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

Patient Name : Mr.AMIT CHAUDHARY Visit No : CHA250035961

 Age/Gender
 : 42 Y/M
 Registration ON
 : 28/Feb/2025 09: 40AM

 Lab No
 : 10133257
 Sample Collected ON
 : 28/Feb/2025 09: 40AM

Referred By : Dr. SELF Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 28/Feb/2025 10:41AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size (~ 162 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 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.
- <u>Spleen</u> 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 97 x 40 mm in size. Left kidney measures 103 x 47 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> 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, measures 30 x 34 x 28 mm with weight of 15gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

• Mild hepatomegaly with fatty infiltration of liver grade-I.

(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 ***

