

Patient Name	: Ms.RAMA KUMARI	Visit No	: CHA250043272
Age/Gender	: 36 Y/F	Registration ON	: 10/Mar/2025 04:50PM
Lab No	: 10140567	Sample Collected ON	: 10/Mar/2025 04:50PM
Referred By	: Dr.ESIC HOSPITAL LUCKNOW	Sample Received ON	:
Refer Lab/Hosp	: ESIC HOSPITAL LUCKNOW	Report Generated ON	: 10/Mar/2025 07:58PM

MRCP

IMAGING SEQUENCES (NCMR)

AXIAL: T1, T2 & T2 FS. **CORONAL:** T1 & T2 W images; SSFSE.

Liver is normal in size & MR morphology. Margins are regular. No focal lesion is seen. Portal and hepatic venous channels are within normal limits.

Gall bladder is contracted and shows T2 hypointense filling defect (approx 15x 10mm). Mild gall bladder wall thickening is seen (approx 5.7mm). No pericholecystic fat stranding or collection is seen. Cystic duct is normally visualised with normal insertion.

Biliary system: Mild central intrahepatic biliary radical dilatation is noted. Biliary confluence is patent. CBD is mildly dilated measuring 9.8 mm and shows few (atleast 4 in number) T2 hypointense filling defects in mid & distal parts, largest measuring approx 9.1x 6mm. Pancreatic duct & common bile duct are opening through a common ampulla at second part of duodenum. No abrupt termination or mass at ampullary region is seen.

Pancreas is normal in size & MR morphology. Margins are regular. Pancreatic duct is not dilated. No focal lesion is observed. No suggestion of pancreatic divisum or chronic pancreatitis is seen. Peripancreatic fat planes clear.

Spleen is normal in size & MR morphology. No focal lesion is observed. Splenoportal axis is normal.

Kidneys: Both kidneys are normal in position and size. No hydronephrosis noted. Visualized upper ureters are normal.

Retroperitoneal major vessels with aortic bifurcation are normal. Celiac axis & superior mesenteric artery are normal. No significant abdominal lymphadenopathy is seen.

No free fluid is seen.

IMPRESSION

- **Cholelithiasis with chronic cholecystitis.**
- **Choledocholithiasis with mild dilatation of CBD & mild central IHBRD.**

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Typed by Ranjeet

*** End Of Report ***

