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

Patient Name : Mr.ABDUL SABOOR

Age/Gender : 33 Y 1 D/M **Lab No** : **10133359** 

Referred By : Dr.ABDUL MOID

Refer Lab/Hosp : CHARAK NA

Visit No : CHA250036063

Registration ON : 28/Feb/2025 11:08AM Sample Collected ON : 28/Feb/2025 11:08AM

Sample Received ON

Report Generated ON : 28/Feb/2025 01:36PM

## **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- <u>Liver</u> is mildly enlarged in size measures 153 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. A tiny concretion of size 2.1 mm is seen at mid pole of right kidney. No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 90 x 44 mm in size. Left kidney measures 94 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 and shows homogenous echotexture of parenchyma. No mass lesion is seen.

## **OPINION:**

- Mild hepatomegaly with fatty infiltration of liver grade-L
- Tiny right renal concretion.

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Rachna

