



Reg.No. : KOL/26A24/0429 Dept. : ULT-133
Name : Baby Yuvika Mahato
Age : 1month 20day , Gender :Female
Referred by Dr. Of Institute Of Child Health.

Pt. Id. : 26A24/0266
Test Date : 24/01/26
Report Date : 24/01/26

USG OF WHOLE ABDOMEN

- LIVER** : Normal in size (82mm) and normal parenchymal echotexture. **An anechoic thin walled cystic SOL (12mm x 8mm) seen away from gallbladder fossa in right lobe, close to porta without any vascularity.** Biliary radicles not visualized. Hepatic veins are normal. Portal vein is normal in caliber.
- CBD** : CBD is not visualized.
- GALL - BLADDER** : Gallbladder is not visualized separately.
- SPLEEN** : Normal in size (60mm) and having homogeneous echotexture.
- PANCREAS**: Normal in size and echotexture. Margins are well defined. No calcification or duct dilatation is seen.
- RIGHT KIDNEY** : Right kidney is normal in size (43mm), shape, position and lie. Cortico-medullary echo distinction is preserved. No calculus or hydronephrosis is present on right side.
- LEFT KIDNEY** : Left kidney is normal in size (43mm), shape, position and lie. Cortico-medullary echo distinction is preserved. No calculus or hydronephrosis is present on left side.
- URETERS** : They are not dilated.
- URINARY BLADDER** : Sub-optimally distended.
- UTERUS** : Uterus is infantile.
- ADNEXAE** : Both ovaries are not visualized. No adnexal SOL is seen.
- No evidence of pleural or peritoneal fluid is seen.
- No mass lesion or fluid collection is seen in either iliac fossa.

IMPRESSION:

- **Anechoic thin walled cystic SOL away from gallbladder fossa in right lobe, close to porta.**
- **Non-visualization of gallbladder, CBD and biliary radicles as described – Possibility of Biliary atresia cannot be ruled out – Suggested MRCP for correlation.**

Suggested : Clinical correlation & further evaluation by relevant investigations.

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ZARNAIN

Checked by



Reg. No. : Q26A270056
Name : Baby(F) YUVIKA MAHATO
Age/Sex : 1M 23D /F
Ref By Dr. : Dr. D/O INSTITUTE OF CHILD HEALTH



Bill No. : 01Q26A280024
Date/Time : 28/01/2026 09:43 AM
Report Date : 30/01/2026 4:48 PM

REPORT OF HEPATOBILIARY SCINTIGRAPHY

HISTORY:

Conjugated hyperbilirubinemia ? biliary atresia, for evaluation.

PROCEDURE:

Approx. 1.6 mCi of ^{99m}Tc-Mebrofenin was injected intravenously & dynamic images of the liver & biliary system were acquired for initial 10 minutes, followed by acquisition of serial static images at 15 minutes, 30 minutes, 1 hour, 2 hours, 4 hours, 6 hours & 24 hours.

FINDINGS:

Liver appears enlarged in size and shows normal perfusion.

Tracer extraction by the hepatic parenchyma is reduced with abnormal persistence of background blood pool tracer activity.

Evidence of significant intrahepatic tracer retention is noted till the end of the study with no excretion of tracer into the intestine. No significant intestinal tracer activity is seen till the 24 hours delayed image.

Gall bladder is not visualized (the baby was on feeds during the study).

IMPRESSION:

- **Hepatomegaly and impaired hepatocyte function with obstructed bilio-enteric drainage – possibilities are biliary atresia / cholestatic phase of neonatal hepatitis.**

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Patient's Name : **Yuvika Mahato** Age: 01Month 22Days Sex: F
Part scanned : **MRCP**
Ref. doctor : **I.C.H. (HDU-02)** Date: 26th-Jan-2026

Thank you Doctor for your reference.

Clinical History: - • **Jaundice.**

Imaging Protocol: Axial T2 and Coronal T2 HASTE with MIP images were obtained.

The gallbladder is poorly delineated - likely contracted / hypoplastic. A rounded fluid signal intensity well defined lesion is noted at porta in the region of common hepatic duct. It measures about **1.1 cm x 1.5 cm** in size.

The Intrahepatic biliary radicals are not dilated. Thickening of the walls are noted.

The common bile duct is not well delineated below the porta.

The main pancreatic duct is not dilated. It appears normal in course. No obvious intraluminal-filling defect is noted.

T2 weighted axial images of the upper abdomen shows homogenous signal intensity pattern of liver. The pancreas appears normal. The liver is enlarged.

IMPRESSION:-

MRCP study shows features suggestive of **hypoplastic / contracted gallbladder.**

A rounded well defined cystic lesion is noted at the confluence of right and left hepatic ducts and common hepatic duct. The intrahepatic biliary channels show oedema and thickening of the wall.

The **common bile duct** is not well delineated beyond porta.

The **main pancreatic duct** is not dilated. **Enlarged liver** and spleen are noted.

Possibility of **cystic biliary atresia** needs consideration.

Suggested clinical correlation, follow up study and other relevant investigations for further confirmation.

Prof. (Dr.) Dipankar Das.
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Xvika, Mahato, 1m20d/f.

Chief complaints:

Child presented with yellowish discoloration of eyes, urine and whole body for last 20 days.

Course: The child presented with above complaints. She was admitted in ICH on 23/1/26. Initial investigations showed.

TLC - 25,780	TB → 13.28	Ammonia - 93
NI61.277.1.	Conjugated → 10.6	Lactate - 3.6
Hb - 11.7	Albumin - 3.6	Serology - NR
PII - 2.62	ALT - 170, AST - 227	
CRP - 1.7.	ALP - 467, GGT - 577	
	PT - 14.2, INR - 1.11	
	APTT - 38.5	

Cardioentology opinion was taken - Vitamin A, D, E, K was added along with Udament.

USA w/A was done - showed anechoic thin walled cystic SOL in right lobe liver, close to porta without any vascularity.

Biliary calculus not visualized, CBD not visualised, GB not visualised.

Surgery opinion was taken -- now planned for HDAScan
and MRPC. to rule out biliary atresia.