# Row 10842

Visit Number: ba6aef254122bedb61bb0fe9dd5266e0ce661b292f951924a75fe2449419c26e

Masked\_PatientID: 10842

Order ID: fe66a067fee1b98e7ba47dfab4fb6a54ae1a87b084a02374f8885630c36a980b

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 01/11/2018 17:26

Line Num: 1

Text: HISTORY Candida glabatra infection of right port-a-cath. Removed already. To rule out deep seated infection. TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrastvolume (ml): 50 FINDINGS Prior CT abdomen and pelvis dated 18 October 2018 and CT thorax, abdomen and pelvis dated 1 October 2018 were reviewed. There is removal of the right port-a-cath and interval insertion of a left port-a ¿cath with tip in the cavoatrial junction. There is a eccentreic filling defect seen in the lower right internal jugular vein with associated mild dilatation (11-15, 15-45). There is possible extension into the right subclavian vein given that the subclavian vein is not opaficied. No overt filling defect is seen in the pulmonary arteries and cardiac chambers. There is circumferential mural thickening of the proximal thoracic oesophagus, in keeping with known oesophageal tumor. The extent of the tumor is difficult to compare, but appears largely stable, extending from the manubrium to the level of the carina. There are multiple enlarged supraclavicular and mediastinal lymph nodes. For example, right supraclavicular node measuring 1.2 cm from 0.9 cm (11-10 vs prev 5-29), left necrotic supraclavicular adenopathy, measuring 1.8 cm from 1.5 cm (11-5 vs prev 5-26) and subcarinal adenopathy, 1.4 from 0.9 cm (11-45 vs prev 5-70). The left lower paratracheal nodes appear more conglomerate. There is also new right interlobar node, measuring 0.9 cm (11-52). The heart is normal in size. Stable small pericardial effusion is seen. There are stable non-specific ground glass nodule in the right upper lobe posterior segment (0.3 cm, 12-37 vs prev 4-59) and anterior segment (0.3 cm, 12-46 vs prev 4-70). No pleural effusion is present. The central airways are patent. The previously noted mild patchy ground-glass changes seen in the medial segment of the middle lobe shows some improvement likely to represent resolving infective or inflammatory changes. Stable left thyroid lesion, previously FNA on 26 Jul 2018 (benign follicular nodule). The limited sections of the upper abdomen demonstrate the partially imaged intra-abdominal collection between the duodenum and hepatic flexure. Uncomplicated cholelithiasis is noted. There is interval increase in size of the perigastric node, 1.5 cm from 1.3 cm (11-84 vs prev 5-117). No destructive bony lesion is seen. Old left sided rib fractures are noted. Stable deformity of the left humeral head is also seen. CONCLUSION 1) An eccentric filling defect in the right internal jugular vein is likely to represent a thrombus with possible extension into the right subclavian vein. 2) The mural thickening of the proximal thoracic oesophagus is largely stable, in keeping with known primary oesophageal malignancy. 3) Interval increase in size of bilateral supraclavicular and mediastinal adenopathy. New right interlobar adenopathy is seen. 4) Interval increase in size of perigastric node. 5) Likely resolving infective/inflammatory changes in the middle lobe. 6) The known intra-abdominal collection between the D2 duodenum andhepatic flexure is partially imaged. The pertinent findings were conveyed to Dr Kennedy Yao at 1.05 pm on 7 Nov 2018. Further action or early intervention required Reported by: <DOCTOR>

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Updated Date Time: 07/11/2018 16:58