

Patient Name	: Ms.MOHADESEH	Visit No	: CHA250044433
Age/Gender	: 24 Y/F	Registration ON	: 12/Mar/2025 10:23AM
<b>Lab No</b>	<b>: 10141728</b>	Sample Collected ON	: 12/Mar/2025 10:23AM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 12/Mar/2025 12:11PM

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

- **Liver** is normal in size, 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 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 92 x 37 mm in size. Left kidney measures 87 x 36 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is normal in size, measures 79 x 38 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 10.8 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** A well defined rounded cystic lesion of size 36 x 36 x 26 mm with few dense internal echoes is seen in left ovary. Right ovary is normal in size and echotexture.
- No free fluid is seen in Cul-de-Sac.

### **OPINION:**

- **COMPLEX LEFT OVARIAN CYST.**

**Clinical correlation is necessary.**

**DR. NISMA WAHEED  
MD, RADIODIAGNOSIS**

(Transcribed by Rachna)



Patient Name	: Ms.MOHADESEH	Visit No	: CHA250044433
Age/Gender	: 24 Y/F	Registration ON	: 12/Mar/2025 10:32AM
<b>Lab No</b>	<b>: 10141728</b>	Sample Collected ON	: 12/Mar/2025 10:32AM
Referred By	: Dr.KGMU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 12/Mar/2025 11:26AM

## **X-RAY MAMMOGRAPHY BOTH BREASTS**

### **ACR grading C heterogeneously dense breast parenchyma**

#### **RIGHT BREAST**

- There is no evidence of any abnormal rounded radio-opaque shadow in the right breast parenchyma.
- **Right breast shows heterogeneously dense fibro-fatty parenchyma.**
- There are no micro-calcifications seen.
- There is no retraction of nipple seen.
- No thickening of the skin is seen.
- There is no evidence of axillary lymphnodes seen.

#### **LEFT BREAST**

- **Left breast shows heterogeneously dense fibro-fatty parenchyma.**
- There are no micro-calcifications seen.
- There is no retraction of nipple seen.
- No thickening of the skin is seen.
- There is no evidence of axillary lymphnodes seen.

#### **ON USG CORRELATION :**

- **Fibroglandular parenchyma appear dense and echogenic in upper outer quadrant of left breast – s/o Fibroadenosis changes (BIRADS – II Category).**

#### **Note:**

- Sensitivity of mammography is decreased in breast have dense parenchyma.
- Screening of mammography is advisable for all women above the age of 40 years.
- Sonomammography (ultrasound) is helpful for accurate diagnosis of disease of breast epically in dens breast. Detailed Sonomammography is advisable if clinically indicated.

**Clinical correlation is necessary.**

**DR. NISMA WAHEED  
MD, RADIODIAGNOSIS**

(Transcribed by Rachna)

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

