

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr. DINESH KUMAR Visit No : CHA250044278

 Age/Gender
 : 35 Y/M
 Registration ON
 : 12/Mar/2025 06: 34AM

 Lab No
 : 10141573
 Sample Collected ON
 : 12/Mar/2025 06: 34AM

Referred By : Dr.AK TRIPATHI Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 12/Mar/2025 08: 48AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous abdomen

PR

- <u>Liver</u> is mildly enlarged in size (~156mm) 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 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 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 84 x 39 mm in size. Left kidney measures 84 x 43 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is *partially distended* 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 and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

• MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.

(Possibility of acid peptic disease could not be ruled out).

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya





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Visit No



