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

Patient Name : Mr. VINOD KUMAR SINGH Visit No : CHA250046240

 Age/Gender
 : 79 Y/M
 Registration ON
 : 16/Mar/2025 10: 45AM

 Lab No
 : 10143535
 Sample Collected ON
 : 16/Mar/2025 10: 45AM

Referred By : Dr. ASHOK KUMAR SINGH Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 16/Mar/2025 11:53AM

## ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size (~148mm) 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.

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- <u>Both kidneys</u> are normal in size and <u>position</u>. No hydronephrosis is seen. No calculus is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 97x56mm in size. Left kidney measures 92x48mm in size. Cyst of size ~37x47mm is seen at mid/lower pole of right kidney. Another cyst of size ~25x21mm seen at mid pole of left kidney.
- <u>Ureters</u> Both ureters are not dilated. <u>UVJ are seen normally</u>.
- <u>Urinary bladder</u> is normal in contour with anechoic lumen. No calculus or mass lesion is seen. U.B. wall is mildly thickened....Cystitis.
- Pre void urine volume approx. 212cc
- Post void residual urine volume approx. 56cc
- Prostate is enlarged in size measures 53x47x49mm with weight of 65.15gms with
  median lobe hypertrophy.

## **OPINION:**

- MILD HEPATOMEGALY WITH GRADE I FATTY LIVER.
- BILATERAL RENAL CYSTS.
- MILDLY THICKENED U.B. WALL .... CYSTITIS.
- PROSTATOMEGALY WITH MEDIAN LOBE HYPERTROPHY.

Clinical correlation is necessary.

[DR. R.K SINGH , MD]

