

Diagnostic & Imaging Centre

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I.D. NO.: 014706

PATIENT NAME: - PANMATI DEVI

REF. BY Dr.: - ANJUM IQBAL BUMS

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AGE/SEX, Y/ F

USG: WHOLE ABDOMEN

Liver -Enlarged in size (172 mm) with Grade- II parenchymal echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder - is fully distended. No calculus in lumen. Wall thickness is normal.

CBD - normal. PV - normal. porta - normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen mildly enlarged in size 126 mm. No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size (99 x 41 mm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size (107 x 42 mm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. A small anechoic cystic lesion of size (10.4 x 8.9) mm noted in upper pole cortex.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Uterus is anteverted and enlarged in size (105 x 60) mm with two well defined oval to round hypo echogenic lesion of size (29.6 x 27.4 mm & (22.2 x 20.6) mm noted in Anterior and posterior myometrium s/o- myoma. Cervix appears normal in size. No demonstrable growth. No evidence of fluid in POD. Endometrial thickness is normal in size 7.6 mm.

Rt. Ovary: two well defined rounded anechoic thin walled cystic lesion of size (58.0 x 55.8 mm & (38.5 x 33.2) mm noted in Rt. Ovary s/o - simple ovarian cyst.

Lt. ovary: Normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION:- 1.) HEPATOMEGLY WITH GRADE - II FATTY CHANGES.

- 2.) MILD SPLENOMEGLY.
- 3.) LT. SMALL RENAL CORTICAL CYST.
- 4.) BULKY UTERUS WITH MYOMA.
- 5.) RT. SIMPLE OVARIAN CYST.

ADV - CLINICAL CORRELATION.
Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.


Signature