



MGM NEW BOMBAY HOSPITAL, VASHI

Plot No. 35, Sector 3, Vashi, Navi Mumbai - 400703. Tel.: (022) 5066 6777



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RADIOLOGY DEPARTMENT

UHID	: MGM240017131	Receipt No.	: MGMWPR240090642
Patient Name	: MR. KIRAN BHAGWAN TAWARE	Report No	: MGMUSG240009360
Age / Gender	: 56 Yrs 2 Mth / MALE	Receipt Date	: 09-10-2024 14:16:08
Referred By	: DR.PRASHANT ATHALE	Reported on	: 10-10-2024 09:30:49
Transcribed By	:	Ward / Bed	: SICU-010

SONOGRAPHY OF ABDOMEN AND PELVIS (PORTABLE)

LIVER is moderately enlarged (19 cm) and shows normal parenchymal echotexture. No focal lesion is seen. Portal vein appears normal in caliber and shows normal hepato-petal flow. No dilated intrahepatic biliary radicles seen.

GALL BLADDER is well distended. No obvious calculi seen. Common bile duct is obscured due to excessive bowel gases.

Visualized portion of **PANCREAS** (head and part of body) appears normal in size and shows normal parenchymal echotexture. Rest of the pancreas is obscured due to excessive bowel gases.

SPLEEN appears normal in size (11.1 cm). No appreciable focal lesion seen.

BOTH KIDNEYS

Both kidneys are normal in size, shape, position and parenchymal echogenicity with maintained cortico-medullary differentiation. No obvious calculi / hydronephrosis / hydroureter/ perinephric fluid seen bilaterally. Right kidney measures around 12.5 x 5.3 cm. Left kidney measures around 11.3 x 6.2 cm.

URINARY BLADDER is empty with Foley's bulb in situ.

PROSTATE could not be evaluated due to empty urinary bladder.

Visualised bowel loops are undilated. There is a small elongated organised loculated hypoechoic collection with dense internal echoes / septations (measuring approximately 20 x 2.5 x 1.7 cm - approximate volume 40 cc) seen in the right paracolic gutter and right iliac fossa, also seen extending up to the inferior perihepatic region. Drain seen in situ with its tip in the inferior aspect of this collection in the right iliac fossa.

Retroperitoneum is obscured due to excessive bowel gases.

Minimal non-tappable right basal pleural effusion noted.

P. S. - Above findings do not exclude pathology related to bowel or appendix.

IMPRESSION:

Small elongated organised loculated hypoechoic collection with dense internal echoes / septations (of approximate volume 40 cc) seen in the right paracolic gutter and right iliac fossa, also seen extending up to the inferior perihepatic region. Drain seen in situ with its tip in the inferior aspect of this collection in the right iliac fossa.

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