

Patient Name	: Mr.CHHOTU	Visit No	: CHA250045953
Age/Gender	: 19 Y/M	Registration ON	: 15/Mar/2025 03:29PM
Lab No	: 10143248	Sample Collected ON	: 15/Mar/2025 03:29PM
Referred By	: Dr.BM RAI	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 15/Mar/2025 04:48PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size (~158mm) and shows mild hypoechoic echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. **Intra hepatic veins and IVC are prominent.**
- **Cardiac chamber** is dilated with mild to moderate pericardial effusion is seen.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. **GB wall is diffusely thickened and edematous.**
- **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 mildly enlarged in size (~129mm) and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- **Mild to moderate ascites** is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. **Bilateral renal parenchymal echogenicity is raised (Grade-I) with attenuated cortico-medullary differentiation.** No calculus or mass lesion is seen. No scarring is seen. Right kidney measures 100 x 43 mm in size. Left kidney measures 112 x 43 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.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Bilateral pleural effusion** is seen measuring approx 67 x 50 x 44mm with volume 79cc in right side and 61 x 57 x 45mm with volume 84cc in left side.

OPINION:

- **MILD HEPATO-SPLENOMEGALY WITH MILD HYPOECHOIC ECHOTEXTURE OF LIVER PARENCHYMA WITH DIFFUSELY THICKENED AND EDEMATOUS GB WALL WITH MILD TO MODERATE ASCITES.**
- **DILATED CARDIAL CHAMBER WITH MILD TO MODERATE PERICARDIAL EFFUSION WITH PROMINENT INTRA HEPATIC VEINS AND IVC WITH BILATERAL PLEURAL EFFUSION (ADV: CARDIAC EVALUATION).**
- **BILATERAL GRADE-I RENAL PARENCHYMAL DISEASE (ADV: RFT CORRELATION).**

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya



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CT THORAX

CT STUDY OF THORAX PLAIN AND CONTRAST

Study was performed after intra-venous injection of 80mL of non-ionic iodinated contrast agent

- Left upper lobe shows collapse and consolidation with calcified foci. Heterogeneous, nodular and calcific parenchymal opacities are seen in right upper lobe. Consolidation and nodular parenchymal opacities are seen in left lower lobe. Both lung fields are clear and show normal pulmonary architecture. No evidence of any parenchymal opacity, area of consolidation or any mass lesion is seen.
- pleural effusion is seen on either side [right >> left] .
- No mediastinal lymphadenopathy is seen.
- Trachea is central.
- Mild pericardial effusion is seen. Heart size is enlarged with anomalous vascular and chamber anatomy with abnormal vascular communications .
- Minimal ascites is seen .
- Esophagus is seen normally.
- Visualized liver shows congestive changes . Hepatic veins and IVC are dilated.
- Visualized portion of bones are seen normally.
- Soft tissues are seen normally.

OPINION:

- **LEFT UPPER LOBE COLLAPSE AND CONSOLIDATION WITH CALCIFIED FOCI WITH HETEROGENEOUS, NODULAR AND CALCIFIC PARENCHYMAL OPACITIES IN RIGHT UPPER LOBE WITH CONSOLIDATION AND NODULAR PARENCHYMAL OPACITIES IN LEFT LOWER LOBEMOST LIKELY SEQUELAE OF INFECTIVE PATHOLOGY [?? KOCH'S CHEST]**



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- BILATERAL PLEURAL EFFUSION [RIGHT >> LEFT] .
- MILD PERICARDIAL EFFUSION .
- CARDIOMEGALY WITH ANOMALOUS VASCULAR AND CHAMBER ANATOMY WITH ABNORMAL VASCULAR COMMUNICATIONS [ADV: 2D ECHO FOR CARDIAC ANATOMY .
- MINIMAL ASCITES .
- CONGESTIVE CHANGES IN LIVER .

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

CHARAK

