

Patient Name	: Ms.TASNEEM	Visit No	: CHA250044474
Age/Gender	: 22 Y/F	Registration ON	: 12/Mar/2025 11:04AM
<b>Lab No</b>	<b>: 10141769</b>	Sample Collected ON	: 12/Mar/2025 11:04AM
Referred By	: Dr.MOHD ILIYAS	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 12/Mar/2025 12:07PM

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

- **Liver** is normal in size measures 109 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 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.
- **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 38 mm in size. Left kidney measures 94 x 40 mm in size.
- **Ureters** Both ureters are not dilated.
- **Urinary bladder** is **partially distended, however appears grossly normal. Floating debris is seen in lumen.**
- **Uterus** is normal in size, measures 75 x 31 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 6.5 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.
- **Mild fluid is seen in pelvis.**

### **OPINION:**

- **MILD FLUID IN PELVIS.**

Note:-

Features of pelvic inflammatory disease cannot be ruled out on USG. In view of smelling PV discharge and lower abdominal pain with fluid in pouch of douglas....Finding are favour of pelvic inflammatory disease. Needs clinical correlation.

(Transcribed by Rachna)

**DR. NISMA WAHEED  
MD, RADIODIAGNOSIS**

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

