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| Patient Name | : Mr.AKHTAR HUSAIN | Visit No | : CHA250044296 |
| Age/Gender | : 50 Y/M | Registration ON | : 12/Mar/2025 07:50AM |
| Lab No | : 10141591 | Sample Collected ON | : 12/Mar/2025 07:50AM |
| Referred By | : Dr.AVADH KAPOOR | Sample Received ON | : |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 12/Mar/2025 08:43AM |

ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous bowel shadow.

- **Liver** is mildly enlarged in size (~ 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.
- **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.
- No ascites is seen.
- **Both kidneys** are normal in size and position. Bilateral renal medullary complexes are prominent. No hydronephrosis is seen. Tiny concretion measures ~ 2.5 mm is seen in mid pole of right kidney. No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 114 x 54 mm in size. Left kidney measures 109 x 51 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** 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 borderline enlarged in size, measures 35 x 34 x 34 mm with weight of 21gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Post void residual urine volume – Nil.

OPINION:

- **Mild hepatomegaly with fatty infiltration of liver grade-I.**
- **Bilateral prominent renal medullary complex (ADV: RBS).**
- **Tiny right renal concretion.**
- **Grade-I prostatomegaly.**

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

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Priyanka

*** End Of Report ***

