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

Patient Name	: Mr.ATUL SINGH	Visit No	: CHA250042258
Age/Gender	: 27 Y/M	Registration ON	: 09/Mar/2025 09:19AM
Lab No	<b>: 10139553</b>	Sample Collected ON	: 09/Mar/2025 09:19AM
Referred By	: Dr.RDSO LUCKNOW	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 09/Mar/2025 11:14AM

## ULTRASOUND STUDY OF WHOLE ABDOMEN

## Excessive gaseous abdomen

- <u>Liver</u> is mildly enlarged in size (~156mm) 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.
- <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 98 x 42 mm in size. Left kidney measures 102 x 46 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.
- **<u>Prostate</u>** is normal in size and shows homogenous echotexture of parenchyma. No mass lesion is seen.

## **OPINION:**

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• MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.

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

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya

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

