# Row 1117

Visit Number: d7adb15fd0fdd47eaded79d11c6161e6290689d6148507d098390f0eef120e71

Masked\_PatientID: 1115

Order ID: 253c109bc77797984eefea4a5a1af46cbfed9300ab73127776c4e1093d699040

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 03/3/2019 15:40

Line Num: 1

Text: HISTORY patient presented with anemia and dysphagia OGD shows esophageal tumor CTTAP for staging (not for today) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: NIL FINDINGS Previous ultrasound kidneys dated 7February 2018 was reviewed. Limited sensitivity of this study due to lack of intravenous contrast. OESOPHAGEAL AND RELATED FINDINGS Irregular circumferential mass at the distal oesophagus extending from the level of T9-10 to the gastro-oesophageal junction, measuring approximately 6.5 cm in length (205\13). There is likely involvement of the muscularis propria, with indistinct fat planes surrounding the mass (for e.g. 202\72, 202\76). Anteriorly, the mass abuts the pericardium andposteriorly, the mass abuts the descending thoracic aorta with less than 180 degrees of encasement (202\74). Resultant dilatation of the proximal oesophagus with holdup of ingested oral contrast and food debris. Indeterminate small volume lower para-oesophageal lymph nodes, measuring up to 0.6 cm (202\80). Indeterminate prominent gastrohepatic lymph nodes, measuring up to 0.9 cm (202\92). Several prominent but subcentimetre upper abdominal and retroperitoneal lymph nodes, nonspecific (for e.g., 0.6 cm, left para-aortic, 202\119). No CT evidence of bowel obstruction. Appendix is not inflamed. No pneumoperitoneum. No overt omental or peritoneal nodularity. OTHER FINDINGS A 0.3 cm nodule with possible cavitation in the right lower lobe is indeterminate (203\75, see key image). Few other tiny pulmonary nodules are nonspecific (for e.g. right lower lobe 203\67, 62, 69; left upper lobe 203\47). Tiny calcified granuloma in the right lower lobe (203\53). No suspicious pulmonary mass or consolidation. Mild atelectasis in the middle lobe. Trachea and central airways are patent. Non-specific prominent mediastinal lymph nodes (for e.g. right upper paratracheal 0.7 cm, 202\13; subcarinal 0.9 cm, 202\47). Nosupraclavicular, hilar or axillary lymphadenopathy. Heart size is normal. No pericardial or pleural effusion. Few subcentimetre hypodense thyroid nodules are nonspecific. No contour deforming hepatic mass. However, there are a couple of subcentimetre ill-defined apparent hypodensities which are indeterminate for vascular structures vs actual lesions (for e.g. segment 7\8, 202\92). No radiodense gallstone; biliary tree is not dilated. No contour deforming pancreatic, splenic or adrenal mass. Kidneys are symmetrical in size with lobulated appearances. Moderate bilateral perinephric fat stranding is nonspecific. No urinary calculus or hydronephrosis. Urinary bladder is partially distended; its right anterolateral aspect protrudes into a small right inguinal hernia. Prostate gland is not enlarged (note histopathology report dated 22 May 2018: prostatic adenocarcinoma). No convincing bony destruction. CONCLUSION Limited sensitivity due to lack of intravenous contrast. 1. Large circumferential partially obstructing (presence of oral contrast in small bowel loops) oesophageal mass in keeping with submitted history. There is likely involvement of the muscularis with blurring of surrounding fat planes. Mass abuts pericardium anteriorly and descending aorta posteriorly. 2. Prominent lower para-oesophageal and gastrohepatic lymph nodes, indeterminate. 3. Prominent but subcentimetre mediastinal and upper abdominal\retroperitoneal lymph nodes, non-specific. 4. Indeterminate, possibly cavitary nodule (0.3 cm) in the right lung lower lobe. 5. Other findings as described above. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: def3ae538d32d87d5faa25fa81ba37070c7ecbe431f4dc8c6c37a7738ee3b5be

Updated Date Time: 04/3/2019 9:57

## Layman Explanation

This radiology report discusses HISTORY patient presented with anemia and dysphagia OGD shows esophageal tumor CTTAP for staging (not for today) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: NIL FINDINGS Previous ultrasound kidneys dated 7February 2018 was reviewed. Limited sensitivity of this study due to lack of intravenous contrast. OESOPHAGEAL AND RELATED FINDINGS Irregular circumferential mass at the distal oesophagus extending from the level of T9-10 to the gastro-oesophageal junction, measuring approximately 6.5 cm in length (205\13). There is likely involvement of the muscularis propria, with indistinct fat planes surrounding the mass (for e.g. 202\72, 202\76). Anteriorly, the mass abuts the pericardium andposteriorly, the mass abuts the descending thoracic aorta with less than 180 degrees of encasement (202\74). Resultant dilatation of the proximal oesophagus with holdup of ingested oral contrast and food debris. Indeterminate small volume lower para-oesophageal lymph nodes, measuring up to 0.6 cm (202\80). Indeterminate prominent gastrohepatic lymph nodes, measuring up to 0.9 cm (202\92). Several prominent but subcentimetre upper abdominal and retroperitoneal lymph nodes, nonspecific (for e.g., 0.6 cm, left para-aortic, 202\119). No CT evidence of bowel obstruction. Appendix is not inflamed. No pneumoperitoneum. No overt omental or peritoneal nodularity. OTHER FINDINGS A 0.3 cm nodule with possible cavitation in the right lower lobe is indeterminate (203\75, see key image). Few other tiny pulmonary nodules are nonspecific (for e.g. right lower lobe 203\67, 62, 69; left upper lobe 203\47). Tiny calcified granuloma in the right lower lobe (203\53). No suspicious pulmonary mass or consolidation. Mild atelectasis in the middle lobe. Trachea and central airways are patent. Non-specific prominent mediastinal lymph nodes (for e.g. right upper paratracheal 0.7 cm, 202\13; subcarinal 0.9 cm, 202\47). Nosupraclavicular, hilar or axillary lymphadenopathy. Heart size is normal. No pericardial or pleural effusion. Few subcentimetre hypodense thyroid nodules are nonspecific. No contour deforming hepatic mass. However, there are a couple of subcentimetre ill-defined apparent hypodensities which are indeterminate for vascular structures vs actual lesions (for e.g. segment 7\8, 202\92). No radiodense gallstone; biliary tree is not dilated. No contour deforming pancreatic, splenic or adrenal mass. Kidneys are symmetrical in size with lobulated appearances. Moderate bilateral perinephric fat stranding is nonspecific. No urinary calculus or hydronephrosis. Urinary bladder is partially distended; its right anterolateral aspect protrudes into a small right inguinal hernia. Prostate gland is not enlarged (note histopathology report dated 22 May 2018: prostatic adenocarcinoma). No convincing bony destruction. CONCLUSION Limited sensitivity due to lack of intravenous contrast. 1. Large circumferential partially obstructing (presence of oral contrast in small bowel loops) oesophageal mass in keeping with submitted history. There is likely involvement of the muscularis with blurring of surrounding fat planes. Mass abuts pericardium anteriorly and descending aorta posteriorly. 2. Prominent lower para-oesophageal and gastrohepatic lymph nodes, indeterminate. 3. Prominent but subcentimetre mediastinal and upper abdominal\retroperitoneal lymph nodes, non-specific. 4. Indeterminate, possibly cavitary nodule (0.3 cm) in the right lung lower lobe. 5. Other findings as described above. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.