



MGM NEW BOMBAY HOSPITAL, VASHI

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RADIOLOGY DEPARTMENT

UHID	: MGM240017131	Receipt No.	: MGMWPR240089060
Patient Name	: MR. KIRAN BHAGWAN TAWARE	Report No	: MGMUSG240009215
Age / Gender	: 56 Yrs 2 Mth / MALE	Receipt Date	: 05-10-2024 11:37:30
Referred By	: DR.PRASHANT ATHALE	Reported on	: 05-10-2024 15:22:19
Transcribed By	: Geetanjali.	Ward / Bed	: ECU-001

SONOGRAPHY OF ABDOMEN AND PELVIS

Clinical Profile: Acute onset pain in abdomen. Outside CT suggestive of subacute appendicitis with ? perforation.

Findings:

LIVER is moderately enlarged (19.8 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. A thin rim of minimal subhepatic fluid is seen (measuring approximately 5 mm in maximum thickness).

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

PANCREAS is obscured due to excessive bowel gases. **Epigastric probe tenderness present.**

SPLEEN appears normal in size (11.3 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 10.9 x 4.5 cm. Left kidney measures around 12.2 x 6.1cm.

Urinary bladder is empty with Foley's bulb in situ.

Prostate could not be evaluated due to empty urinary bladder.

Appendix is seen in the right iliac fossa , appears mildly dilated (measuring approximately 9 - 10 mm in maximum diameter) and shows mild diffuse wall thickening (measuring approximately 2 mm in maximum thickness). Mild diffuse inflammatory changes are seen in the right iliac fossa, right paracolic gutter and adjacent suprapubic region with mild overlying probe tenderness. The extraluminal air specks in the right iliac fossa mentioned in the previous outside CT will not be appreciated on USG due to limitation of the modality.

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