

Patient Name	: MasterNEEL MANI	Visit No	: CHA250039117
Age/Gender	: 3 M/M	Registration ON	: 04/Mar/2025 03:59PM
Lab No	: 10136412	Sample Collected ON	: 04/Mar/2025 03:59PM
Referred By	: Dr.KK HOSPITAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 05:16PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size, 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 contracted.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** 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.
- Mild interbowel fluid 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 40 x 22 mm in size. Left kidney measures 41 x 21 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Mildly prominent bowel loops with hypokinetic bowel movement are seen in left side of abdomen.
- **A target pattern bowel loop is seen in right infraumbilical region with no proximal bowel dilatation & the lesion is disappears after peristaltic movement - ? Transient intussusception**

OPINION:

- MILD HEPATOMEGALY.
- MILDLY PROMINENT BOWEL LOOPS WITH HYPOKINETIC BOWEL MOVEMENT IN LEFT SIDE OF ABDOMEN WITH MILD INTERBOWEL FLUID .
- TARGET PATTERN BOWEL LOOP IN RIGHT INFRAUMBILICAL REGION WITH NO PROXIMAL BOWEL DILATATION & THE LESION IS DISAPPEARS AFTER PERISTALTIC MOVEMENT - ? TRANSIENT INTUSSUSCEPTION

Clinical correlation is necessary.

[DR. R.K SINGH , MD]

*** End Of Report ***

