







SHREE VINAYAK ULTRASOUND CENTRE





Juran Chapra, Near Govt. School Road No.-4, Muzaffarpur

> Dr. A. R. Sinha M.D. Ph.D. (Sonologist)

NAME :- SMITA KUMARI

REFD.BY:-DR. SELF

DATE: 23/11/2023

SEX:- F

Thanks for the kind referral. <u>USG of Whole Abdomen</u>

Liver: - Liver is normal in shape, size [138.0mm] with homogenous coarse

echo texture. No focal lesion seen or Intrahepatic ducts dilation seen.

Movements of both domes of diaphragm appears normal

GB:- Normal distention. Walls are not thickened . No evidence of

calculus, sludge, or mass lesion seen.

C.B.D: C.B.D. is normal in calibre.

Pancreas: Pancreas normal in size shape and echotexture.

Spleen:- Normal in shape, size & contour. (bipolar length is 98.9mm).

Kidneys:- Rt. kidney (88.0 mm) Lt. kidney (90.0 mm)

Both kidneys are normal in shape, size, contour, cortical echo texture, and

sinus echoes. No evidence of calculus, calcification, hydronephrotic

changes or mass lesion seen.

UB:- Urinary bladder is smoothly outlined. There is no calculus within.

UTERUS:- Anteverted, anteflexed, normal in shape and size (70.8 x33.6mm)

with endometrium are not thickened and normal echotexture.

ADENEXA:- Both ovaries seen appears normal & No adenexal lesion seen.

P.O.D.: Mild collection seen.

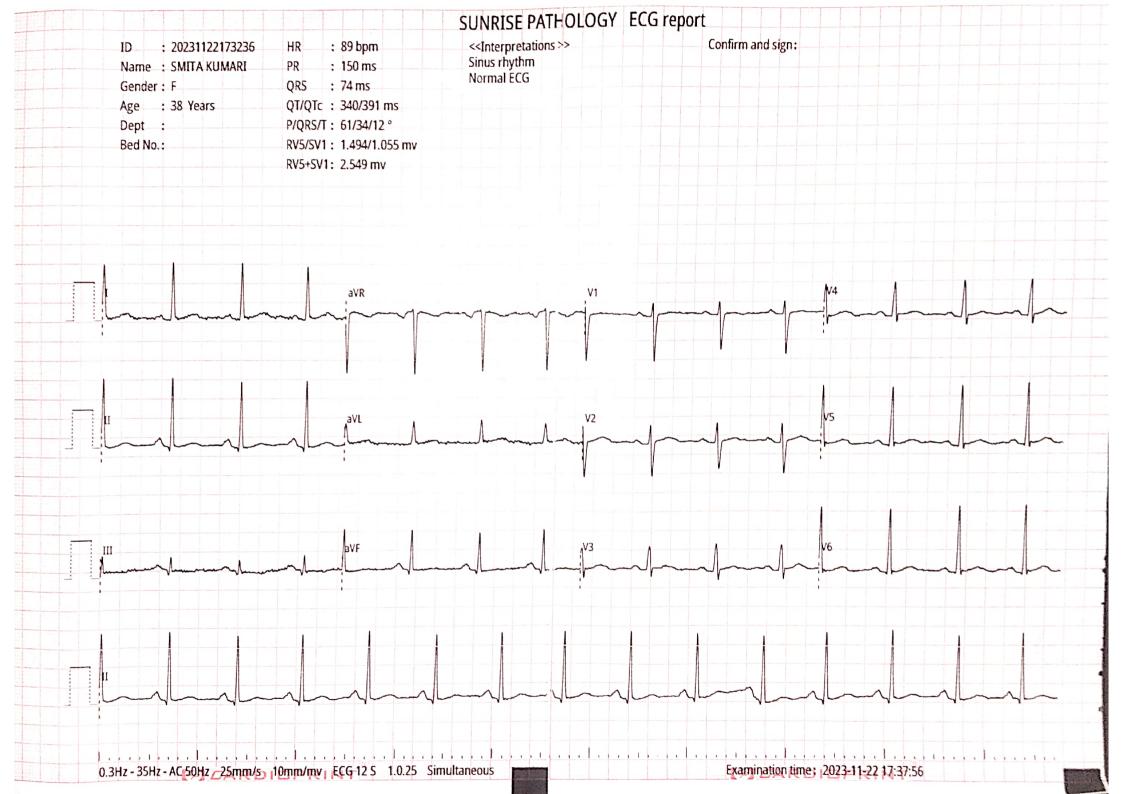
Free fluid:- No free fluid is noted in the peritoneal cavity.

OTHERS:- Thickened bowel wall with few fecal gas & less movement of intestine seen.

IMPRESSION: POD collection.

Thickened bowel wall with few fecal gas & less movement of Intestine seen. s/o. colitis.

(sonologist) '







Juran Chapra, Main Road (Near Apex Childrens Hospital), Muzaffarpur

Reg. No.: 700 / ISO 9001-2015

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MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that Mr./Ms*. SMITA KUMARI son/daughter of
Shri of aged 38 years. Based on the examination, I certify
that he/she is in good mental and physical health and is free from any physical
defects such a deafness, colour blindness, and any chronic or contagious diseases.
Signature of the Candidate:
Place:
Date:

Dr. MD. All Muzffar M.D. Path. Reg. No.-34765

Dr.MD.Ali.Muzaffar

MD.Path. Name & Signature of the Medical Officer



