

Date:23.06.2025	Patient Name:	THOMAS KURUVILLA	Patient ID: 41310
Gender: M	Age: 55Y	Ref Physician : DR. AISHA	

Abdominal and Pelvis Ultrasonography Examination

The liver is normal in size with mild increased parenchymal echogenicity. Intrahepatic and extrahepatic biliary ducts are normal, no evidence of mass lesion. Right lobe- 139mm (N= 120-160mm)

Left lobe- 95mm (N= 100 mm)

- The gallbladder is fairly-distended and appears normal in size. No evidence of wall thickening, polyp lithiasis or pericholecystic fluid collection.
- Pancreas is normal in size with homogenous parenchymal echotexture, no evidence of calcification, focal lesion or peripancreatic fluid collection.
- Spleen is normal in size with homogenous parenchymal echotexture, no evidence of mass lesion.
- Both kidneys are normal in location, size and parenchymal echogenicity. Cortico-medullary differentiation is preserved, perinephric planes appear normal, no evidence of mass lesion. There are 3mm in sizes non-obstructive stones in both kidneys.

Right kidney- 110x41mm (cortex- 16mm)

Left kidney - 110x50mm (cortex-16mm)

The urinary bladder wall thickness is normal, no evidence of diverticule or abnormal mass lesion in the wall and within the urinary bladder. No calculi seen. Urinary bladder volume=786ml

- Urinary bladder Post voiding volume=37ml (5%)
- The prostate gland is mildly large in size (36x45x41mm, volume=35ml) with small internal calcifications.
- No evidence of free fluid within the abdominal cavity and pelvic region.
- No evidence of bowel wall thickening, intussusceptions or any sign for acute appendicitis in this examination.

IMPRESSION:

- The liver is normal in size with mild increased parenchymal echogenicity, suggestive of mild (grade-I) liver fatty infiltration.
- There are 3mm in sizes non-obstructive stones in both kidneys.
- The prostate gland is mildly large in size (36x45x41mm, volume=35ml) with small internal calcifications and post voiding residual volume of 37ml (5%), suggestive of mild prostate gland hyperplasia.

Please correlate with clinical and laboratory findings. Thank you very much.

DR. Eliass Bohlouli Kery Bozorg Specialist Radiologi

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