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

Patient Name

: Ms.PREETI DEVI

Age/Gender

Lab No

: 33 Y/F : **10137571**

Referred By

Dr NORTHERN I

Refer Lab/Hosp

: Dr.NORTHERN RAILWAY : NORTHERN RAILWAY LKO Visit No

: CHA250040276

Registration ON
Sample Collected ON

: 06/Mar/2025 09:48AM : 06/Mar/2025 09:48AM

Sample Received ON

Report Generated ON

: 06/Mar/2025 01:47PM

MRCP

IMAGING SEQUENCES (NCMR)

AXIAL: T1, T2 & T2 FS. CORONAL: T1 & T2 W images; SSFSE.

Liver is normal in size & MR morphology. Margins are regular. No focal lesion is seen. Portal and hepatic venous channels are within normal limits.

Gall bladder is well distended and shows few small T2 filling defect at neck region of averages sizes 3 to 4 mm. Walls are normal in thickness & regular. No pericholecystic fat stranding or collection is seen. No obvious mass is seen. Cystic duct is normally visualised with normal insertion.

Biliary system: No intrahepatic biliary radical dilatation is noted. Anatomy of the intrahepatic ductal system is normal. CBD is not dilated measuring 5.1 mm at the porta with smooth distal tapering. No obvious intraluminal filling defect/calculus is seen on the base or MIP images. No obvious stricture is seen. Pancreatic duct & common bile duct are opening through a common ampulla at second part of duodenum. No abrupt termination or mass at ampullary region is seen.

Pancreas is normal in size & MR morphology. Margins are regular. Pancreatic duct is not dilated. No focal lesion is observed. No suggestion of pancreatic divisum or chronic pancreatitis is seen. Peripancreatic fat planes clear.

Spleen is normal in size & MR morphology. No focal lesion is observed.

Kidneys: Both kidneys are normal in position and size. No hydronephrosis noted. Visualized upper ureters are normal.

Retroperitoneal major vessels with a ortic bifurcation are normal. Celiac axis & superior mesenteric artery are normal. No significant abdominal lymphadenopathy is seen.

No free fluid is seen.

IMPRESSION

Cholelithiasis.

Please correlate clinically.

DR. RAVENDRA SINGH MD

Transcribed by Priyanka...





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