

## JUBILEE MISSION MEDICAL COLLEGE & RESEARCH INSTITUTE

Bishop Alapatt Roatd, Jubilee Mission P.O, Thrissur East - 680005 Ph.No: 0487 2432200, Email: jubileemission@jmmc.ac.in

www.jubileemissionmedicalcollege.org



## **DEPARTMENT OF RADIO DIAGNOSIS**

SI. No.: 20

Date: 05/06/202

Name: B/O RENJINI K.B.

H.No.: U1204456

Age: 4 days

Sex: M

Referred by : Dr. V.C. MANOJ MD, M.Sc (Neo) Cardiff Univ (UK) FRCPCH (UK)

Clinical details: AGA; bilateral multicystic kidneys; IDM; elevation of creatinine.

## **ULTRASOUND SCAN REPORT OF ABDOMEN & PELVIS**

**LIVER** 

: Normal in size (5.8 cm) and echotexture.

Surface smooth. No significant focal lesion seen.

No intrahepatic biliary radicle dilatation. Hepatic veins are normal.

Common bile duct is not dilated.

**PORTAL VEIN** 

: Normal in size. No filling defects.

GALL BLADDER

: Normally distended. Wall thickness normal. No pericholecystic collection.

No calculus.

**PANCREAS** 

: Head and body appear normal in echotexture. No focal lesion.

No peripancreatic collection. MPD is not dilated. Tail is obscured by bowel gas.

SPLEEN

: Normal in size (4.3 cm) and echotexture. No focal lesion seen.

**KIDNEYS** 

: Right kidney: size 4.9 x 2.7 cm, normal in size, site, and shape.

No pelvicalyceal system dilatation. No evidence of calculi.

Left kidney: size 5.5 x 3.3 cm, normal in size, site, and shape.

No pelvicalyceal system dilatation. No evidence of calculi.

Cortical echotexture is increased and corticomedullary differentiation reduced in both kidneys.

Multiple small bilateral renal cysts measuring 1 to 4 mm seen. Both kidneys move with respiration. No perinephric fluid collection.

URINARY BLADDER: Partially. Normal wall thickness.

No calculi. Echogenic particles present

Vesicoureteric junction on both sides appear normal.

PKOSTATE

: Normal for the age

OTHERS

Retroperitoneum obscured by gas.

Gaseous abdominal distension present.

Both domes of diaphragm move well with respiration.

No ascites / pleural effusion.

## IMPRESSION:

Normal-sized kidneys with parenchymal disease changes and multiple small cysts.

No hepatosplenomegaly / ascites / pleural effusion.

DR. ANEESH MK. MD. (AIIMS) ASST. PROFESSOR

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(Sonography report may not be 100 % accurate in all cases. Please correlate clinically.)