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

Patient Name : Mr. JAMUNA PRASAD Visit No

 Age/Gender
 : 58 Y/M
 Registration ON
 : 07/Mar/2025 09: 37AM

 Lab No
 : 10138267
 Sample Collected ON
 : 07/Mar/2025 09: 37AM

Referred By : Dr.N LAL Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 07/Mar/2025 12:47PM

## **ULTRASOUND STUDY OF WHOLE ABDOMEN**

Compromised assessment due to excessive bowel gases.

- <u>Liver</u> 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.
- <u>Gall bladder</u> is partially distended 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.
- <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. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 85 x 39 mm in size. Left kidney measures 99 x 39 mm 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.
- Bilateral seminal vesicles are seen normally.
- **Prostrate** is normal in size, measures 29 x 35 x 33 mm with weight of 18gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

## **OPINION:**

• MILD HEPATOMEGALY.

CHARAK

(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 \*\*\*