* ***A simple cyst of size 1.01 x 0.96 cm is noted in right lobe of liver.***
* ***Few tiny calculi of average size 0f 3-4 mm are noted in left kidney.***

***LIVER:***

***It appears subtly coarse in echotexture. IMP: Subtly coarse hepatic echotexture.***

***GALL BLADDER***

***There is thin anechoic rim of pericholecystic collection noted. Bladder wall shows mild increase in vascularity. Gall bladder is partially filled with echogenic sludge.***

* ***Acute Cholecystitis with sludge within.***

***Proximal and mid******CBD appears mildly prominent & measures 6.9 mm. No obvious ductal calculus/stenosis is seen.***

* ***Prominent CBD***

***Multiple mobile calculi are noted in gall bladder largest of size 5 mm***

***Two calculi are noted in the neck of gall bladder, largest calculus measuring approx. 1 cm.***

***Not visualized post cholecystectomy status. Pseudo Gall bladder wall thickening is noted.***

***Two sessile polyps are noted fundus of gall bladder largest measuring 6 mm another 3 mm***

***SPLEEN******Few collaterals are noted in perisplenic region.****.*

***Few tiny hyperechoic foci with comet tail artifacts are seen along anterior wall of gall bladder likely to be cholesterol crystals.*** *No pericholecystic collection noted.*

* ***Focal cholesterolosis along anterior wall of gall bladder***

***PANCREAS******appears bulky & hypoechoic. Head measures 3.8 x 3.9 cm. Mild fat stranding noted in peripancreatic region. Body & tail appears normal.***

***appears mildly heterogenous. Head, body and tail measures 1.5 cm, 1.1 cm and 2.3 cm respectively. No focal lesion is seen. There is minimal peri-pancreatic fat stranding.*** *No peri pancreatic collection is seen. Pancreatic duct appears normal.*

* ***Subacute pancreatitis.***

***PANCREAS : appears minimally heterogeneous with probe tenderness over epigastric region.*** No peri-pancreatic fat stranding/collection is seen. Pancreatic duct appears normal

* ***Minimally heterogeneous pancreatic parenchyma with mild probe tenderness over epigastric region….? Subacute pancreatitis.***

***LEFT KIDNEY***

***A upper ureteric calculus of size 1.1 cm is noted, approx 2.4 cm away from pelviureteric junction causing proximal hydroureter & mild hydronephrosis.***

***Bilateral kidney shows excessive sinus fat s/o sequel to diabetes mellitus fat .***

***URINARY BLADDER******Empty Foley’s bulb in situ.***

***UTERUS***

***FIBROID: A well defined hypoechoic lesion of size 2.5 x 1.5 cm is noted in anterior wall of uterus****.*

***CERVIX: Appears bulky and measures 3.5 x 3.3 cm. fat planes with surrounding organs are well maintain No. e/o of bowel bladder involment***

***Bilateral mild Pleural effusion is noted with underlying passive compressive lung collapse.***

***Minimal free fluid noted in POD.***

***Appendix retrocaceal not visualized, due to excessive bowel gas severe probe tenderness is noted in right iliac fossa.***

***Few enlarged non necrotic mesenteric lymph nodes are noted in small bowel mesentery, largest measuring1.2 x 0.7 cm .( Non necrotic Mesenteric lymphadenopathy.)***

***PROSTATE. appears moderate enlarged in size 4.1 x 3.8 x 4.8 = 40 cc with median lobe indenting base of bladder.***

***A diverticulum measuring 10 x 10 mm is seen in arising from left supero-lateral wall of urinary bladder. Neck of this diverticulum measures 3.6 mm.***

* ***Vesical diverticulum as described.***

***Borderline prostatomegaly with significant post void residue***

***A 1 x 0.7 cyst is noted in median lobe of prostate.***

***A large lobulated heteroechoic retroperitoneal mass lesion measuring 10.9 x 6.6 x 6.7 cm is seen in the epigastric and left hypochondriac region. It shows mild internal vascularity on color doppler. This lesion is compressing pancreas postero-inferiorly.***

***IMP: Large lobulated heteroechoic retroperitoneal mass lesion as described - ? RETROPERITONEAL SARCOMA/LYMPHOMA***

***HERNIA:***

***A defect of 1cm is seen at left deep inguinal ring with herniation of omentum through it, not extending into left scrotal sac. Herniation is partially reducible. No bowel herniation/obstruction/strangulation is seen.***

***IMP- Left inguinal hernia as described.****.*

***A defect of size 2.1 cm is seen over anterior abdominal wall infraumbilically in midline with herniation of omentum through it. Herniation is partially reducible. No bowel herniation /obstruction/ strangulation is seen.***

* ***Infraumbilical hernia as described.***

***IMPRESSION******:******Ultrasound study reveals:***

* ***Liver parenchymal disease. (Correlate with serum lipid profile.)***
* ***Cholelithiasis***
* ***Mild Splenomegaly with portal hypertension.***
* ***Acute pancreatitis.***
* ***Non obstructing Right renal calculus***
* ***Partially obstructing right vesicoureteric junction calculus causing proximal entire hydroureter & grade-III hydronephrosis.***
* ***Multiple moving internal echoes in bladder. Correlate with urine routine microscopy to rule out cystitis.***
* ***Left ovarian complex cyst***
* ***Right ovarian hemorrhagic cyst***
* ***Minimal free fluid in abd pelvis***
* ***Non necrotic Mesenteric lymphadenopathy***
* ***Grade II Fatty Liver. (correlate with serum lipid profile.)***
* ***Enlarged right ovary with******minimal free fluid in POD Suggestive of oophoritis****.*
* ***Findings could represent subacute appendicitis.***

**LIVER is mildly** **enlarged in size 15 cm** **with coarse echotexture**. **Portal vein measures 20 mm, dilated with few periportal** **collaterals**.

CBD appear normal. No IHBR dilatation seen- ***Alcoholic liver disease with dilated portal vein.***

***Liver laceration with mild hemoperitoneum.***

**Portal vein= 9 mm shows hepatopetal flow with PSV = 13 cm/s No IHBR dilatation seen.CBD measures 5 mm appears normal in dimensions at porta hepatis No evidence of calculus within CBD.**

**A small well defined hyperechoic lesion with post acoustic enhancement is noted in segment VI of liver. It measures 1 x 0.9 cm of liver suggestive of hemangioma.**

**Fatty liver grade-II correlate with serum lipid profile.**

***CHOLESTEROLSIS :* Few tiny echogenic foci are noted within Gall bladder wall**. **No pericholecystic collection is noted.**

**Mild fullness noted in right pelvicalyceal system…..? recent passage of calculus.**

***A mid ureteric calculus of size 4.9 mm is noted at the level of crossing of iliac vessels causing proximal hydroureter and mild hydronephrosis.***

LEFT KIDNEY- ? Calculus. **Mild dilatation of pelvicalyceal system and distal ureter could not be traced due to excessive bowel gas.**

**ROUND WORM INFESTATION : Small intestinal lumen shows few well defined, long rounded mobile structures suggestive of round worm infestation**.

***ENTERITIS:* Mild thickening of small bowel wall with increased peristalsis.**

**CERVIX: Appears bulky and measures 3.5 x 3.3 cm with few nabothian cysts ( largest of size 17 x 14 cm ). Cervicitis**

**URINARY BLADDER** **well distended with thickened , trabeculated bladder wall.** No soft tissue mass lesion seen- ***Chronic cystitis……? Bladder outlet obstruction.***

***Colitis:* Mild thickening of descending colon is noted.**

**UTERUS** **visualized in lower part of pelvis suggestive of prolapse.**

**Polycystic ovaries: Bilateral ovaries appears bulky with multiple small follicles < 5 mm in size at least 10- 15 arranged peripherally around central echogenic stroma.**

**Subacute appendicitis.. *A blind ending, aperistaltic, non-compressible, avascular, tubular structure measuring 6 mm is noted in the right iliac region – Sub-acute appendicitis. Its wall appears edematous with mild peri-lesional fat stranding. No peri-appendiceal collection is seen. No appendicolith is seen***

**No evidence of collection fat stranding in right iliac fossa region.**

**Acute c : A blind ending aperistaltic non compressible tubular structure is noted in right iliac fossa in location o’ clock location. It measures cm and has maximum diameter of cm. Mild fat stranding is noted in right iliac fossa. Mild mucosal edema is noted in medial wall of cecum. No evidence of appendicolith.**

**Cholecystitis**

**There is significant thickening in wall of gall bladder with maximum wall thickness of 4mm. Thin rim of edema is noted in pericholecystic region.**

**Ovarian cyst**

**A well defined thin walled anechoic cystic lesion is noted in right adnexa Right ovary not seen separate from it .Right ovarian vein appears to drain the cyst. No evidence of septation /calcification /mural nodule within.**

**Left inguinal hernia:**

**A defect of size 7.8 mm is seen at left deep ring with herniation of omentum through it into left scrotal sac. No obstruction/strangulation is seen.**

**Umbilical hernia:**

**A 2 cm fascial defect is noted at umbilicus with omentum protruding through it on cough impulse.**

**Reducible umbilical hernia :**

**A defect of size 7 mm is noted at umbilicus with herniation of omentum through it causing a resultant swelling of size 15 x 8 mm noted. This swelling is partially reducible. No bowel herniation /obstruction/ strangulation is seen.**

**Supra umbilical omentum hernia:**

**A 2 cm fascial and apneurotic defect is noted at supra umbilical region with omentum herniating through it on cough impulse.**

**URINARY BLADDER is well distended with multiple moving internal thin echoes noted in bladder** - ***Multiple moving internal thin echoes in bladder suggest urine routine microscopy to rule out cystitis.***

**Uterine prolapse: *There is e/o uterine prolapse in the form of the cervical descent below pubic symphysis after Valsalva manouvre.***

**Large bowel well distended with excessive gas within.**

**UTERUS & ovaries normal for her age.**

**Left ovarian complex cyst: A large hyperechoic lesion measuring 4.2 x 2.5 cm. No internal vascularity/ mural nodule is seen. Right ovary is not seen separately from the lesion. It shows few echogenic septae within.**

**Left ovarian hemorrhagic cyst:**

**A hemorrhagic cyst measuring 2.6 x 1.9 cm is seen in right ovary. It shows no vascularity/mural nodule.**

**Gastritis: Mild mucosal irregularity & thickening noted.**

**Descending colon, sigmoid colon & rectum are significantly distended with excessive gas within.**

**Bilateral kidney shows cortical scarring s/o sequel to hypertension.**

**GROSS ASCITES:**

**Free fluid is noted in perihepatic, perisplenic, Morrison’s pouch, paracolic gutters and in the pelvis**

**Mild fullness noted in right pelvicalyceal system. No obvious uretric calculus noted.**

**LEFT KIDNEY**:-

Measures 10.8 x 4.8 cm. Appears normal in size, shape, echotexture. **Multiple calculi are noted, largest 7 mm in mid calyx**. **Mild hydronephrosis with proximal and mid hydroureter is seen (even on empty bladder). Distal ureter could not be traced due to overlying bowel gases. No calculus was seen in proximal and mid ureter.**

**IMPRESSION:**

***Mild hydronephrosis with proximal and mid hydroureter ? due to obstructive pathology like calculus in distal ureter. Distal ureter could not be traced due to overlying bowel gases.***

**A 1.1cm fascial defect is noted at umbilicus with small bowel & mesentery herniating through it on cough impulse. Complete reduction hernating content.**

**A tiny fluid collection measuring 1.0 x 1.0 x 0.9 cm is noted at inferior aspect of mid line incision.**

**Right ovarian simple cyst of size 3.2 x 2.8 cm is noted.**

Left ovary appears normal

**The small bowel loops show mild circumferential wall thickening measuring 3.1 mm in maximum thickness.**

**Intussusception**

**A swirled pattern of alternating hyperechogenicity and hypoechogenicity. This represents the alternating layers of mucosa, muscularis, and serosa seen in**[**intussusception**](http://radiopaedia.org/articles/intussusception)**giving it a 'target' appearance.**

**Minimal free fluid is noted in POD likely physiological.**

***Diffuse adenomyotic changes:* Multiple hyperechoic areas are noted in myometrium.**

**Multiple hyperechoic foci are seen diffusely scattered in myometrium with loss of endomyometrial echo-complex suggestive of diffuse adenomyotic change.**

**Appendix was not visualized however minimal probe tenderness is noted in right iliac region.**

**Changes of enteritis:**

**Small bowel loops are fluid filled & shows increased peristalsis s/o enteritis.**

**Small bowel loops in the right lumbar & iliac region appears fluid filled & shows increased peristalsis. No abnormal dilated bowel loop/bowel wall thickening is seen.**

**Right sided pleural effusion with collapse consolidation of underlying lung.**

**CHANGES OF CHRONIC CYSTITIS**: **Bladder wall appears irregularly thickened & measures 7.2 mm. Few free moving fine internal echoes are noted**

**Mild fullness is seen in right pelvicalyceal system with proximal hydroureter. Mid and distal ureter could not be traced due to overlying bowel gases**. **No calculus was seen.**

**Mild right hydronephrosis with proximal hydroureter ? due to obstructive pathology like calculus/stricture in mid and distal ureter.**

**BOTH KIDNEYS**:-

***Right kidney measures 8.9 x 2.9 cm.******Left kidney measures 9.4 x 3.9 cm Both kidneys show mildly increased cortical echogenecity, however cortico-medullary differentiation is maintained*.** They appear normal in size and shape. No calculus / hydronephrosis on either side

**MSF – Multiple small follicles less than 1 cm in size.**

**Appendix was not visualized. Probe tenderness is noted in right iliac region on deep probing.**

***? Subacute / chronic appendicitis. Advice clinico-pathological correlation.***

**Appendix was not seen. However, mild and persistent probe tenderness is seen over right iliac region. No abnormal bowel dilatation or wall thickening is seen. No mesenteric lymphadenopathy.**

***No abnormal bowel wall thickening/dilatation/ interbowel free fluid is seen. No probe tenderness is seen over right iliac region.***

***Conclusion:******Ultrasound study reveals:***

* ***In view of mild and persistent probe tenderness over right iliac region, advice clinico-pathological correlation to rule out CHRONIC APPENDICITIS.***

***Complex cystic lesion with thin internal septation & showing septal calcification is seen at cortical region of lower pole. It measures 4.5 x 3 cm. Lesion shows no vascularity.***

**Seminal vesiculitis: Both seminal vesicles appear mildly enlarged ( Right measures – 3.2 x 1.7 cm, left measures 3.3 x 1.6cm). Few anechoic cystic lesions are seen in both seminal vesicles - s/o seminal vesiculitis**

**CIRRHOSIS -Liver appears cirrhotic – coarse in echotexture with irregular margins and rounded borders.**

***FIBROID: A well defined hypoechoic lesion of size 1.2 x 1.9 cm is noted in the intramural plane of anterior wall of uterus****.*

**A *simple cystic lesion measuring 3.4 x 2.4 cm is noted in the left ovary. It shows no mural nodule /internal septation/abnormal vascularity.***

***Terminal ileitis with typhilitis : Terminal ileum and caecum wall appears edematous with mild pericolonic fat standing no abnormal dilatation or mass noted.***