11:59AM

**ULTRASOUND STUDY OF WHOLE ABDOMEN**

***Excessive gaseous abdomen***

- **Liver** is mildly enlarged in size (~161mm) and shows mild inhomogenous echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is mildly enlarged in size (~123mm) and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 102 x 46 mm in size. Left kidney measures 99 x 42 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size measures 34 x 36 x 29 mm with weight of 18 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

**OPINION:**

- **MILD HEPATO-SPLENOMEGALY WITH MILD INHOMOGENOUS ECHOTEXTURE OF LIVER PARENCHYMA (ADV: LFT CORRELATION).**

(Possibility of acid peptic disease could not be ruled out).

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya

\*\*\* End Of Report \*\*\*

