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

Patient Name : Mr. SOHIT Visit No : CHA250046231

 Age/Gender
 : 25 Y/M
 Registration ON
 : 16/Mar/2025 10:39AM

 Lab No
 : 10143526
 Sample Collected ON
 : 16/Mar/2025 10:39AM

Referred By : Dr. SELF Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 16/Mar/2025 11: 45AM

## **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- <u>Liver</u> is mildly enlarged in size 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.
- **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. No calculus or mass lesion is seen. Bilateral kidneys shows raised renal parenchymal echogencity with loss of cortico-medullary differentiation. No scarring is seen. Right kidney measures 85 x 39 mm in size. Left kidney measures 99 x 39 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostrate** is normal in size, measures 35 x 30 x 27 mm with weight of 15gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

## **OPINION:**

- MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.
- BILATERAL CHORNIC RENAL DISEASE....Adv: RFT correlation.

## Clinical correlation is necessary.

Transcribed By: Purvi

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

