

Patient Name	: Baby.RIZA	Visit No	: CHA250037034
Age/Gender	: 1 M 4 D/F	Registration ON	: 01/Mar/2025 01:01PM
<b>Lab No</b>	<b>: 10134330</b>	Sample Collected ON	: 01/Mar/2025 01:01PM
Referred By	: Dr.ARVIND DUBEY	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 02:05PM

**ULTRASOUND STUDY OF WHOLE ABDOMEN**

***Excessive gaseous abdomen***

- **Liver** is mildly enlarged in size (~84mm) 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.
- 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 47 x 22 mm in size. Left kidney measures 43 x 24 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.
- A well defined anechoic cystic lesion of size approx 16 x 14mm is seen in left adnexa likely left ovarian simple cyst.

**OPINION:**

- MILD HEPATOMEGALY.
- A WELL DEFINED ANECHOIC CYSTIC LESION IN LEFT ADNEXA LIKELY LEFT OVARIAN SIMPLE CYST.

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

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**SKIAGRAM ABDOMEN (ERECT) AP VIEW**

- No free gas is seen under both dome of diaphragm.
- No abnormal air fluid levels are seen.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

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

CHARAK

