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

Patient Name : Ms.RADHIKA Visit No : CHA250040290

 Age/Gender
 : 60 Y/F
 Registration ON
 : 06/Mar/2025 10:10AM

 Lab No
 : 10137585
 Sample Collected ON
 : 06/Mar/2025 10:10AM

Referred By : Dr. SELF Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 06/Mar/2025 11:25AM

## ULTRASOUND STUDY OF WHOLE ABDOMEN

Compromised assessment due to excessive bowel gases.

- <u>Liver</u> is mildly enlarged in size, 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 anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened
- **<u>CBD</u>** is normal at porta. No obstructive lesion is seen.
- **Portal vein** 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.
- **Spleen** is normal in size 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. **Left kidney shows a concretion measuring 1.8mm at lower pole**. No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 89 x 42mm in size. Left kidney measures 94 x 40mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **<u>Uterus</u>** is atrophic.
- No adnexal mass lesion is seen.

## **OPINION:**

- MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.
- LEFT RENAL TINY CONCRETION.

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

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi

\*\*\* End Of Report \*\*\*

