Charak dhar DIAGNOSTICS Pvt. Ltd.

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

Patient Name	: Mr.MOHD ATEEK	Visit No	: CHA250038722
Age/Gender	: 46 Y/M	Registration ON	: 04/Mar/2025 09:47AM
Lab No	**: 10136017**	Sample Collected ON	: 04/Mar/2025 09:47AM
Referred By	: Dr.FEHMINA HOSPITAL & TRAUMA C	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 12:36PM

PR.

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is enlarged in size (approx. 187mm) 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 distended and shows few echogenic foci giving comet tail artifacts along anterior wall --? focal cholesterolosis ?? focal adenomyomatosis changes. Small amount of echogenic sludge is also seen within.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas:** Head and body appear normal. Rest of the pancreas is obscured by bowel gases.
- **Spleen** is enlarged in size (approx. 196mm) and shows homogenous echotexture of parenchyma. No space occupying lesion 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 115 x 48mm in size. Left kidney measures 131 x 59mm in size.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Prostate** is normal in size, measures 46 x 29 x 28mm with weight of 20gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

IMPRESSION:

- **HEPATO-SPLENOMEGALY.**
- **FEW ECHOGENIC FOCI GIVING COMET TAIL ARTIFACTS ALONG ANTERIOR WALL OF GALL BLADDER --? FOCAL CHOLESTEROLOSIS ?? FOCAL ADENOMYOMATOSIS CHANGES.**
- **SMALL AMOUNT OF ECHOGENIC SLUDGE IN GALL BLADDER.**

Clinical correlation is necessary.

[DR. JAYENDRA KR. ARYA, MD]

Transcribed by R R...

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PR.

COLOUR DOPPLER STUDY OF LEFT LOWER LIMB VEINS AND ARTERIES

VENOUS:

- Left common femoral, superficial femoral, popliteal and visualized parts of tibial veins reveal clear lumen and normal colour flow with normal phasicity, compressibility and augmentation response.
- *Left anterior and posterior tibial veins could not be very well evaluated in complete extent.*
- There is no obvious reversal of color flow across left sapheno-femoral junction on valsalva maneuver.
- *Left sapheno popliteal junction could not be very well evaluated.*
- **Diffuse subcutaneous edema is seen in left lower limb, predominantly in distal leg and foot regions.**
- *Few subcentimeteric to centimeteric left superficial inguinal lymphnodes are seen showing focal cortical thickening with eccentric echogenic hila.*

ARTERIAL:

- **Diffuse atherosclerotic changes are seen involving visualized parts of left lower limb arteries causing mild luminal narrowing with maintained color flow and triphasic spectral waveform.**

Colour Doppler study shows following indices-

	FLOW VELOCITY LEFT	WAVE PATTERN
Common femoral artery	122 cm/sec	Triphasic
Superficial femoral artery	104 cm/sec	Triphasic
Popliteal artery	82 cm/sec	Triphasic
Anterior tibial artery	65 cm/sec	Triphasic
Posterior tibial artery	67 cm/sec	Triphasic
Dorsal paedis artery	40 cm/sec	Triphasic

IMPRESSION:

- **NO EVIDENCE OF DEEP VEIN THROMBOSIS IN VISUALIZED VEINS.**
- **DIFFUSE GENERALIZED ATHEROSCLEROTIC CHANGES IN LEFT LOWER LIMB ARTERIES CAUSING MILD LUMINAL NARROWING WITHOUT OBVIOUS SIGNIFICANT HEMODYNAMIC CHANGES.**
- **DIFFUSE SUBCUTANEOUS EDEMA IN LEFT LOWER LIMB, PREDOMINANTLY IN DISTAL LEG AND FOOT REGIONS.**

Clinical correlation is necessary.

[DR. JAYENDRA K. ARYA, MD]

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