

Patient Name	: Ms. MONIKA	Visit No	: CHA250045073
Age/Gender	: 34 Y/F	Registration ON	: 13/Mar/2025 10:43AM
Lab No	: 10142368	Sample Collected ON	: 13/Mar/2025 10:43AM
Referred By	: Dr. YUSUF FAUZAN	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 13/Mar/2025 11:38AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is normal in size measures 134 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 90 x 38 mm in size. Left kidney measures 93 x 38 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 74 x 39 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 9.2 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 Cul-de-Sac.**

OPINION:

- **MILD FLUID IN CUL-DE-SAC.**

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.

DR. NISMA WAHEED
MD, RADIODIAGNOSIS

(Transcribed by Rachna)

*** End Of Report ***

