# Row 10846

Visit Number: 01e0975537ee800b87c15b6da6ddfd36b9e4628894d905a7742ed825c815be99

Masked\_PatientID: 10842

Order ID: 63e01fd15ef8becbd97f54143e0452512ac8615a512d12d197531acd8ff7807b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 06/3/2019 9:57

Line Num: 1

Text: HISTORY restaging scan; Metastatic esophageal SCC s\p #8 FOLFOX now on 5FU alone last received on 27 Feb 19 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 51 FINDINGS Comparisonis made to the CT chest, abdomen pelvis dated 16 January 2019. CHEST Interval increase in size of circumferential nodular mural thickening of the upper and mid thoracic oesophagus, for example now 3.1 x 2.5 cm previously 2.9 x 2.0 cm (series 5\36 versus previous 5\62). This is in keeping with worsening primary malignancy. In particular, there is gas pocket with focal fluid which appears beyond the posterior border of the upper oesophagus (series 5\16), suggestive of a sinus tract with contained collection. Largely stable extensive mediastinal, bilateral hilar and bilateral supraclavicular adenopathy. New prominent left hilar node measuring 0.8 cm in short axis is indeterminate (series 5\43). Interval worsening of extensive ground-glass change and nodularity in the left upper, middle and bilateral lower lobes, suggestive of inflammation\aspiration\infection. Mild mucus is seen in the upper trachea. No significant pleural effusion is seen. The heart is not enlarged. Mild-to-moderate coronary artery calcification is seen. Small pericardial effusion is noted. The aorta is of normal calibre. Left chemoport is seen with tip in the cavoatrial junction. Nonspecific left thyroid lobe nodule. ABDOMEN AND PELVIS No suspicious hepatic lesion is seen. Stable mild prominence of the intrahepatic biliary tree, nonspecific. Uncomplicated gallstones are noted. The pancreas, spleen and adrenals are unremarkable. Few tiny bilateral renal hypodensities are too small to characterise. Tiny left renal midpole non-obstructing calyceal calculus is seen. No hydronephrosis is detected. The urinary bladder shows smooth outline. The prostate is enlarged. There is evidence of mild pelvic floor prolapse. The bowel loops show normal calibre. The appendix is normal. There is a right transphincteric perianal fistula with secondray sinus tract, demonstrating less fluid within its proximal aspect but otherwise grossly stable. Trace ascitesis seen. Stable gastrohepatic adenopathy measuring 1.6 cm short axis (series 7\27). Interval increase in size of left infradiaphragmatic adenopathy, the lateral node measuring 0.7 cm currently (series 7\17). Interval increase in size of lytic lesions in T1 and T2 vertebrae suspicious for metastasis. Partially imaged C7 lytic lesion is noted with epidural component causing mild to moderate spinal canal stenosis (series 5\1).. Old bilateral rib fractures are noted. Partially imagedold left proximal humeral fracture is noted. Lumbar scoliosis and degeneration is seen. Anterior abdominal wall subcutaneous stranding and pockets of gas are likely related to injections. CONCLUSION Since the CT chest, abdomen and pelvis of 16 Jan 2019, 1. Interval increase in size of upper and mid thoracic oesophageal mass, in keeping with primary malignancy. There is suggestion of fistulation with a small contained collection posterior to the upper oesophagus. 2. Stableextensive mediastinal, bilateral hilar and bilateral supraclavicular adenopathy. New prominent left hilar node is indeterminate. 3. Stable gastrohepatic adenopathy. Interval increase in size of left infradiaphragmatic adenopathy. 4. Interval increase in size of lytic lesions in T1 and T2 vertebrae suspicious for metastasis. Partially imaged C7 lytic lesion is noted with epidural component causing mild to moderate spinal canal stenosis. 5. Extensive ground-glass change and nodularity in the lungs bilaterally, suggestive of aspiration\inflammation\infection. Report Indicator: Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 2340f5a247c28ee15e17fc615f9d7837258f50f34905ad5ee276d0f90da736f7

Updated Date Time: 06/3/2019 13:15