

Patient Name	: Mr. RAHMATULLAH	Visit No	: CHA250044348
Age/Gender	: 76 Y/M	Registration ON	: 12/Mar/2025 09:06AM
<b>Lab No</b>	<b>: 10141643</b>	Sample Collected ON	: 12/Mar/2025 09:06AM
Referred By	: Dr. SGPGI	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 12/Mar/2025 01:28PM

### **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver** is **mildly enlarged in size (~ 162 mm)** and shows homogenous 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 obscured by bowel gases.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No ascites is seen.
- **Both kidneys are at lower limits of normal size** with normal shape & position. **Bilateral renal parenchymal echogenicity is raised with blurring of cortico-medullary differentiation at places.** No hydronephrosis is seen. No calculus or mass lesion is seen. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 79 x 35 mm in size. Left kidney measures 76 x 43 mm in size.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **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:**

- **MILD HEPATOMEGALY.**
- **RAISED BILATERAL RENAL PARENCHYMAL ECHOGENICITY WITH BLURRING OF CORTICO-MEDULLARY DIFFERENTIATION AT PLACES - RENAL PARENCHYMAL DISEASE.**

**Clinical correlation is necessary.**

**[DR. JAYENDRA K. ARYA, M.D.]**

Transcribed By: Priyanka



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**RENAL DOPPLER STUDY**

*Compromised assessment due to excessive bowel gases and inadequate breath holding.*

**Renal Doppler**

- Gray scale imaging of the kidneys was done follow by analysis of renal vasculature in colour Doppler.

**Gray Scale**

- **Both kidneys are at lower limits of normal size** with normal shape & position. Right kidney measures 79.1 x 35.9 mm. Left kidney measures 76.0 x 43.4 mm. **Bilateral renal parenchymal echogenicity is raised with blurring of cortico-medullary differentiation at places.** No obvious calculus is seen. No hydronephrosis is seen.

**Colour and pulsed Doppler study**

- *Bilateral main renal arteries could not be very well visualized from origin upto renal hila; however, renal arteries at hila and their segmental branches show maintained colour flow.*
- Doppler parameters are as follows:-

	RIGHT			LEFT		
	PSV (cm/s)	RI	AT (sec)	PSV (cm/s)	RI	AT (sec)
Renal artery at hilum	90.4	0.76	0.07	88.6	0.76	0.06
Upper polar Segmental artery	31.8	0.83	0.07	26.4	0.75	0.07
Mid polar Segmental artery	33.6	0.78	0.07	19.0	0.78	0.05
Lower polar Segmental artery	24.3	0.81	0.07	17.5	0.81	0.04



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**OPINION:**

- BORDERLINE HIGH VALUES OF ACCELERATION TIME (AT $\geq$ 0.07 SEC) IN RIGHT > LEFT RENAL ARTERIES AS MENTIONED ABOVE - ?EQUIVOCAL FOR RENAL ARTERY STENOSIS / ?? DUE TO SUBOPTIMAL ACQUISITION.
- RAISED BILATERAL RENAL PARENCHYMAL ECHOGENICITY WITH BLURRING OF CORTICO-MEDULLARY DIFFERENTIATION AT PLACES AS WELL AS INCREASED VALUES OF RESISTIVE INDEX (RI $\geq$ 0.75) - LIKELY DUE TO RENAL PARENCHYMAL DISEASE.

*Note: The above assessment is based on indirect method of analysis of doppler parameters namely AT (acceleration time) and RI (resistive index) in segmental branches alone. Co-existing renal parenchymal disease can alter the values of these parameters. Direct visualization of main renal arteries was not a part of this study. Possibility of renal artery stenosis cannot be ruled out based on indirect assessment of doppler parameters alone due to low negative predictive value.*

*CT renal angiography is gold standard investigation to rule out possibility of renal artery stenosis.*

Clinical correlation is necessary.

Transcribed By: RACHNA

[DR. JAYENDRA K. ARYA, MD]

\*\*\* End Of Report \*\*\*

