

Patient Name	: Ms.ANSHU	Visit No	: CHA250042952
Age/Gender	: 20 Y/F	Registration ON	: 10/Mar/2025 12:19PM
Lab No	: 10140247	Sample Collected ON	: 10/Mar/2025 12:19PM
Referred By	: Dr.DURGESH KUMAR	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 01:51PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is normal 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.
- **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.
- **Both kidneys** 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 84 x 36 mm in size. Left kidney measures 78 x 34 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.
- **Uterus** is normal in size, measures 58 x 27 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 7.5 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** are normal in size and echotexture.
- No adnexal mass lesion is seen.
- **Mild fluid is seen in pelvis.**

OPINION:

- **MILD FLUID IN PELVIS.**

Note:-

Features of pelvic inflammatory disease cannot be ruled out on USG. In view of smelling PV discharge and lower abdominal pain with fluid in pouch of douglas....Finding are favour of pelvic inflammatory disease. Needs clinical correlation.

(Transcribed by Rachna)

DR. NISMA WAHEED
MD, RADIODIAGNOSIS

*** End Of Report ***

