

Patient Name	: Ms.NIDA	Visit No	: CHA250046627
Age/Gender	: 24 Y/F	Registration ON	: 17/Mar/2025 08:46AM
Lab No	: 10143922	Sample Collected ON	: 17/Mar/2025 08:46AM
Referred By	: Dr.SAGAR CLINIC	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 09:50AM

ULTRASOUND STUDY OF WHOLE 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 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. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 97 x 47 mm in size. Left kidney measures 104 x 46 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 64 x 23 x 37 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 6 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- Left ovary is poorly visualized.
- A well defined cystic lesion of size 33x27x26mm with volume of 12.94cc.
- No free fluid is seen in Cul-de-Sac.

OPINION:

MILD HEPATOMEGALY WITH FATTY INFILTRATION LIVER GRADE I .
RIGHT OVARIAN CYST? HAEMORRHAGIC .

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

transcribed by: anup



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