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EXCEPTIONAL CARE CLOSE TO HOME.

ULTRASOUND 2D ECHO DEPARTMENT

Patient's Name: **BANDIBAS, YHENA**
Ref. :
Physician :
Exam Taken : **WHOLE ABDOMEN**

Age/Sex: **32/FEMALE**
File No. :

Date : **5/26/2025**

RADIOLOGIC FINDINGS

Liver: 9.9 cm; Spleen: 8.7 cm
Right kidney: 9.1 cm; Left kidney: 9.0 cm

The liver is normal in size and exhibits homogeneous parenchymal echotexture. Surface is smooth. No definite evidence of solid nor cystic mass lesion. Intrahepatic vessels are of normal course and caliber.

The gallbladder is physiologically distended. The wall is not thickened. Focal high level echo with posterior acoustic shadowing within the gallbladder lumen measuring 1.7 cm. The common bile duct and biliary ducts are non-ectatic. No evidence of filling defects.

The pancreas shows homogeneous echogenicity and echopattern with smooth margins. No intrinsic parenchymal lesion. No calcifications noted. The abdominal aorta is within physiologic range in size. No calcifications.

The spleen is normal in size with homogeneous parenchymal echopattern. No evidence of solid nor cystic mass lesion. No calcifications.

Both kidneys are normal in size. Echogenicity is hypoechoic to the liver and spleen. No definite evidence of lithiasis, solid or cystic mass lesion. The pelvocalyces are not dilated. Both pararenal spaces are within normal limits. The ureters are non-ectatic.

The urinary bladder is distended. The wall is not thickened. No definite evidence of intraluminal masses or lithiasis.

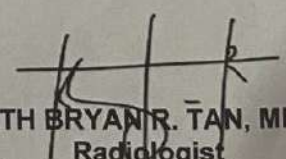
The prostate gland is normal in size and shows homogeneous echogenicity. The anatomic and surgical capsules are intact. No parenchymal calcifications noted.

IMPRESSION:

✓ Cholelithiasis with no signs of cholecystitis.

Unremarkable sonogram of the liver, pancreas, spleen, CBD, biliary ducts, kidneys, urinary bladder, uterus, adnexae, and abdominal aorta.

No evidence of ascites.


KENNETH BRYAN R. TAN, MD, FPCR
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The findings in this sonographic study is based on the objectively seen images at the time of examination and should be correlated with other clinical laboratory findings. Please consult your physician.