

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail : charak1984@gmail.com

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

Patient Name	: Ms.PRATIMA SRIVASTAVA	Visit No	: CHA250038784
Age/Gender	: 60 Y/F	Registration ON	: 04/Mar/2025 10:45AM
Lab No	: 10136079	Sample Collected ON	: 04/Mar/2025 10:45AM
Referred By	: Dr.SR SAMADDER	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 11:14AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size (~ 151 mm), 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 multiple calculi in lumen, largest measures ~ 11.0 mm. No mass lesion is seen. GB walls are not thickened
- **<u>CBD</u>** is normal at porta. No obstructive lesion is seen.
- **<u>Portal vein</u>** 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.

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- <u>Both kidneys</u> are normal in size and position. No hydronephrosis is seen. Simple renal cortical cyst measures ~ 24 x 21 mm is seen in upper pole of right kidney. No calculus is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 98 x 36 mm in size. Left kidney measures 107 x 44 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 hepatomegaly with fatty infiltration of liver grade-I.
- Cholelithiasis.
- Right simple renal cortical cyst.

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

*** End Of Report ***

