

Patient Name	: Mr. YAG DEV PANDEY	Visit No	: CHA250046895
Age/Gender	: 43 Y O M O D /M	Registration ON	: 17/Mar/2025 11:09AM
Lab No	: 10144190	Sample Collected ON	: 17/Mar/2025 11:09AM
Referred By	: Dr.SELF	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 12:20PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

Compromised assessment due to excessive bowel gases.

- **Liver is mildly enlarged 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 mildly enlarged 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 85 x 39 mm in size. Left kidney measures 99 x 39 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostrate** is normal in size and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Mildly thickened and edematous bowel loop of descending and transverse colon---? inflammatory bowel disease.**

OPINION:

- **MILD HEPATO-SPLENOMEGALY.**
- **MILDLY THICKENED AND EDEMATOUS BOWEL LOOP OF DESCENDING AND TRANSVERSE COLON---? INFLAMMATORY BOWEL DISEASE.**

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

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi

*** End Of Report ***



Patient Name : Mr. YAG DEV PANDEY
Age/Gender : 43 Y O M O D /M
Lab No : 10144190
Referred By : Dr.SELF
Refer Lab/Hosp : CHARAK NA

Visit No : CHA250046895
Registration ON : 17/Mar/2025 11:09AM
Sample Collected ON : 17/Mar/2025 11:09AM
Sample Received ON :
Report Generated ON : 17/Mar/2025 12:20PM

