

Patient Name:	LIMA LINS, DAVID	Exam Date/Time:	15/05/2025 09:26
Patient ID:	1360710	Accession Number:	2025BEN0012703-2
Date of Birth:	26/04/2023	Procedure Description:	US ABDOMINAL
Referring Physician:	RADON, CHRISTINA	Modality:	US

ABDOMINAL X-RAY

HISTORY

Persistent complaining of abnormal pain.

FINDINGS

There is mild to moderate faecal loading mainly in the right colon and rectum. There is no free gas. No features of pneumatosis intestinalis. The small and large bowels are not dilated. Visualised lung bases are clear. Both hemithyroids are well defined. Bones are unremarkable.

ULTRASOUND ABDOMEN

Sonographer: HD

The liver is normal in size and echotexture with homogenous echogenicity. No focal liver parenchymal lesion. The liver margin is smooth. The portal vein and CBD are not well assessed due to overlying bowel gas. The abdominal aorta is also obscured by the overlying bowel gas.

The intra and extrahepatic biliary ducts are not dilated. The gallbladder is well distended with normal wall thickness. No gallstones or pericholecystic fluid collection. The visualized pancreas and spleen are unremarkable.

The kidneys are of normal size, shape and echogenicity. No free fluid in the upper abdomen.

In the right iliac fossa there is a tubular blind-ending structure in keeping with a normal looking appendix measuring 5.6mm in maximum diameter. There is only minor right iliac fossa fluid and multiple mesenteric lymph nodes and para-umbilical lymph nodes. These are likely benign or reactive with the largest short axis dimension of 5mm.

CONCLUSION

There is no evidence of acute appendicitis but there is mesenteric adenitis with small reactive fluid in the right iliac fossa. Assessment of the upper abdomen is however limited by copious bowel gas. There is no convincing evidence of cholecystitis or intrahepatic biliary tree obstruction.

Thank you for referring this patient.

Electronically Validated By
DR MOSES BEH

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