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Ashmari Chikitsa: An Ayurvedic Case Study on Renal Calculi

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ABSTRACT

Mutrashmari, commonly known as renal calculi or kidney stones, is a significant health concern characterized by the formation of stones in the urinary tract. *Ayurveda* classifies it as one of the *Ashtamahagada* due to its complexity and challenges in treatment. It arises from an imbalance in *Vata*, *Pitta*, and *Kapha doshas* and is influenced by factors such as improper diet, sedentary lifestyle, dehydration, excessive calcium intake, metabolic disorders, and genetic predisposition. Clinically, it presents with severe pain, dysuria, oliguria, hematuria, nausea, and vomiting. This case study evaluates the impact of *Ayurvedic* management in a 34-year-old male diagnosed with *Mutrashmari* at Jeena Sikho Lifecare Limited Hospital, Hyderabad, Telangana, India. Following two months of *Ayurvedic* treatment, a comparative USG revealed a reduction in stone size, with the right kidney calculus decreasing from 4.6 mm to 2 mm and the left kidney calculus reducing from 3.7 mm to 2.7 mm. The patient experienced significant symptomatic relief, including reduced pain and improved urine output. These findings support the efficacy of *Ayurvedic* interventions in renal calculus management. However, further clinical trials are required to validate these results and establish standardized treatment protocols.

Introduction

Mutrashmari, commonly known as renal calculi or kidney stones, is a significant health concern characterized by the formation of stones in the urinary tract. *Ayurveda* classifies it as one of the *Asthamahagad* (eight major diseases) due to its complexity and difficulty in treatment. The condition arises from an imbalance in the body's *doshas*—*Vata*, *Pitta*, and *Kapha*—and is influenced by factors such as improper diet, sedentary lifestyle, dehydration, excessive intake of calcium-rich foods, metabolic disorders, and genetic predisposition.

Clinically, it manifests as severe pain in the lower abdomen and back, painful and burning urination, reduced urine output, yellow or reddish-yellow urine, nausea, and vomiting [1].

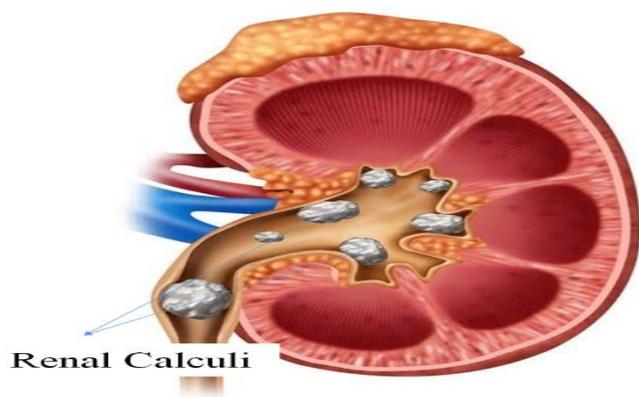
Modern medicine refers to this condition as urolithiasis, which results from the supersaturation of urine with stone-forming substances such as calcium, oxalate, and uric acid. Major risk factors include dietary habits, dehydration, metabolic disorders, and genetic predisposition. Diagnosis primarily relies on imaging studies like non-contrast CT scans and ultrasound, as well as urinalysis and blood tests

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to assess metabolic abnormalities. Treatment strategies range from conservative management to pharmacological interventions and surgical procedures for larger stones. Preventive measures emphasize dietary modifications, increased fluid intake, and addressing metabolic conditions to reduce recurrence risk [2,3,4].

Recent studies have highlighted various *Ayurvedic* interventions for managing *Mutrashmari*, focusing on both symptomatic relief and reducing calculi size. Studies underscore the prevalence of renal calculi and the effectiveness of *Ayurvedic* interventions, particularly *Ayurvedic* herbs such as *Varuna*, *Gokshura*, and *Pashanabheda*, along with dietary and lifestyle modifications [5,6]. Case reports documented the successful treatment of a 50-year-old female patient with *Ayurvedic* medicines, showing significant symptomatic and imaging improvements within one month. Another case study demonstrated complete dissolution of renal calculi and resolution of symptoms through *Ayurvedic* medications and lifestyle changes [5,7,8,9,10]. Case studies further validate the effectiveness of *Ayurvedic* treatments, reporting significant symptom relief and complete resolution of calculi following therapies like *Vidhakarman* [11]. Urolithiasis affects approximately 5–7 million individuals in India, with a higher prevalence in males [10]. Lifestyle factors, including sedentary habits and poor dietary choices, contribute to the rising incidence of this condition [7].



Ayurvedic management of *Mutrashmari* focuses on restoring *doshic* balance and utilizing *Ayurvedic* formulations to dissolve stones and prevent recurrence. *Ayurvedic* herbs like *Varuna*, *Gokshura*, *Pashanabheda*, and *Punarnava* are known for their stone-breaking properties [12]. *Panchakarma* therapies, such as *Virechana* and *Basti*, play a significant role in detoxifying the body and balancing the *doshas*.

A holistic approach combining modern and *Ayurvedic* principles can enhance treatment outcomes. While modern medicine offers rapid symptom relief and surgical options for severe cases, *Ayurveda* provides preventive and curative measures focusing on detoxification, *Ayurvedic* medicines, and lifestyle modifications. Integrating both systems can

ensure a comprehensive approach to managing *Mutrashmari* effectively. This study aims to assess the impact of *Ayurvedic* interventions for *Mutrashmari* (Renal calculi) in a 34-year-old male patient.

CASE REPORT

A 34-year-old male visited Jeena Sikho Lifecare Limited Hospital, Hyderabad, Telangana, India, on December 25, 2024. The patient was diagnosed with *Mutrashmari* (Renal calculi). A systematic and detailed assessment included a thorough review of medical and family history, along with physical examination and diagnostic evaluations. He had a history of ureter calculus and underwent right percutaneous nephrolithotomy (PCNL) with Double-J (DJ) stenting under spinal anesthesia on August 23, 2024. He experienced body pain. His symptoms involved oliguria and yellow urine. He had tobacco addiction. The initial assessment during the visits are mentioned in **Table 1**. The stone analysis is mentioned in **Table 2**.

Table 1. The initial assessment during the visits

Date	25-12-2024	26-02-2025
Blood pressure	110/70 mmHg	100/70 mmHg
Weight	67.3 Kg	68 Kg
Jiwha	Malin Shweta	Malin Shweta
Nadi	Vataj Pittaj	Vataj Pittaj

Table 2. The stone analysis

Composition	Percentage
Calcium oxalate	60%
Calcium	30%
Uric acid	10%

Treatment Plan

I. Diet Plan:

Dietary Guidelines from Jeena Sikho Lifecare Limited Hospital:

The patient adhered to a meticulously designed Disciplined and Intelligent Person (DIP) Diet to complement the *Ayurvedic* treatments for *Mutrashmari* (Renal calculi) [6,13].

Treatment Plan for *Mutrashmari* (Renal calculi) Management

Fig 3. Lifestyle Recommendations

I. Dietary Recommendations

The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital, Hyderabad, Telangana, include the following key recommendations:

Fig 1. Key recommendations:



Fig 2. Meal Timing & Structure:



Medicinal Interventions

The *Ayurvedic* treatment employed in this case included Renal Stone Removing Powder, Nefron Plus Capsules, Stoni

capsule, Renal stone syrup and LIV Shuddhi Tablet. The *Ayurvedic* medications advised during the treatment period are described in **Table 3**. The details of the medicines advised during the treatment period is in **Table 4**.

Table 3 The *Ayurvedic* medications advised during the treatment period

Date	Medicines	Dosage with Anupana
25-12-2024	Renal Stone Removing powder	Half a teaspoon BD (<i>Adhobhakta</i> with <i>koshna jala</i>)
	Nefron Plus Capsule	1 CAP BD (<i>Adhobhakta</i> with <i>koshna jala</i>)
	Stoni Capsule	1 CAP BD (<i>Adhobhakta</i> with <i>koshna jala</i>)
	Renal Stone Removing Blk	10 ml BD (<i>Adhobhakta</i> with <i>sama matra kosha jala</i>)
26-02-2025	Renal Stone Removing powder	1 TAB BD (<i>Adhobhakta</i> with <i>koshna jala</i>)
	Nefron Plus Capsule	1 TAB BD (<i>Adhobhakta</i> with <i>koshna jala</i>)
	Stoni Capsule	1 TAB BD (<i>Adhobhakta</i> with <i>koshna jala</i>)
	Renal Stone Removing Blk	10 ml BD (<i>Adhobhakta</i> with <i>sama matra kosha jala</i>)
	Dr Liv Shuddhi Tablet	1 TAB BD (<i>Adhobhakta</i> with <i>koshna jala</i>)

Sungazing

Spend 30 minutes in direct sunlight each morning to absorb vitamin D and boost overall health and vitality.

Yoga

Practice yoga (*Sukhasana* and *Sukshma pranayama*) daily from 6:00 to 7:00 AM, focusing on flexibility, strength and mental clarity to improve hormonal balance and overall well-being.

Meditation

Incorporate meditation into daily routine to reduce stress, promote mental clarity and enhance emotional well-being.

Barefoot Walking

Walk briskly for 30 minutes daily, preferably barefoot on natural surfaces like grass, to improve circulation and foster a deeper connection with nature.

Sleep

Aim for 6-8 hours of restful sleep each night to support physical and mental recovery, ensuring the body's systems function optimally.

Consistent Daily Routine

Follow a balanced and structured daily routine that supports equilibrium between meals, physical activity and rest, helping to promote long-term health and vitality.

Table 4. The details of the medicines advised during the treatment period

Medicine name	Ingredients	Therapeutic Effects
Renal Stone Removing Powder	Gokhru (<i>Tribulus terrestris</i>), Yavakshar (<i>Hordeum vulgare</i>), Mulikshar (<i>Raphanus sativus</i>), Kalmi Shora (<i>Potassium nitrate</i>), Hujralyahud Bhasma (<i>Corallium rubrum</i>), Shwet Parpati (<i>Potassium nitrate, Ammonium chloride, Alum</i>)	Used for the treatment of kidney stone, urinary obstruction and UTI
Nefron Plus Capsules	Hazrool yahood bhasma powder, Chandraprabha powder, Pashanbheda, MulakKshar powder, YavaKshar powder, Amalaki Rasayan powder, Trivikrum Rasa powder, Navasara powder, Nimbu Stava powder (<i>Citrus limon</i>), Gokshur (<i>Tribulus terrestris</i>), Durbhamool (<i>Chlorophytum borivilianum</i>), Shila pushpa (<i>Dolichos biflorus</i>), Black Salt powder, and Hing powder (<i>Ferula asafoetida</i>)	Provides relief from pain and discomfort associated with kidney issues.
Stoni capsule	Pashan Bhed (<i>Bergenia ligulata</i>), Gokhru Chota (<i>Tribulus terrestris</i>), Kulthi (<i>Macrotyloma uniflorum</i>), Pather Bar (<i>Ficus arnottiana</i>), Ilechi Badi (<i>Amomum subulatum</i>), Jawakhar (<i>Calcium carbonate</i>), Akshar (<i>Natron - Sodium carbonate</i>), Shudh Shilajeet (<i>Purified Asphaltum</i>), Hazral Yahud Bhasam (<i>Purified Silicate of Lime</i>).	Helps to manage kidney stone, diuretic, GB stone and UTI
Renal stone syrup	Gokshur (<i>Tribulus terrestris</i>), Bhumiawala (<i>Phyllanthus niruri</i>), Harad (<i>Terminalia chebula</i>), Kulath (<i>Macrotyloma uniflorum</i>), Makoy (<i>Solanum nigrum</i>), Pashan Bhed (<i>Bergenia ligulata</i>), Panchtranmool (<i>Desmodium gangeticum, Uraria picta, Solanum indicum, Solanum xanthocarpum, Tribulus terrestris</i>), Plasha (<i>Butea monosperma</i>), Punarnava (<i>Boerhavia diffusa</i>), Chharila (<i>Parmelia perlata</i>), Saindha Namak (<i>Halite</i>), Varun Chhal (<i>Crataeva nurvala</i>), Sheetal Chini (<i>Piper cubeba</i>), Guduchi (<i>Tinospora cordifolia</i>).	Provide solution for KIDNEY STONE, diuretic, UTI, relief from urinary discomfort, abdominal pain and dissolve calculi
LIV Shuddhi Tablet	Milk Thistle (<i>Silybum marianum</i>), Guduchi (<i>Tinospora cordifolia</i>), Dandelion (<i>Taraxacum officinale</i>), Tulsi (<i>Ocimum sanctum</i>), Punarnava (<i>Boerhavia diffusa</i>), Amla (<i>Phyllanthus emblica</i>) and Arjuna (<i>Terminalia arjuna</i>)	Helps with natural liver detox, digestion, and overall wellness

RESULT

After 2 months of treatment he experienced noteworthy development in symptoms, which denotes the interventions used in the study are effective against *Mutrashmari* (Renal calculi). The patient experienced relief from pain which shows that the *Ayurvedic* interventions used in the case study are effective for *Mutrashmari*.

The USG abdomen comparison between 02-12-2024 (Fig 4) and 25-02-2025 (Fig 5) shows a reduction in renal calculi size, indicating improvement. Initially, the right kidney (RK) had a 4.6 mm calculus in the upper pole, and the left kidney (LK) had a 3.7 mm calculus in the mid pole, confirming bilateral renal calculi. In the latest scan, the right kidney now has a 2 mm calculus in the mid pole, and the left kidney calculus has

reduced to 2.7 mm, suggesting partial dissolution or passage of stones. The overall interpretation suggests a positive trend in kidney stone reduction, necessitating lifestyle modifications, proper hydration, and regular monitoring to prevent further complications.

Implications for Future Research

This study explored the case of a single patient diagnosed with *Mutrashmari*, demonstrating significant improvements with *Ayurvedic* interventions. However, as a single-case analysis, its findings may not be broadly applicable to a wider population. To confirm the efficacy, safety, and reliability of these treatments, further research is essential. Future

investigations should include randomized controlled trials (RCTs) involving larger and more diverse patient groups to reduce bias and enhance statistical significance. These studies should compare Ayurvedic therapies with conventional treatments or placebo controls to evaluate their relative effectiveness.

Developing standardized treatment protocols based on clinical evidence will be vital for integrating Ayurvedic interventions into mainstream healthcare. Such guidelines would not only enhance patient care but also promote wider acceptance of Ayurveda as a complementary or alternative approach for managing Mutrashmari. Collaborative research between Ayurvedic scholars and modern medical experts can help bridge the gap between traditional knowledge and scientific validation, ultimately benefiting a broader patient population.

DISCUSSION

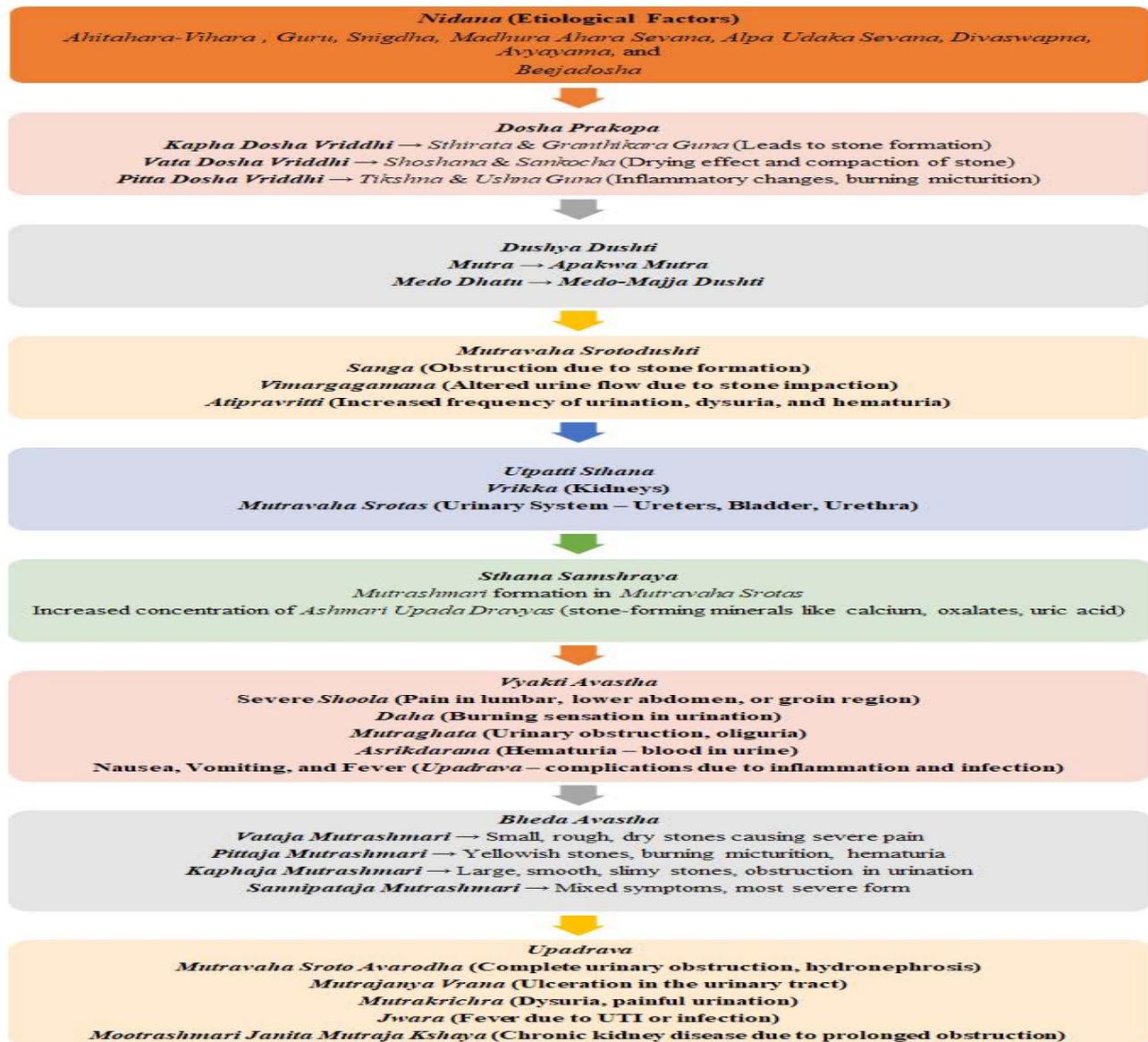
Ayurvedic treatment for *Mutrashmari* (Renal calculi) offers a viable substitute for conventional medical methods. This case study describes the application of several Ayurvedic treatments to a 34-year-old male who had been diagnosed *Mutrashmari* (Renal calculi). The size of calculus was reduced in USG. The *samprapti* ^[14,15,16,17] for this case study is depicted in Fig 6.

“व्यायामतीक्ष्णौषधरुक्षमद्यप्रसंगनतियदरुतपृष्ठयानात्।

आभूपमांसाध्यशनाज्जीरणाशनात् स्युमूत्रकृच्छ्राण्यष्टौ॥”

- माधवनदिन, मूत्रकृच्छ्रनदिन, श्लोक 1^[18]

Fig 6 The *samprapti* for this case study



During his 2 months of treatment, he underwent *Ayurvedic* therapy regimen provided by Jeena Sikho Lifecare Limited Hospital, Hyderabad, Telangana. **The following medicines help in breaking this *Samprapti*** :

“पृथङ्गङ्गलाःस्ववःकफता ननदान्वयुःसवेऽथवा कोपमुपेत्य बसतौ।

मूत्रस्य मार्गं परीडयन्तयिदा तदा मूत्रयतीह कृच्छ्रात्॥”

- माधवनदिन, मूत्रकृच्छ्रनदिन, श्लोक 2 ^[19]

Mutrashmari develops due to a *Tridoshic* imbalance, particularly the aggravation of *Kapha*, *Pitta*, and *Vata*. The condition primarily affects the *Mutravaha Srotas*, leading to *Srotorodha* and impaired metabolism, which causes stone formation. Contributing factors include excessive intake of calcium-rich and heavy foods, dehydration, sedentary lifestyle, stress, and genetic predisposition. *Ayurvedic* management focuses on *Shodhana* and *Shamana* therapies. Various *Ayurvedic* formulations help in breaking down stones, alleviating symptoms, and preventing recurrence. Renal Stone Removing Powder acts as a *Mutral* (diuretic), facilitating the removal of stones, while Nefron Plus Capsules improves urine outflow, enhances kidney function and reduce inflammation. Stoni Capsule works as an *Ashmari Nashak* (stone-dissolving agent), clearing urinary obstructions, whereas Renal Stone Syrup alkalizes urine and prevents further stone formation. LIV Shuddhi Tablet aids in detoxification and metabolic balance, reducing excessive calcium oxalate deposition. Along with these formulations dietary modifications, including increased water intake and avoidance of high-oxalate foods, play a crucial role in prevention. By integrating these approaches, *Ayurvedic* management provides a holistic solution for *Mutrashmari*, addressing the root cause, alleviating symptoms, and reducing the risk of recurrence.

This case study highlights the effectiveness of *Ayurvedic* treatments in managing *Mutrashmari*. By targeting the underlying imbalances, these therapies aid in alleviating pain and weakness. Moreover, *Ayurveda* offers a holistic and cost-efficient approach to treating *Mutrashmari*. However, additional research is needed to further establish its efficacy and safety in managing this condition.

CONCLUSION

This case study evaluating the treatment of *Mutrashmari* through *Ayurvedic* interventions yields the following findings:

Symptoms: Upon admission, the patient presented with pain. After *Ayurvedic* treatment, significant improvements were observed. The patient reported relief from pain with no new symptoms emerging, suggesting a marked improvement

in the conditions.

Outcome after treatment: The USG abdomen comparison indicates a reduction in renal calculi size, showing improvement. The right kidney calculus decreased from 4.6 mm to 2 mm, and the left kidney calculus reduced from 3.7 mm to 2.7 mm. There was a notable reduction in pain due to positive changes in both lifestyle and diet.

Ayurvedic treatments for *Mutrashmari* showed beneficial effects, as evidenced by improvements in laboratory parameters, vital signs, and symptoms. These therapies focus on restoring equilibrium and addressing root imbalances to enhance overall well-being. However, additional clinical studies are required to confirm these results and establish standardized treatment guidelines for *Mutrashmari* management.

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Fig 4. The USG abdomen and pelvis on December 02, 2024

Print Results



IMAGEE DBR Diagnostic Services

Name :

Age/Gender : 33YEARS/MALE

Reff By : SELF

Bill Number : 7643

Reporting Date : 02-Dec-2024 01:28 PM



DEPARTMENT OF RADIOLOGY
ULTRASOUND SCANNING OF WHOLE ABDOMEN

Findings :

LIVER : Normal in size (123 mm) with normal echopattern. No evidence of focal lesions. No intrahepatic biliary dilatation. Portal vein and CBD are normal.

GALL BLADDER : Well distended.No evidence of focal lesions / calculi. Wall thickness normal. No pericholecystic fluid collection seen.

SPLEEN : Normal in size (89 mm) with normal echopattern. No evidence of focal lesions.

PANCREAS: Normal in size and echopattern.No evidence of calcifications or focal lesions.Pancreatic duct is normal.

RIGHT KIDNEY : Measures 98 x 45 mm. Normal in size and echopattern.Pelvicalyceal system is normal. Corticomedullary differentiation well maintained. **A calculus of size 4.6 mm noted in upper pole.**

LEFT KIDNEY : Measures 99 x 50 mm. Normal in size and echopattern. **Mild hydroureteronephrosis to rule out distal ureter calculus.** Corticomedullary differentiation well maintained. **A calculus of size 3.7 mm noted in mid pole.**

URINARY BLADDER : Well distended. Bladder walls are normal. No evidence of calculi.

PROSTATE: Normal in size (Vol : 20 cc) with normal echopattern.

Aorta and IVC are normal.No paracaval or aortic adenopathy. No evidence of free fluid in the pelvic or abdominal cavity.

IMPRESSION : * Bilateral renal calculi.
* Left mild hydroureteronephrosis to rule out distal ureter calculus.

Suggested Clinical Correlation





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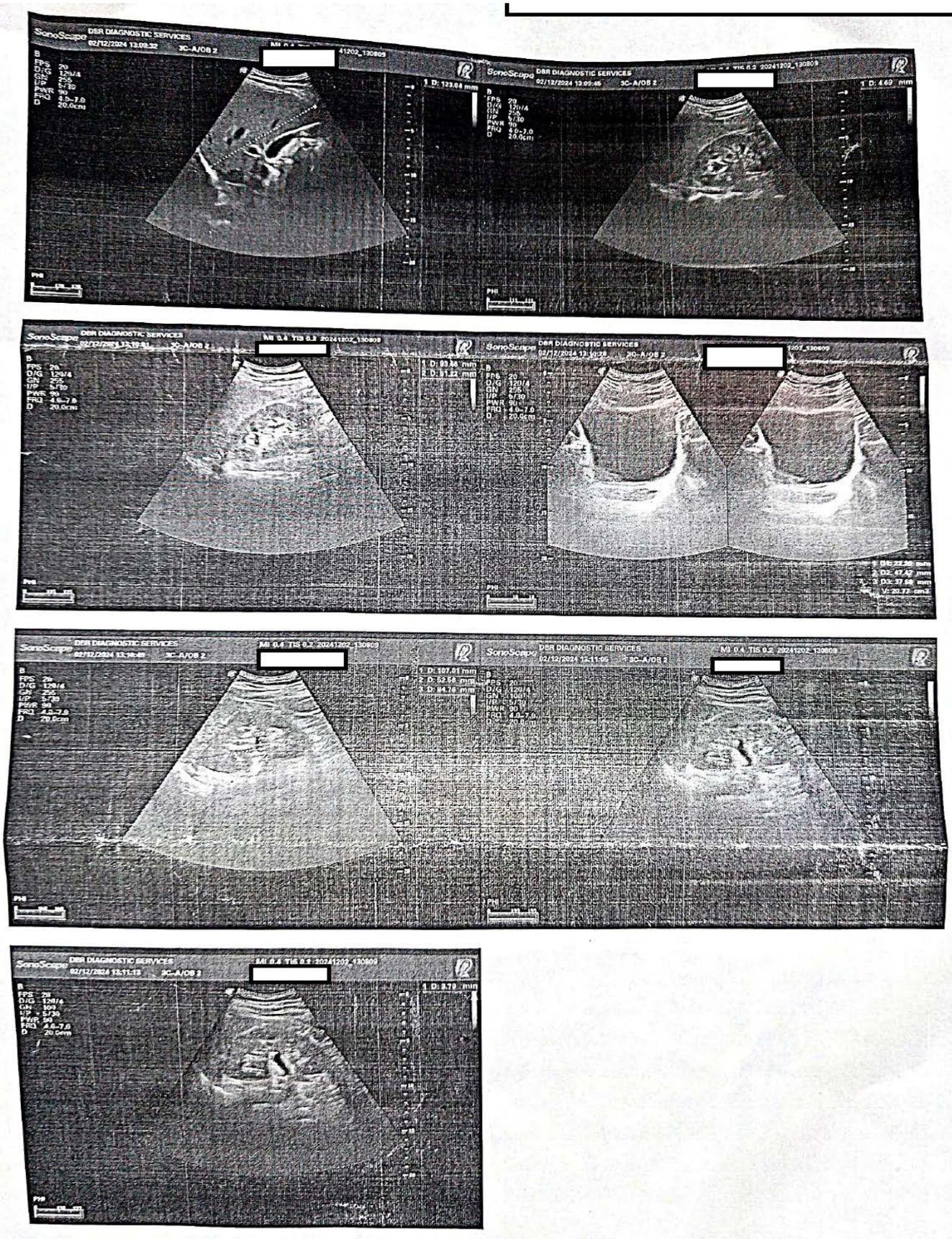


Fig 5. The USG abdomen and pelvis on February 25, 2025

2/25/25 12:42 PM



IMAGEE DBR DIAGNOSTIC SERVICES

Print Results

IMAGEE DBR Diagnostic Services

Name :
 Age/Gender : 34YEARS/MALE
 Ref By : DR SELF

Bill Number : 10264
 Reporting Date : 25-Feb-2025 12:24 PM



ULTRASOUND OF ABDOMEN & PELVIS

Findings :

Liver : Normal in size (136 mm) and shows diffuse increased in homogenous echotexture. No focal pathology seen. No IHBRD/CBD dilatation portal vein appear normal.

Gall Bladder : Physiologically distended and shows no wall thickening.No calculus seen.

Pancreas : Normal in size, shape and echopattern. No focal lesions or peri pancreatic collections seen.

Spleen : Normal in size (114 mm) shape and echopattern. No focal lesions seen.

Right kidney : 107 x 46 mm.Normal in size, shape and echopattern. No focal lesions.
Prominent pelvis.Calculus measuring 2 mm mid pole.

Left kidney : 103 x 46 mm.Normal in size, shape and echopattern. No focal lesions.
Prominent pelvis. Calculus measuring 2.7 mm in mid pole.

Urinary Bladder : Well distended. No wall thickening seen.

Prostate : Vol : 17 cc.Normal in size, shape and echotexture.

No ascites or lymphadenopathy.

Visualised bowel loops shows normal peristalsis. No abnormal dilataton/lesions noted.

IMPRESSION :

- * Grade I fatty liver.
- * Bilateral prominent renal pelvis (Right > Left).
- * Bilateral tiny renal calculi.

- For clinical correlation.



M. Praveen Kumar

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