



PATIENT NAME:
DATE OF BIRTH:
DATE OF EXAM:
PHYSICIAN:

UPPER ABDOMINAL ULTRASOUND INCLUDING RENAL

TECHNIQUE: Utilizing real-time imaging, serial transverse and longitudinal ultrasound scans of the abdomen were obtained.

FINDINGS

The gallbladder is contracted with 1.08 x 0.84 cm shadowing stone and multiple non-shadowing suspect polyps. The common bile duct is not dilated, and measures 0.37 cm. There is no dilatation of the biliary tree. Portions of the liver were visualized. There is borderline enlargement of the liver measuring 15.93 cm, without evidence of focal hepatic lesions. There is increased echogenicity in the liver, suspect fatty infiltration.

Portions of the kidneys were visualized. The kidneys appear normal in size, with the right kidney measuring 9.40 x 4.92 x 4.92 cm and the left measuring 9.55 x 5.23 x 4.85 cm. There is thick cortex in the bilateral kidneys. There are parenchymal echogenic foci in the bilateral kidneys, consistent with localized fat, prominent vessels or calcifications (calculi). No other renal or perirenal abnormalities are observed.

Portions of the spleen and pancreas were visualized. The spleen is normal in size, measuring 11.88 cm. There is increased echogenicity in the spleen. There are no abnormal mass lesions identified. The pancreas was only partially visualized due to intestinal gas. There is increased echogenicity in the pancreas, consistent with fatty infiltration and/or fibrosis.

There is no ascites. There is no evidence of adenopathy.

There is multilevel calcified plaque formation with areas of 20-30% stenosis in the abdominal aorta. There is mild ectasia in the proximal abdominal aorta. There is no evidence for abdominal aortic aneurysm. Waveforms and flow velocities appear normal.

	<u>DIAMETER</u>	<u>VELOCITY</u>
Proximal Abdominal Aorta:	2.42 cm	46.31 cm/sec
Mid Abdominal Aorta:	2.24 cm	33.05 cm/sec
Distal Abdominal Aorta:	1.93 cm	49.45 cm/sec

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Continued from page one:

IMPRESSION

- 1. Contracted gallbladder with 1.08 x 0.84 cm shadowing stone and multiple non-shadowing suspect polyps. If clinically concerned for cholecystitis, HIDA scan is recommended.**
- 2. Borderline hepatomegaly with suspect fatty infiltration.**
- 3. Thick cortex, bilateral kidneys.**
- 4. Parenchymal echogenic foci, bilateral kidneys, consistent with localized fat, prominent vessels or calcifications (calculi).**
- 5. Increased echogenicity, spleen.**
- 6. Pancreas partially visualized due to intestinal gas; increased echogenicity, consistent with fatty infiltration and/or fibrosis.**
- 7. Multilevel calcified plaque formation with areas of 20-30% stenosis, abdominal aorta.**
- 8. Mild ectasia, proximal abdominal aorta.**
- 9. No other abnormalities were observed.**

Thank you for referring this patient.
Electronically signed by:

A handwritten signature in black ink that reads 'Melvin S. Faigus'.

MELVIN S. FAIGUS, M.D.
Diplomate of the American Board of Radiology