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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.MANOKAMINI SRIVASTAVA

Age/Gender : 72 Y/F **Lab No** : **10142956** 

Referred By : Dr.ABDAL AHMAD\*\*

Refer Lab/Hosp : CGHS (DEBIT)

Visit No : CHA250045661

Registration ON : 15/Mar/2025 10: 30AM Sample Collected ON : 15/Mar/2025 10: 30AM

Sample Received ON :

Report Generated ON : 15/Mar/2025 11: 28AM

## ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size, and shows homogenously 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.
- <u>Gall bladder</u> is partially distended with sludge and few embedded calculi up to 10.2mm in lumen. No mass lesion is seen. GB walls are not thickened.
- ullet <u>CBD</u> is normal at porta. No obstructive lesion is seen.
- Portal vein is normal at porta.
- <u>Pancreas</u> is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- <u>Spleen</u> is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- <u>Both kidneys</u> are normal in size and position. No hydronephrosis is seen. A concretion measuring 2.5mm is seen in mid pole of left kidney .No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 96 x 42 mm in size. Left kidney measures 101 x 50 mm in size.
- <u>Ureters</u> Both ureters are not dilated. <u>UVJ</u> are seen normally.
- <u>Urinary bladder</u> is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is atrophic .
- No adnexal mass lesion is seen.
- Post void residual urine volume is nil.

## **OPINION:**

MILD HEPATOMEGALY WITH FATTY INFILTRATION LIVER GRADE I . CHOLELITHIASIS .

Left renal concretion .

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

transcribed by: anup

