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

Patient Name : Mr.AJEET Visit No : CHA250047000

 Age/Gender
 : 27 Y/M
 Registration ON
 : 17/Mar/2025 12:16PM

 Lab No
 : 10144295
 Sample Collected ON
 : 17/Mar/2025 12:16PM

Referred By : Dr. YOGESH CHANDRA Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 17/Mar/2025 01:26PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size (~179mm) 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.
- <u>Gall bladder</u> 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 is normal at porta.
- <u>Pancreas</u> is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- <u>Spleen</u> is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- Few prominent mesenteric lymphnodes are seen measuring upto approx 14 x 9.2mm with maintained hilum.
- No ascites is seen.
- <u>Both kidneys</u> 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 101 x 35 mm in size. Left kidney measures 102 x 45 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- Prostate is normal in size measures $31 \times 30 \times 28$ mm with weight of 14 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Mild thickened edematous bowel loops are seen in right iliac fossa.

OPINION:

- MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.
- FEW PROMINENT MESENTERIC LYMPHNODES.
- MILD THICKENED EDEMATOUS BOWEL LOOP IN RIGHT ILIAC FOSSA -? INFLAMMATORY BOWEL DISEASE.

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya

