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

Patient Name : Mr. NASEER AHMAD Visit No : CHA250047140

 Age/Gender
 : 30 Y/M
 Registration ON
 : 17/Mar/2025 01:37PM

 Lab No
 : 10144435
 Sample Collected ON
 : 17/Mar/2025 01:37PM

Referred By : Dr.GUFRAN RASHID Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 17/Mar/2025 03:34PM

## ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size, and shows homogenously 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.
- <u>CBD</u> 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. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 102 x 45 mm in size. Left kidney measures 99 x 46 mm in size.
- <u>Ureters</u> Both ureters are not dilated. <u>UVJ</u> 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.
- <u>Prostate</u> is normal in size measures 30 x 36 x 32 mm with weight of 18 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

## OPINION:

MILD HEPATOMEGALY WITH FATTY INFILTRATION LIVER GRADE I/II .

Possibility of acid peptic disease could not be ruled out .

Clinical correlation is necessary.

[DR. R.K SINGH , MD]

transcribed by: anup

