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

Patient Name : Ms.PHOOL MATI Visit No : CHA250036202

 Age/Gender
 : 35 Y/F
 Registration ON
 : 28/Feb/2025 12:47PM

 Lab No
 : 10133498
 Sample Collected ON
 : 28/Feb/2025 12:47PM

Referred By : Dr.KGMU Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 28/Feb/2025 02:17PM

## **ULTRASOUND STUDY OF WHOLE ABDOMEN**

## Excessive gaseous abdomen

- <u>Liver</u> is mildly enlarged in size measures 160 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 84 x 34 mm in size. Left kidney measures 95 x 41 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is inadequately distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.
- Thinning of midline & right anterior abdominal wall 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 Rachna

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

