

Patient Name	: Mr.SOMESH SINGH	Visit No	: CHA250041167
Age/Gender	: 25 Y/M	Registration ON	: 07/Mar/2025 12:35PM
Lab No	: 10138462	Sample Collected ON	: 07/Mar/2025 12:35PM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 01:24PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

Compromised assessment due to excessive bowel gases.

- **Liver 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.
- **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 normal in size 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. **Left kidney shows concretions measuring 2.2mm and 3mm at mid poles.** No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 97 x 47 mm in size. Left kidney measures 101 x 40 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.
- **Prostrate** is normal in size, measures 30 x 34 x 32 mm with weight of 17gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **LEFT RENAL CONCRETIONS.**

(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 ***

