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

Patient Name : Mr.AHMAR ALI Visit No : CHA250037044

 Age/Gender
 : 38 Y/M
 Registration ON
 : 01/Mar/2025 01:04PM

 Lab No
 : 10134340
 Sample Collected ON
 : 01/Mar/2025 01:04PM

Referred By : Dr.CG AGARWAL Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 01/Mar/2025 01:40PM

## **ULTRASOUND STUDY OF WHOLE ABDOMEN**

Compromised assessment due to excessive bowel gases.

- <u>Liver</u> is mildly enlarged in size 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.
- **<u>CBD</u>** 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 91 x 45 mm in size. Left kidney measures 89 x 45mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostrate** is normal in size, measures 29 x 31 x 32mm 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: Purvi



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