



Time : 10 am to 3 pm
6 pm to 9 pm

Global Diagnostics

Sonography & Digital X Ray

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Reg. No. 2014/07/3296

Shop No. G 7, Ground Floor, Anjuman Complex, Opp. Sadar Busstand, Chaoni Road, Nagpur. Contact No. :- 7083750761

Name: MRS. NEHA GEDAM	Age/Sex: 25Y/ F
Referred by: DR. SATISH SHRIVASTAV SIR	Date: 12-Jun-23

SONOGRAPHY OF ABDOMEN & PELVIS

Real time ultrasound of abdomen & pelvis shows,

- LIVER:** - Right, left and caudate lobe of Liver are normal in size, shape and smooth border (liver measuring 11.6 cm). Its parenchymal echo pattern is normal in general. No solid or cystic mass is identified in liver. Portal vein is of normal caliber. There is no evidence of dilatation of Intra hepatic biliary radicals.
- BILE DUCT** :- Common hepatic duct and common bile duct are of normal caliber.
- GALL BLADDER:** Gall bladder is well distended & does not show any sludge, calculus. Its walls are smooth and normal in wall thickness. No evidence of pericholecystic collection noted.
- PANCREAS:** - Pancreas is normal in size and shows normal echogenicity, no localized or cystic mass is identified in pancreas. Pancreatic duct is not dilated. Pancreatic tail could not be well visualized due to gas in adjacent bowel loop.
- SPLEEN:** - Spleen is normal in size measuring 10.2 cm and shows normal echogenicity.
- KIDNEYS:** - Both kidneys are of normal size (right measuring 8.9 x 3.1 cm and left measuring 9.3 x 3.9 cm) & echotexture. Corticomedullary differentiation is maintained. There is no e/o localized solid or cystic mass. There is no e/o calculus or dilation of collecting system of either of the kidney.

Moderate to gross ascites is seen with clumping of bowel loops in mid line with diffuse omental thickening is seen measuring 9.9 mm in thickness

AORTA and Inferior vena cava are normal.

No abnormally thickened bowel loop.

Urinary bladder is well filled with smooth and regular outline with normal wall thickness.

Uterus is Normal in size measuring 6.1 x 3.1 x 3.5 cm. The echotexture of uterus is normal, no evidence of solid or cystic lesion seen.

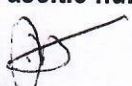
Endometrium thickness measuring 4 mm.

Both the ovaries are normal in size. Right ovary measuring 5 cc in volume and left ovary measuring 6 cc in volume. There is no solid or cystic mass lesion seen in either adnexa.

SONOGRAPHIC INTERPRETATION:

- Moderate to gross ascites with clumping of bowel loops in mid line with diffuse omental thickening is seen measuring 9.9 mm in thickness – Features are s/o infective etiology likely Abdominal Tuberculosis.

Suggested ascitic fluid aspiration and analysis for further evaluation


DR. SHOAIB A FAZLANI
MD - RADIODIAGNOSIS (MUMBAI)
DNB - RADIODIAGNOSIS (DELHI)
CONSULTANT RADIOLOGIST



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Neha. Gredam
Age 25 Yrs: _____ Months: _____ Days: _____
Sex: Male ☐ Female ☒ Date of Birth: ☐☐☐☐☐☐☐☐☐☐
Ph: 9834342082

Client Details:

SPP Code: _____
Customer Name: _____
Customer Contact No: _____
Ref Doctor Name: _____
Ref Doctor Contact No: 12/6/2023

Specimen Details:

Sample Collection date: _____	Specimen Temperature: _____	Sent <input type="checkbox"/>	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator (2-8°C) <input type="checkbox"/>	Ambient (18-22°C) <input type="checkbox"/>
Sample Collection Time: _____ AM / PM		Received <input type="checkbox"/>	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator (2-8°C) <input type="checkbox"/>	Ambient (18-22°C) <input type="checkbox"/>

Test Name / Test Code	Sample Type	SPL Barcode No
+ C/O fever off and on 3-4 months - loss of appetite - distention of abdomen. Sonography of whole abdome attached. Ascitic fluid		

Clinical History: is stopped
Asc fluid for microscopy
ADA

Note: Attach duly filled respective forms viz. Maternal Screening form (for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form, HLA Typing form along with TRF.

No. of Samples Received:

Received by:

ADA
Routine micro
sugar
protein

24082657

145