

Patient Name	: MasterGOPAL	Visit No	: CHA250035938
Age/Gender	: 12 Y 3 M 11 D/M	Registration ON	: 28/Feb/2025 09:22AM
<b>Lab No</b>	<b>: 10133234</b>	Sample Collected ON	: 28/Feb/2025 09:22AM
Referred By	: Dr.CHARAK HOSPITAL AND RESEARC	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 28/Feb/2025 11:00AM

### **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver** is mildly enlarged in size and shows homogenous 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 normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- Few subcentimetric periportal & mesenteric lymphnodes are seen with maintained hilum with MSAD, size upto ~ 5.0, 6.8mm respectively.
- 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 87 x 37 mm in size. Left kidney measures 87 x 35 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour 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, and shows homogenous echotexture of parenchyma. No mass lesion is seen.

### **OPINION:**

- **Mild hepatomegaly.**
- **Few subcentimetric periportal & mesenteric lymphnodes with maintained hilum.**

**Clinical correlation is necessary.**

**[DR. R.K. SINGH, MD]**

Transcribed By: Priyanka

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

