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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.RAZIA Visit No : CHA250035458

 Age/Gender
 : 45 Y/F
 Registration ON
 : 27/Feb/2025 12:55PM

 Lab No
 : 10132754
 Sample Collected ON
 : 27/Feb/2025 12:55PM

Referred By : Dr.MN ANSARI Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 27/Feb/2025 02:07PM

## **ULTRASOUND STUDY OF WHOLE ABDOMEN**

Excessive gaseous bowel shadow.

- <u>Liver</u> is mildly enlarged in size (~ 154 mm), and shows increased echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- <u>Gall bladder</u> 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.
- <u>Pancreas</u> 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 normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- <u>Both kidneys</u> 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 91 x 44 mm in size. Left kidney measures 96 x 38 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is normal in contour with few floating internal echoes in lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **<u>Uterus</u>** is atrophic. Endometrial thickness measures 2.4 mm.
- Both ovaries are not visualized.
- No adnexal mass lesion is seen.

## **OPINION:**

- Mild hepatomegaly with fatty infiltration of liver grade-I.
- Few floating internal echoes in UB lumen --? cystitis.

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

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed By: Priyanka

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

