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

Patient Name : Ms. REKHA Visit No : CHA250038747

 Age/Gender
 : 73 Y 0 M 0 D /F
 Registration ON
 : 04/Mar/2025 10:08AM

 Lab No
 : 10136042
 Sample Collected ON
 : 04/Mar/2025 10:08AM

Referred By : Dr.KGMU Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 04/Mar/2025 10:59AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size (~ 169 mm), and shows mildly coarsed 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 partially distended and shows calculus measures ~ 6.7 mm in lumen. No mass lesion is seen. GB walls are not thickened
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is prominent (13 mm) 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 mildly enlarged in size (~ 143 mm) 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 99 x 38 mm in size. Left kidney measures 92 x 36 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.
- <u>Uterus</u> is not visualized -- post operative.

OPINION:

- Mild hepato-splenomegaly with mild coarsed echotexture of liver parenchyma with portal vein prominent -- chronic liver disease & portal hypertension. <u>Adv</u>: LFT correlation.
- · Cholelithiasis.

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]



*** End Of Report ***