

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

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

Patient Name : Mr.MUSHAHID RAZA Visit No : CHA250041659

 Age/Gender
 : 24 Y/M
 Registration ON
 : 08/Mar/2025 10: 30AM

 Lab No
 : 10138954
 Sample Collected ON
 : 08/Mar/2025 10: 30AM

Referred By : Dr.MANZOOR HUSAIN Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 08/Mar/2025 11:31AM

## ULTRASOUND STUDY OF WHOLE ABDOMEN

#### EXCESSIVE GASEOUS BOWEL SHADOW

- <u>Liver</u> is mildly enlarged in size [ 156mm] , 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 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 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.
- <u>Spleen</u> 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 95 x 41 mm in size. Left kidney measures 100 x 49 mm in size.
- <u>Ureters</u> Both ureters are not dilated. <u>UVJ are</u> 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.
- **Prostate** is normal in size measures 33 x 30 x 26 mm with weight of 13 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

## OPINION:

### MILD HEPATOMEGALY.

Possibility of acid peptic disease could not be ruled out .

Clinical correlation is necessary.

[DR. R.K SINGH , MD]

transcribed by: anup





292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone: 0522-4062223, 9305548277, 8400888844

9415577933, 9336154100, **Tollfree No.**: 8688360360 **E-mail**: charak1984@gmail.com

CMO Reg. No. RMEE 2445133

NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr.MUSHAHID RAZA

Age/Gender : 24 Y/M **Lab No** : **10138954** 

Referred By : Dr MANZOOR HI

Referred By : Dr.MANZOOR HUSAIN
Refer Lab/Hosp : CHARAK NA

Visit No : CHA250041659

Registration ON : 08/Mar/2025 10: 30AM Sample Collected ON : 08/Mar/2025 10: 30AM

Sample Received ON :

Report Generated ON : 08/Mar/2025 11:04AM

# CT STUDY OF HEAD PLAIN & CONTRAST Contrast study performed by using non ionic contrast media

### Infratentorial

- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma and brain stem appears to be normal.

## Supratentorial

- Both the cerebral hemispheres show normal gray and white matter differentiation.
- Basal cisterns are seen normally.
- Third and both lateral ventricles are seen normally.
- No midline shift is seen.
- No abnormal enhancing lesion is seen.

### **IMPRESSION:**

• NO EVIDENCE SUGGESTIVE OF ANY FOCAL / DIFFUSE PARENCHYMAL DISEASE OR ANY SPACE OCCUPYING LESION IS IDENTIFIED.



Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed By: Priyanka

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

