

D1 15.83 cm





Name:	PARVEEN SINGH RATHORE	Lab NO:	012208090050
Age/Sex:	47 Y O M O D /Male	Test Date:	09-Aug-2022
Referred By:	Dr. NITIN AGARWAL CARDIO	Report Date:	09-Aug-2022

ULTRASOUND WHOLE ABDOMEN

TECHNIQUE: - Real time trans-abdominal sonographic images were obtained in multiple projections.

FINDINGS:-

LIVER is mildly enlarged in size (~15.8cm). A well defined smoothly marginated heterogeneous echogenicity lesion measuring approx. 5.1x2.8x4cm, vol- 31cc is seen in left lobe of liver.....?Benign solitary lesion (hemangioma/ FNH)/ ?organized abscess. No surface nodularity is seen. Intrahepatic biliary radicals are not dilated. Portal vein is normal in diameter.

GALL BLADDER is well distended and normal in wall thickness. No gallbladder sludge seen. No evidence of any mass or calculus is seen. No pericholecystic fluid is seen. Sonographic Murphy sign is absent. Common bile duct is normal in calibre.

PANCREAS: The pancreatic head and proximal body are imaged and are normal in size and echotexture. No focal lesion is seen. The distal pancreatic body and tail are obscured by overlying bowel gas.

SPLEEN is normal in size & echotexture. No focal lesion is seen.

BOTH KIDNEYS are normal in anatomical location, size and outline. Parenchymal-cortical thickness and echogenicity are normal. The corticomedullary differentiation is maintained. No obvious calculus or hydronephrosis is seen. Perirenal spaces appear normal.

URINARY BLADDER appears partially distended and shows few internal echoes in lumen. Prevoid volume-100cc, Postvoid volume-26cc.

PROSTATE is enlarged in size (~40cc) with median lobe hypertrophy indenting into the bladder base.

No ascites is seen.
Bowel loops grossly appear normal.

IMPRESSION:

- ❖ Mild hepatomegaly with a well defined smoothly marginated heterogeneous echogenicity lesion measuring approx. 5.1x2.8x4cm, vol- 31cc in left lobe of liver.....?Benign solitary lesion (hemangioma/ FNH)/ ?organized abscess.
- ❖ Partially filled urinary bladder shows few internal echoes in lumen.
- ❖ Prostatomegaly (~40cc) with median lobe hypertrophy indenting into the bladder base with insignificant PVRU.

ADVISED: - CLINICAL & LAB CORRELATION WITH CECT ABDOMEN (TRIPLE PHASE), URINE R/M & FOLLOW UP.

Thanks for referrals

Dr. Mohit Agarwal
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 Ex-Safdarjung Hospital & VMMC, New Delhi.
 Consultant Radiologist.

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Updated By:R.Ansari

Note: Impression is a professional opinion & not a diagnosis. All modern machines/procedures have their limitations, if there is a variance clinically this examination may be repeated or reevaluated by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action.



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DIGITAL X-RAY CHEST (PA VIEW)

TECHNIQUE: - PA VIEW

FINDINGS:-

Both the lung fields appear clear. No focal lesion seen.

Both domes of diaphragm and CP angles appear normal.

Trachea appears central.

Both hila appear normal.

CT ratio is within normal limits.

PLEASE CORRELATE CLINICALLY.

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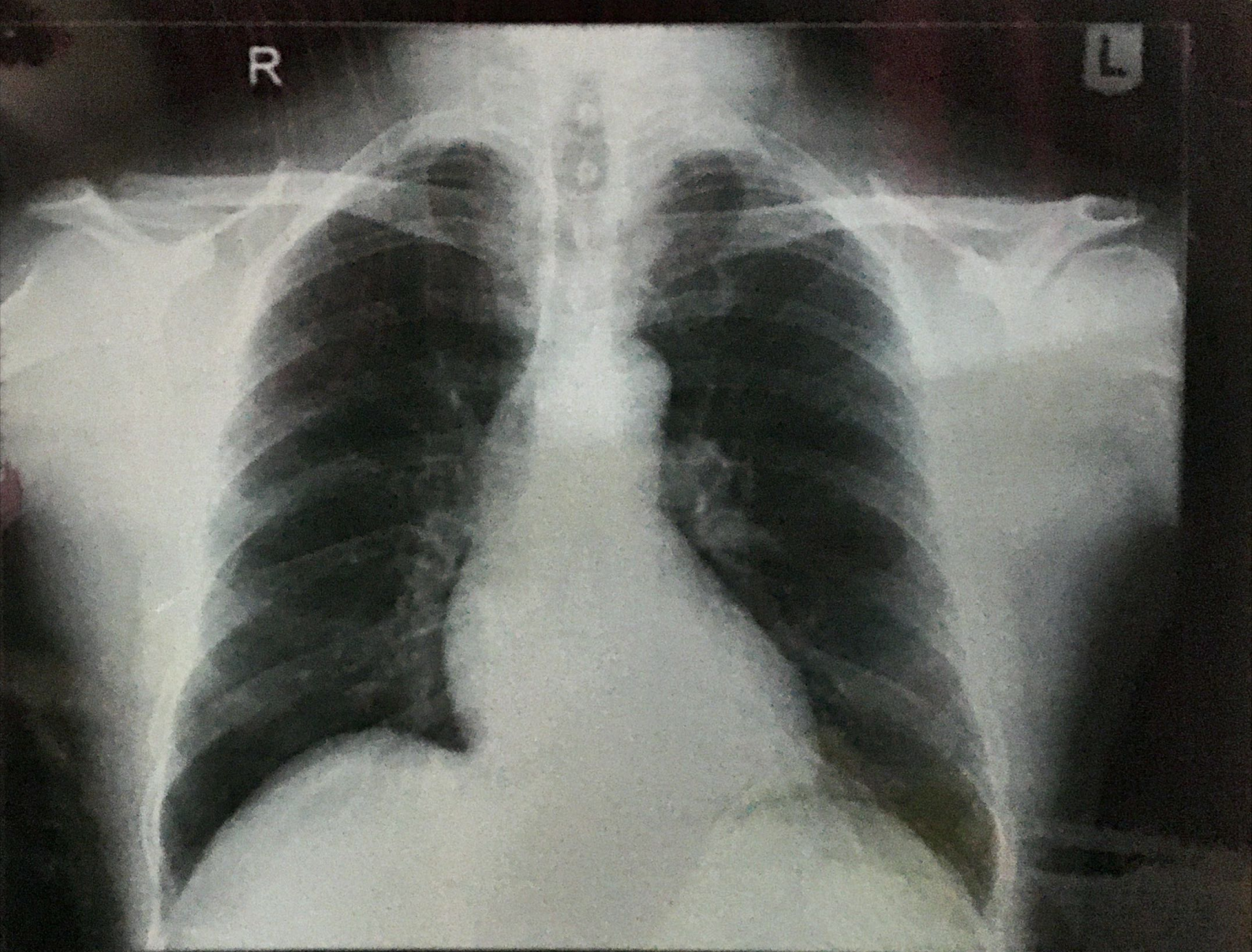


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PARVEEN SINGH RATHORE 47Y/M 012206090050 515071 CHEST PA 09-08-2022
FOCUS MRI & DIAGNOSTICS, BAREILLY PH- 7310987005

ALL DIAGNOSTIC TESTS UNDER ONE ROOF...

Dr. Nitin Agarwal

DM (CARDIOLOGY)

NO ADMISSION WITHOUT
PERMISSION
NO ONE WHO IS
BEFORE ENTERING
SMOKE OR DRINKING
WATER AND TO KEEP
SILENT AND RESPECT

