

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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

Patient Name : Mr. SONU RAWAT Visit No : CHA250038641

 Age/Gender
 : 34 Y/M
 Registration ON
 : 04/Mar/2025 08:34AM

 Lab No
 : 10135936
 Sample Collected ON
 : 04/Mar/2025 08:34AM

Referred By : Dr.AMBER ISHTIAQ Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 04/Mar/2025 09: 23AM

## ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size, and shows coarse 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 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 minimally enlarged in size [ 124mm] 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 82 x 37 mm in size. Left kidney measures 89 x 46 mm in size.
- <u>Ureters</u> Both ureters are not dilated. <u>UVJ</u> 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.
- <u>Prostate</u> is normal in size and shows homogenous echotexture of parenchyma. No mass lesion is seen.

## OPINION:

PR

- MILD HEPATOMEGALY WITH COARSE HEPATIC ECHOTEXTURE.
- MINIMAL SPLENOMEGALY .

ADV; LFT AND FIBROSCAN .

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

transcribed by: anup





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



