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|----------------------------|-------------------------------|--------------------|--------------------|
| Patient Name | : Mr. KAMALAKANNAN LOGANATHAN | Age/Gender | : 51 Y/M |
| UHID/MR No. | : SALW.0000136638 | OP Visit No | : SALWOPV203886 |
| Sample Collected on | : | Reported on | : 14-01-2024 20:20 |
| LRN# | : RAD2207364 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 73720. | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

NORMAL STUDY.



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| UHID/MR No. | : SALW.0000136638 | OP Visit No | : SALWOPV203886 |
| Sample Collected on | : | Reported on | : 16-01-2024 17:59 |
| LRN# | : RAD2207364 | Specimen | : |
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DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size, Shows fatty changes(Grade I).
Intra and extra hepatic biliary passages are not dilated.

Gall bladder - Partially distended with no evidence of calculus.
Wall thickness appear normal.

Para aortic / Portal region obscured.

Pancreas appears normal.

Spleen measures 10.3cm and shows uniform echotexture.

Visualised aorta and IVC are normal.

No evidence of ascites or lymphadenopathy.

Right kidney measures 11.6 x 4.5cm.

Left kidney measures 10.8 x 4.0cm - Shows a 4mm echogenic foci in the mid pole with no definite after shadow s/o ? calculi.

Both kidneys show normal echopattern with no evidence of calyceal dilatation.

Prostate measures 3.3 x 4.2 x 3.4cm(Vol-25ml).

Bladder is normal in contour.

Post void - Not significant.

IMPRESSION:

FATTY LIVER.

LEFT KIDNEY - S/O ? CALCULUS.

Patient Name : Mr. KAMALAKANNAN LOGANATHAN

Age/Gender : 51 Y/M

-MILD PROSTATE ENLARGEMENT WITH NO SIGNIFICANT RESIDUAL URINE.

-SUGGESTED CLINICAL CORRELATION.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



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