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| Patient Name | : Ms.KIRAN | Visit No | : CHA250046269 |
| Age/Gender | : 20 Y/F | Registration ON | : 16/Mar/2025 11:22AM |
| Lab No | : 10143564 | Sample Collected ON | : 16/Mar/2025 11:22AM |
| Referred By | : Dr.ANSH POLY CLINIC | Sample Received ON | : |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 16/Mar/2025 01:19PM |

ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous abdomen

- **Liver** is normal in size, and shows homogenous echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size with 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** 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 normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen .
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 87 x 28 mm in size. Left kidney measures 80 x 45 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.
- **Uterus** is normal in size, measures 75x 43 x 25 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 4.3mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- Both ovaries show tiny multiple (>10) cystic areas measuring approx. 4-5mm. Right ovary measuring 29 x 20mm . Left ovary measures 25 x 20 mm.
- No adnexal mass lesion is seen.

OPINION:

BILATERAL POLYCYSTIC OVARIAN PATTERNADV: HORMONAL CORRELATION .

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

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

transcribed by: anup

*** End Of Report ***

