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

Patient Name : Mr. ADITAYA WADHWA

Age/Gender : 28 Y/M Registration ON **Lab No** : **10140575** Sample Collected ON

Referred By : Dr. SELF Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 10/Mar/2025 05: 19PM

## **ULTRASOUND STUDY OF WHOLE ABDOMEN**

Visit No

- <u>Liver</u> is mildly enlarged in size measures 167 mm 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 few calculi in lumen, measuring approx. 18 mm and 13 mm. No mass lesion is seen. **GB wall is mildly thickened, measures 3.1 mm & edematous.**
- **CBD** 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 89 x 50 mm in size. Left kidney measures 93 x 43 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.
- **Prostate** is normal in size, measures 31 x 34 x 35 mm with weight of 19gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

## **OPINION:**

- Mild hepatomegaly with fatty infiltration of liver grade-I.
- Cholelithiasis with chronic cholecystitis.

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Rachna

