

Patient Name	: Mr.SIDH NARAYAN PANDEY	Visit No	: CHA250040277
Age/Gender	: 64 Y/M	Registration ON	: 06/Mar/2025 09:48AM
Lab No	: 10137572	Sample Collected ON	: 06/Mar/2025 09:48AM
Referred By	: Dr.RDSO LUCKNOW	Sample Received ON	:
Refer Lab/Hosp	: RDSO LUCKNOW	Report Generated ON	: 06/Mar/2025 10:58AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size (~ 176 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.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **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 borderline enlarged in size (~ 124 mm) and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy 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 103 x 45 mm in size. Left kidney measures 126 x 56 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.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is enlarged in size, measures 31 x 39 x 38 mm with weight of 24gms with few prostatic calcifications and shows homogenous echotexture of parenchyma.
- Post void residual urine volume approx 9.7 cc.

OPINION:

- **Mild hepatomegaly with fatty infiltration of liver grade-I.**
- **Borderline splenomegaly.**
- **Grade-I prostatomegaly with few prostatic calcifications.**

(Possibility of acid peptic disease could not be ruled out).

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

*** End Of Report ***

