

Patient Name	: Ms.GUDIYA	Visit No	: CHA250044321
Age/Gender	: 30 Y/F	Registration ON	: 12/Mar/2025 08: 35AM
Lab No	: 10141616	Sample Collected ON	: 12/Mar/2025 08: 35AM
Referred By	: Dr.SELF	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 12/Mar/2025 09: 26AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous bowel shadow.

- **Liver** is mildly enlarged in size (~ 165 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. 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 46 mm in size. Left kidney measures 106 x 48 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.
- **Uterus** is normal in size, measures 64 x 32 x 30 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 5 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** are normal in size and echotexture.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

OPINION:

- **Mild heptaomegaly 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: Priyanka

*** End Of Report ***

