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

Patient Name Age/Gender

: Mr.NAVED

: 49 Y/M

: CHARAK NA

Lab No

: 10140794

Referred By Refer Lab/Hosp : Dr.AVADH KAPOOR

Visit No : CHA250043499

Registration ON : 11/Mar/2025 08:12AM

Sample Collected ON : 11/Mar/2025 08:12AM

Sample Received ON

Report Generated ON : 11/Mar/2025 09:54AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is grossly enlarged in size (~ 212 mm) and shows increased echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins is seen. IVC is prominent (23 mm).
- Gall bladder is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is prominent (13.4 mm) at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is prominent (6.1 mm) 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.
- Gross ascites 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 kid<mark>ney measures 98</mark> x 45 mm in size. Left kidney measures 98 x 53 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 20 x 42 x 36 mm with weight of 16gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

• Gross hepatomegaly with fatty infiltration of liver grade-II with gross ascites with prominent portal vein with CBD and IVC -- liver parenchymal disease.

Clinical correlation is necessary.

{[DR. R.K. SINGH, MD]}



*** End Of Report ***