Patient's Details	:	VANI			0	
UHID	:	AHJN.0000223517	Ward/Bed No.	:		/
I.P.No./Bill No.	:		Scanned on	:		28-Jun-2022 13:06
<b>Accession Number</b>	:		Reported On	:		28-Jun-2022
Referring Doctor	:		-			

## **USG BOTH BREASTS:**

## **FINDINGS:**

Both the breast show normal parenchymal echotexture. There is no evidence of distortion of parenchymal architecture.

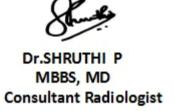
There is no evidence of focal solid, cystic lesions or calcification is seen.

The nipple and retroareolar regions show no abnormality.

The bilateral axillary regions show no abnormality and there is no evidence of enlarged lymph nodes.

## **IMPRESSION:**

> NO SIGNIFICANT SONOLOGICAL ABNORMALITY.



---END OF THE REPORT---

N.B.: This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

Patient's Details	:	Mrs.	VANI S NAIK		F	051Y
UHID	:	AHJN.000022351	7 Ward/Bed No	. :		AHC /
I.P.No./Bill No.	:	AHJNAHC40978	Scanned on	:		28-Jun-2022 10:35
Accession Number Referring Doctor	: :	10371.222052752 SELF REFERRA	. r	:		28-Jun-2022

# **ULTRASOUND ABDOMEN & PELVIS:**

#### **FINDINGS:**

LIVER is enlarged with hyperechoic parenchymal echogenicity. No focal lesion. No intra/extrahepatic biliary dilatation. PORTAL VEIN appears normal.

GALL BLADDER is partially distended and reveals a few small polyps largest ~3.5 mm. No calculus. CBD: Normal.

PANCREATIC head, neck and body appear normal in size, shape and echopattern. DUCT appears normal. Tail is obscured by bowel gas.

SPLEEN is normal in size, and echopattern. No focal lesion.

KIDNEYS are normal in size, shape, location and C/M differentiation. No calculus or hydronephrosis. Renal sinuses appear normal.

URINARY BLADDER is distended, normal in contour, wall thickness and clear anechoic content. No calculus.

UTERUS not visualized, post-operative status. VAULT appears normal.

OVARIES are atrophied / indistinct.

ADNEXAE are clear.

No FREE FLUID in peritoneal cavity.

No abnormal BOWEL dilatation noted.

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Patient's Details	:	Mrs.	VANI S NAIK		F	051Y
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Accession Number Referring Doctor	: :	10371.222052752 SELF REFERRA	. r	:		28-Jun-2022

## **IMPRESSION:**

- 1. MILD HEPATOMEGALY WITH FATTY INFILTRATION.
- 2. GALL BLADDER POLYPS- Suggested follow up in 6 to 8 months.

DR. VARUN S. MD. REGISTRAR, RADIOLOGY

---END OF THE REPORT---

Patient's Details	:	Mrs.	VANI S NA	IK	Ī	F	051Y
UHID	:	AHJN.000022351	17	Ward/Bed No.	:		AHC /
I.P.No./Bill No.	:	AHJNAHC40978	3	Scanned on	:		28-Jun-2022 08:47
<b>Accession Number</b>	:	10371.122063553	3	Reported On	:		28-Jun-2022
Referring Doctor	:	SELF REFERRA	<b>A</b> L				

# **CHEST RADIOGRAPH PA VIEW:**

# **OBSERVATIONS:**

- Both the lungs are clear with normal bronchovascular markings.
- Both hila and costophrenic angles appear normal.
- Cardiac silhouette appears enlarged.
- Both the diaphragmatic domes appear normal.
- Bony thoracic cage appear normal.

**IMPRESSION:** CARDIOMEGALY- Needs 2D-ECHO correlation.

REGISTRAR, RADIOLOGY

---END OF THE REPORT---

N.B.: This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.