

Patient Name	: Ms.PINKI DEVI	Visit No	: CHA250042890
Age/Gender	: 36 Y/F	Registration ON	: 10/Mar/2025 11:32AM
Lab No	: 10140185	Sample Collected ON	: 10/Mar/2025 11:32AM
Referred By	: Dr.NAIMISH HOSPITAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 12:13PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is **mildly enlarged in size (~ 155 mm)**, 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.
- **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 obscured by bowel gases.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. **A relatively well defined iso to hypoechoic area measuring approx 14 x 13 mm is seen in at mid pole of left kidney causing indentation over sinus fat -- ? hypertrophied colum of bertin / ?? artifact / ?? nature.** No calculus is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 88 x 30 mm in size. Left kidney measures 101 x 45 mm in size.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **A large lobulated heterogeneously hypoechoic lesion measuring approx 155 x 130 x 97 mm is seen in abdomino-pelvic region. It is reaching upto recto-vesical & bilateral parametrial regions with poor demarcation of uterus & bilateral ovaries. Mild internal vascularity is seen on doppler interrogation.**

OPINION:

- **LARGE ABDOMINO-PELVIC LESION AS DESCRIBED -- ? NATURE.**
- **MILD HEPATOMEGALY.**
- **ISO TO HYPOECHOIC AREA AT MID POLE OF LEFT KIDNEY CAUSING INDENTATION OVER SINUS FAT -- ? HYPERTROPHIED COLUM OF BERTIN / ?? ARTIFACT / ?? NATURE.**

Suggested: CE-MRI PELVIS & CECT ABDOMEN.

Clinical correlation is necessary.

[DR. JAYENDRA K. ARYA, M.D.]

*** End Of Report ***

