Charak dhar DIAGNOSTICS Pvt. Ltd.

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

Patient Name	: Mr.ASHOK KUMAR DWIVEDI	Visit No	: CHA250047260
Age/Gender	: 54 Y/M	Registration ON	: 17/Mar/2025 02:57PM
Lab No	**: 10144555**	Sample Collected ON	: 17/Mar/2025 02:57PM
Referred By	: Dr.L	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 04:15PM

PR.

RENAL DOPPLER STUDY

Compromised assessment due to excessive bowel gases, poor breath holding and co-existing renal parenchymal disease.

Renal Doppler

- Gray scale imaging of the kidneys was done follow by analysis of renal vasculature in colour Doppler.

Gray Scale

- Both kidneys are normal in size, shape & position. Right kidney measures 88.9 x 48.9 mm. Left kidney measures 90.7 x 41.4 mm. **Bilateral renal cortical echogenicity appears raised with blurring of cortico-medullary differentiation at places. Few anechoic cortical cysts are seen in left kidney with the largest measuring approx 26 x 23 mm seen at upper pole.** No obvious calculus is seen. No hydronephrosis is seen.

Colour and pulsed Doppler study

- *Bilateral main renal arteries could not be very well visualized from origin upto renal hila; however, renal arteries at hila and their segmental branches show maintained colour flow.*
- Doppler parameters are as follows:-

	RIGHT			LEFT		
	PSV (cm/s)	**RI**	**AT (sec)**	**PSV (cm/s)**	**RI**	**AT (sec)**
Renal artery at hilum	54.3	**0.81**	0.04	62.9	**0.77**	0.04
Upper polar Segmental artery	19.8	**0.75**	0.04	22.4	**0.78**	0.04
Mid polar Segmental artery	16.2	0.74	0.04	22.7	**0.79**	0.04
Lower polar Segmental artery	23.4	**0.76**	0.04	24.8	**0.75**	0.04

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OPINION:

- **RAISED BILATERAL RENAL PARENCHYMAL ECHOGENICITY WITH BLURRING OF CORTICO-MEDULLARY DIFFERENTIATION AT PLACES AS WELL AS INCREASED VALUES OF RESISTIVE INDEX (RI≥0.75) AS DESCRIBED ABOVE – LIKELY DUE TO RENAL PARENCHYMAL DISEASE / MEDICAL RENAL DISEASE.**
- **LEFT RENAL CORTICAL CYSTS.**
- **NO OBVIOUS INDIRECT EVIDENCE OF SIGNIFICANT RENAL ARTERY STENOSIS.**

Note: The above assessment is based on indirect method of analysis of doppler parameters namely AT (acceleration time) and RI (resistive index) in segmental branches alone. ***Co-existing renal parenchymal disease can alter the values of these parameters. Direct visualization of main renal arteries was not a part of this study. Possibility of renal artery stenosis cannot be ruled out based on indirect assessment of doppler parameters alone due to low negative predictive value.***

CT renal angiography is gold standard investigation to rule out possibility of renal artery stenosis.

Clinical correlation is necessary.

[DR. JAYENDRA K. ARYA, MD]

Transcribed By: RACHNA

***** End Of Report *****