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

Patient Name : Ms. KRISHNA SINGH Visit No : CHA250046205

 Age/Gender
 : 76 Y/F
 Registration ON
 : 16/Mar/2025 10:17AM

 Lab No
 : 10143500
 Sample Collected ON
 : 16/Mar/2025 10:17AM

Referred By : Dr.NIRUPAM PRAKASH Sample Received ON

Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 16/Mar/2025 12:47PM

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 not visualized [post cholecystectomy] .
- CBD 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. Prominent bilateral renal medullary complex. No calculus or mass lesion is seen. Corticomedullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 87 x 34 mm in size. Left kidney measures 86 x 40 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.
- <u>Uterus</u> is post menopausal [atrophic] .
- No adnexal mass lesion is seen.
- Pre void urine volume approx 159cc
- Post void residual urine volume is nil

OPINION:

MILD HEPATOMEGALY WITH FATTY INFILTRATION LIVER GRADE I . PROMINENT BILATERAL RENAL MEDULLARY COMPLEX.....ADV: RBS.

Clinical correlation is necessary.

{[DR. R. K. SINGH, MD]}

