

| Unit o | of Naray | vana | Health |
|--------|----------|------|--------|
|--------|----------|------|--------|

| Patient Name | Salkat Ghosh | Requested By | EXTERNAL |
|--------------|----------------|--------------------|---------------------|
| MRN | 17650000258627 | Procedure DateTime | 2023-11-27 11:54:00 |
| Age/Sex | 32Y 11M / Male | Hospital | NH-NMH & NSH |

USG OF WHOLE ABDOMEN

Clinical Indication: Health check up.

* Bowel gas +++

USG OBSERVATIONS:

LIVER:

Normal in size (13.4 cm), shape and outline. **Diffusely increased parenchymal echogenicity is noted.** No focal cystic or solid mass lesion. No intrahepatic biliary dilatation. Intrahepatic portion of IVC is normal. Porta hepatis is normal.

GALL BLADDER:

Wall thickness is normal. Luminal echoes are normal. No calculi. No pericholecystic fluid seen.

C.B.D: Not dilated. It measures 4.4 mm.

PORTAL VEIN: Portal vein is normal. It measures 8.9 mm.

PANCREAS: Parenchymal echotexture normal. MPD appears normal. No focal lesion.

SPLEEN:

Borderline enlarged in size (11.3 cm). No focal or diffuse lesion seen.

KIDNEYS:

Right kidney measures 9.9 cm.

Left kidney measures 10.5 cm.

Normal in size, shape and outline. Parenchymal echotexture normal. Corticomedullary differentiation is well made out and is normal. Sinus echoes are normal. No hydronephrosis seen in both kidneys.

URINARY BLADDER:

Wall thickness normal. Luminal echoes normal. No calculi.

Post void residual urine - 5 cc.

PROSTATE:

Measures: $3.8 \times 3.2 \times 4.0 \text{ cm} = 26 \text{ gms. Borderline enlarged in size.}$ No obvious focal area of calcification or mass lesion.

No Ascites/ pleural effusion is seen at present.

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Meridian Medical Research & Hospital Ltd.
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120/1, Andul Road, Howrah-711 103
(Junction of 2nd Hooghly Bridge & Andul Road)



IMPRESSION:

Present study suggests:

- Grade II fatty liver.
- . Borderline enlarged spleen.
- Borderline enlarged prostate.
 - --- Serum PSA suggested.
- --- Follow up and clinical correlations suggested.

Not for medico legal purpose. Like all diagnostic modalities, USG also has its limitations. Therefore USG report should be interpreted in correlation with clinical and pathological findings. All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.

Mails

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