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# Patient Information

* **Name:** [Patient's Name]
* **Age:** [Patient's Age]
* **Gender:** [Patient's Gender]
* **ID:** [Patient's ID]

# Investigation Method

* **Examination:** Ultrasound of the Abdomen

# Technique

* **Approach:** Standard abdominal ultrasound technique was utilized to evaluate the abdominal organs and structures.

# Findings

* **Peritoneal Cavity:**
* **Moderate amount of free fluid noted** with **multiple internal echoes and septations**, suggesting an **infective nature** of the fluid. This finding raises concern for potential infectious or inflammatory processes within the abdominal cavity.
* **Bowel:**
* No evidence of dilatation of small bowel loops observed, indicating no immediate signs of bowel obstruction.
* **Mesenteric Lymph Nodes:**
* **Multiple enlarged mesenteric lymph nodes** are noted, which could be indicative of an underlying inflammatory or infectious process.
* **Liver:**
* Normal in size and echotexture. No focal or diffuse lesions identified. Intrahepatic biliary radicals are not dilated, suggesting normal liver function.
* **Gallbladder:**
* Physiologically well-distended with normal wall thickness. No gallstones detected, ruling out cholelithiasis.
* **Pancreas:**
* Normal morphology with no mass lesions or calcifications. Main pancreatic duct is not dilated, indicating no signs of pancreatic pathology.
* **Spleen:**
* Normal in size and echotexture with no focal lesions. The splenic vein is of normal size, suggesting normal splenic function.
* **Kidneys:**
* Both kidneys are normal in size, shape, and position. Cortico-medullary differentiation is well preserved. No stones or hydronephrosis noted, indicating normal renal function.
* **Para-aortic Lymph Nodes:**
* No para-aortic lymphadenopathy seen, which is reassuring against retroperitoneal pathology.
* **Urinary Bladder:**
* Physiologically well-distended with normal wall thickness. No evidence of calculus, mass lesion, or diverticulum.

# Impression

* The presence of **moderate free fluid with internal echoes and septations** in the peritoneal cavity and **enlarged mesenteric lymph nodes** suggests consideration of the following possibilities:
* **Tuberculous Peritonitis (Koch’s),** if the condition is chronic.
* **Sealed Gastrointestinal Perforation,** which should be investigated further.
* **Perforated Appendicitis,** if the clinical presentation is acute.

# Conclusion

* The ultrasound findings indicate an **infective or inflammatory process** within the abdominal cavity. Correlation with clinical findings and further diagnostic workup, such as laboratory tests or CT imaging, may be necessary to confirm the diagnosis and guide treatment. Regular follow-up and monitoring of the patient's condition are recommended to assess the progression or resolution of the identified abnormalities. ```