

RADIOLOGY REPORT: ABDOMINAL ULTRASOUND

PATIENT INFORMATION

Name: John Doe

Date of Birth: 05/15/1980

Patient ID: P-1001

Exam Date: December 10, 2022

Report Date: December 12, 2022

Ordering Physician: Dr. Emily Rodriguez

EXAMINATION

Complete Abdominal Ultrasound

CLINICAL INDICATION

Elevated liver enzymes, right upper quadrant discomfort. Rule out gallstones, hepatic pathology.

TECHNIQUE

Real-time grayscale and color Doppler sonographic evaluation of the abdomen was performed using a curved array transducer.

FINDINGS

Liver: The liver is normal in size with smooth contours. The parenchyma demonstrates mildly increased echogenicity consistent with mild fatty infiltration. No focal lesions or masses are identified.

Gallbladder: The gallbladder is normal in size and appearance with a thin wall. No gallstones or sludge is seen. No pericholecystic fluid.

Bile Ducts: The common bile duct measures 4mm in diameter, which is within normal limits. No intrahepatic biliary dilatation.

Pancreas: The visualized portions of the pancreas appear normal. No pancreatic mass or ductal dilatation is identified.

Spleen: The spleen is normal in size at 11cm in length with homogeneous echotexture.

Kidneys: Both kidneys are normal in size, shape, and position. No hydronephrosis, stones, or masses are identified.

IMPRESSION Normal in caliber without aneurysm.

1. Mild hepatic steatosis (fatty liver), which may explain the mildly elevated liver enzymes.
2. No evidence of cholelithiasis or biliary obstruction.
3. Otherwise normal abdominal ultrasound.

RECOMMENDATIONS

1. Clinical correlation with the patient's symptoms and laboratory findings.
2. Lifestyle modifications including weight loss, reduced alcohol consumption, and dietary changes may help improve hepatic steatosis.
3. Follow-up ultrasound in 6-12 months if clinically indicated.

This report is confidential and intended only for the ordering physician.