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

Patient Name	: Mr.SURENDRA	Visit No	: CHA250046122
Age/Gender	: 45 Y/M	Registration ON	: 16/Mar/2025 08:30AM
Lab No	: 10143417	Sample Collected ON	: 16/Mar/2025 08:30AM
Referred By	: Dr.OP TRIPATHI	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 10:37AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is moderately enlarged in size measures 171 mm and shows 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 normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **<u>CBD</u>** is normal at porta. No obstructive lesion is seen.
- **<u>Portal vein</u>** 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.

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- <u>Both kidneys</u> 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 97 x 47 mm in size. Left kidney measures 99 x 56 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ 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.
- Bilateral seminal vesicles are seen normally.
- **<u>Prostate</u>** is normal in size, measures 34 x 27 x 32 mm with weight of 16gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

• Moderate hepatomegaly with fatty infiltration of liver grade i.

(Possibility of acid peptic disease could not be ruled out).

Clinical correlation is necessary.

(DR. K.K. SINGH, RADIOLOGIST)

(DR. R.K. SINGH, MD)

Transcribed by Anoop





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