# Row 10849

Visit Number: 704735d7279c563a459716ed82de2814404872dc32ffc3ffe692167c87f29c2f

Masked\_PatientID: 10842

Order ID: 6aeb51b42095ef5b0b3b3929ad9a80e99a9c1abc04acdf0adf5a38255c79dc9c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/7/2018 14:32

Line Num: 1

Text: HISTORY Oesophageal tumour for staging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS There is marked eccentric mural thickening of the upper thoracic oesophagus from the level of the upper manubrium at mid T2 level extending for approximately 6.8 cm in length to the level of the carina at T6. This is in keeping with the known primary oesophageal carcinoma. There are enlarged lymph nodes in the adjacent bilateral upper and lower paratracheal region as well and as well as in the bilateral supraclavicular fossa, in keeping with metastatic adenopathy. For example, a left supraclavicular lymph node measures about 1.8 x 1.7 cm (image 4/8) and a right lower paratracheal lymph node measures 2.5 x 1.7 cm (image 4/29). There is also an enlarged lymph node in the gastrohepatic region, measuring 1.2 cm in axial diameter (image 4/85), suspicious for metastatic adenopathy. In the lungs, there is a 3 mm ground-glass nodule in the right upper lobe posterior segment which is nonspecific (image 5/38). Another 5 mm focus of ground-glass opacity in the left upper lobe is also nonspecific (image 5/41). No definite suspicious nodule is detected. There is no consolidation or pleural effusion. The liver shows a non-specific hypodensity in segment 8 which is too small to characterise. It may represent a cyst. The gallbladder contains a few stones. There is no associated gallbladder wall thickening or biliary ductal dilatation. The pancreas, spleen, adrenal glands and kidneys are unremarkable, save for a few subcentimetre renal hypodensities, which are too small to characterise. The bowel loops are grossly unremarkable. Subcentimetre common hepatic, portocaval and para-aortic lymph nodes are nonspecific. No significantly enlarged para-aortic lymph node is detected. There is no ascites. The suboptimally distended urinary bladder and prostategland are grossly unremarkable. Multiple old left-sided rib fractures are noted. Non-specific sclerotic foci are also noted in the left fifth and right ninth ribs. CONCLUSION 1. Findings are in keeping with primary upper oesophageal carcinoma. Enlarged bilateral paratracheal and supraclavicular as well as gastrohepatic lymph nodes are suspicious for metastatic adenopathy. 2. Tiny ground-glass nodules in the lungs are non-specific. 3. No evidence of liver metastasis is detected. Further action or early intervention required Finalised by: <DOCTOR>

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