

Patient Name :	Mr. N Sathish	Advised/Pres Doctor :	--
Age/ Gender :	53 Yrs / Male	Department :	Radiology
UHID :	CMAR.0000396561	Qualification :	--
OP Visit No. :	CMAROPVI068103	Referred By :	Self
Printed On :	Apr 06, 2026, 5:53 PM	Registration No. :	--
Bill No :	CMAR-OCR-178320	Employer Id :	306856000298385606

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN MALE

LIVER: Appears normal in size (14.8 cm), shape and **shows diffuse increase in echopattern.** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.
Right kidney measures 11.2 cm and parenchymal thickness measures 1.7 cm.
Left kidney measures 12.3 cm and parenchymal thickness measures 1.9 cm.

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is enlarged in size and shows normal echo-pattern.It measures **3.1 x 4.2 x 3.9 cm.vol - 27.7 cc**

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

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IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

GRADE I PROSTATOMEGALY.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
4. Printing mistakes should immediately be brought to notice for correction.
5. This is USG Abdomen screening.

---End Of The Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD, DNB Radiology
85518
Radiology