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

Patient Name	: Ms.KUMARI SEEMA KASHYAP	Visit No	: CHA250037534
Age/Gender	: 43 Y/F	Registration ON	: 02/Mar/2025 10:19AM
Lab No	: 10134829	Sample Collected ON	: 02/Mar/2025 10:19AM
Referred By	: Dr.PUSHPLATA YADAV	Sample Received ON	:
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 02/Mar/2025 10:53AM

## ULTRASOUND STUDY OF WHOLE ABDOMEN

## Excessive gaseous abdomen.

- <u>Liver</u> is mildly enlarged in size (~159mm) 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.
- <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 86 x 46 mm in size. Left kidney measures 97 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.
- Uterus is post menopausal status. Endometrial thickness measures 2.8 mm.
- No adnexal mass lesion is seen.
- Post void residual urine volume Nil.

## **OPINION:**

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• 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: GAUSIYA

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

