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

Patient Name : Mr.FAIZ
Age/Gender : 29 Y/M

Lab No : 10144364

Referred By : Dr.ROZI CLINIC

Refer Lab/Hosp : CHARAK NA

Visit No : CHA250047069

Registration ON : 17/Mar/2025 12:49PM

Sample Collected ON : 17/Mar/2025 12:49PM

Sample Received ON

Report Generated ON : 17/Mar/2025 01:50PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is moderately enlarged in size 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.
- No retroperitoneal adenopathy is seen. No ascites is seen.
- <u>Both kidneys</u> are normal in size and position. No hydronephrosis is seen. **Right kidney shows a concretion measuring 2.2mm at mid pole.** No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 94 x 46mm in size. Left kidney measures 100 x 50mm in size.
- **<u>Ureters</u>** Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is normal in contour with <u>anechoic</u> lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostrate** is normal in size, measures 26 x 41 x 31 mm with weight of 17gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

- MODERATE HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-II.
- RIGHT RENAL TINY CONCRETION.

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi

*** End Of Report ***

