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

Patient Name : Ms.PUSHPA MEHROTRA

Age/Gender : 78 Y/F

Lab No : 10136005

Referred By : Dr.RDSO LUCKNOW

Refer Lab/Hosp : RDSO LUCKNOW

Visit No : CHA250038710

Registration ON : 04/Mar/2025 09: 38AM Sample Collected ON : 04/Mar/2025 09: 38AM

Sample Received ON :

Report Generated ON : 04/Mar/2025 10:32AM

## ULTRASOUND STUDY OF WHOLE ABDOMEN

## Excessive gaseous abdomen

- <u>Liver</u> is **mildly enlarged in size (~152mm) 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. A concretion is seen at lower pole of left kidney measuring approx 3.1mm. No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 85 x 39 mm in size. Left kidney measures 83 x 49 mm 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.
- **Uterus** is not visualized.
- No adnexal mass lesion is seen.
- Post void residual urine volume Nil.

## **OPINION:**

- MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.
- LEFT RENAL CONCRETION.

(Possibility of acid peptic disease could not be ruled out).

Clinical correlation is necessary.

Transcribed by Gausiya

[DR. R. K. SINGH, MD]



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