

DR. PALLAVI GOYAL

CMO Regd. No. UP / AGR / 2017 / AL-2601 PC PNDT Regd. No. US-369 UPMC Regd. No. 74938 DIGITAL X-RAY, ULTRASOUND & COLOUR DOPPLER CENTRE SKOP CENTRE, B-516, KAMLA NAGAR, AGRA-5 Ph.: 0562-4001020

PT. NAME: MRS. REENA

REFF BY: DR. RASHMI SINGHAL, MS

AGE: 49 Y/F DATE: 24-11-2023

U.S.G. WHOLE ABDOMENWITH TVS

Limited evaluation due to fatty patient and excessive bowel gases

<u>LIVER</u>: - is mildly enlarged in size 18.3 cm, shows grade I fatty changes. No evidence of focal SOL is noted. I.H.B.R. appears normal.

GALL - BLADDER: - is partially distended, no evidence of calculus is noted. Wall thickness is normal. CBD is obscured.

SPLEEN: - is normal in size & echotexture. No evidence of focal SOL is noted.

PANCREAS: - is obscured.

BOTH KIDNEYS: - are normal in size, shape, position & echotexture. No evidence of calculus or hydronephrosis is noted. Cortico-medullary differentiation is well maintained.

<u>URINARY BLADDER</u>: - is partially distended with smooth walls and echofree contents. No evidence of calculus or mass is noted.

UTERUS: - is not seen post operative.

Left ovary shows a small simple cyst 26 mm. No adnexal mass is noted on right side. Moderate free fluid is seen in lower abdomen and pelvis.

A very large heterogenous hypoechoic solid lesion is seen centered around the umbilicus nearly occupying whole of central abdomen and causing distension. Further organ of orgin could not be determined ----? Peritoneal/ retroperitoneal/ bowel ---- needs further evaluation with CT/ histopathology.

Bowel loops are not dilated. No pleural effusion is seen at CP angle.

KINDLY CORRELATE CLINICALLY.

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