

Patient Name	: Ms.ANEES JAHAN	Visit No	: CHA250035940
Age/Gender	: 38 Y/F	Registration ON	: 28/Feb/2025 09: 24AM
<b>Lab No</b>	<b>: 10133236</b>	Sample Collected ON	: 28/Feb/2025 09: 24AM
Referred By	: Dr.NASIR AHMAD	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 28/Feb/2025 10: 38AM

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

- **Liver** is mildly enlarged in size and shows homogeneous echotexture of liver parenchyma. **Mild bilobar intrahepatic biliary radicle dilatation is seen.** No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is not visualized (Post operative).
- **CBD** Proximal CBD is normal measures 7.8 mm at porta. Distal CBD is obscured by bowel gases.
- **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.
- 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 90 x 37 mm in size. Left kidney measures 92 x 38 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.
- **Uterus** is normal in size, measures 65 x 27 x 33 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 3 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal in size, shape and echotexture.
- **Both ovaries** are normal in size, shape and echotexture.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

### **OPINION:**

- **Mild hepatomegaly with bilobar mild I.H.B.R.D.**

**ADV : LFT & MRCP for further evaluation.**

**Clinical correlation is necessary.**

**(DR. R.K. SINGH, MD)**

Transcribed by Rachna

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

