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

Patient Name : Ms. NIBHA Visit No : CHA250046696

 Age/Gender
 : 30 Y/F
 Registration ON
 : 17/Mar/2025 09: 42AM

 Lab No
 : 10143991
 Sample Collected ON
 : 17/Mar/2025 09: 42AM

Referred By : Dr.KIRANDHIR BHATNAGAR Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 17/Mar/2025 10:54AM

TRANSVAGINAL ULTRASOUND

- <u>Uterus</u> is normal in size, measures 66 x 42 mm and shows multiple well defined rounded hypoechoic lesions in anterior, posterior and fundal wall, largest measuring approx. 18 x 18 mm, 13 x 9 mm in fundal wall and 12 x 14 mm in posterior wall. Endometrial thickness measures 9.4 mm. No endometrial collection is seen.
- **Cervix** is normal in size measures 28 x 28mm & echotexture.
- **Both ovaries** are normal in size & echotexture. Right ovary measures 26 x 19 x 26 mm vol. 7 cc. Left ovary measures 20 x 21 x 27 mm vol. 6.2 cc.
- A well defined rounded complex cystic lesion of size 21 x 23 x 29 mm vol. 7.9 cc with dense internal echoes is noted in left tubo-ovarian region --? Pyosalpinx.
- Mild fluid is seen in Cul-de-Sac.

OPINION:

- MULTIPLE INTRAMURAL UTERINE FIBROIDS.
- ? LEFT PYOSALPINX.
- MILD FLUID IN CUL-DE-SAC.

Note:-

Features of pelvic inflammatory disease cannot be ruled out on USG. In view of smelling PV discharge and lower abdominal pain with fluid in pouch of douglas....Finding are favour of pelvic inflammatory disease. Needs clinical correlation.



DR. NISMA WAHEED MD, RADIODIAGNOSIS

(Transcribed by Rachna)

*** End Of Report ***

