

Patient Name : Mr.ZEESHAN Visit No : CHA250046608  
Age/Gender : 47 Y/M Registration ON : 17/Mar/2025 08:31AM  
**Lab No : 10143903** Sample Collected ON : 17/Mar/2025 08:31AM  
Referred By : Dr.SHAKEEL AHMAD Sample Received ON :  
Refer Lab/Hosp : CHARAK NA Report Generated ON : 17/Mar/2025 10:05AM

**ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver** is grossly enlarged in size (~215mm) 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.
- **Gall bladder** 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** 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. **Minimal left hydronephrosis is seen. A small calculus is seen at mid pole of left kidney measuring approx 2.7mm.** No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 90 x 47 mm in size. Left kidney measures 103 x 49 mm in size.
- **Ureters** Left ureter is minimally dilated. Right ureter is not dilated. UVJ are seen normally.
- **Urinary bladder** is inadequate distended (patient is unable wait for full bladder on persistence request).
- **Prostate** is normal in size measures 36 x 34 x 31 mm with weight of 20 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

**OPINION:**

- **GROSS HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-III.**
- **SMALL LEFT RENAL CALCULUS WITH MINIMAL HYDROURETERONEPHROSIS - ? POSSIBILITY OF TINY LEFT URETERIC CALUCLUS / OBSTRUCTION (ADV: NCCT KUB / FREE REVIEW AFTER FULL BLADDER).**

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya

\*\*\* End Of Report \*\*\*

