# Row 1131

Visit Number: c1620a44bcd374d14984b9345eaaaad7ca007f10ab5ef585abe88af10656e116

Masked\_PatientID: 1115

Order ID: 288e0ebb7f78736cfd8371945edd07502572be695e0de24b75d7f5cf2dcdaf0f

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 15/7/2019 13:10

Line Num: 1

Text: HISTORY b/g Distal esophageal adenocarcinoma CTthorax to assess for parenchymal change ivo CXR findings (non resolving pulmonary infiltrates) and plan for op:minimally invasive oesophagectomy KIV open and lymphadenectomy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: No FINDINGS Reference is made with chest radiograph and CT chest dated 11/07/19 and 10/06/19. There is severe consolidation in the basal left lower lobe probably infective. Otherwise, the previously seen bilateral patchy areas of consolidation have greatly improved. There are now bilateral patchy areas of air space change, predominantly ground glass changes, associated with architectural distortion likely post-inflammatory scarring although there may be a component of inflammation. The previously seen left pleural effusion is grossly stable with surrounding compressive atelectasis, small loculated component in the medial aspect of the left upper hemithorax. theright pleural effusion has resolved. The central airways are patent. The heart size is mildly enlarged. No pericardial effusion is seen. The unopacified mediastinal vessels are normal in configuration. New borderline enlarged upper right paratracheal node measuring 9 mm in short axis (2-15) indeterminate There is grossly stable circumferential mural thickening at the lower oesophagus and gastro-esophageal junction (se 2-77) in keeping with the known oesophageal primary. No obstruction of the proximal esophagus is noted. The rest of the visualised unenhanced upper abdominal organs are unremarkable . No destructive bony lesion is seen. CONCLUSION 1. There is new extensive consolidation in the basal left lower lobe. Consolidation previously seen in other areas of the lungs have generally improved. Patchy areas of ground glass changes and architectural distortion are probably reflective of post-inflammatory scarring but there is probably also some residural inflammation. 2. Grossly stable left pleural effusion with small loculated component and medial aspect of the left upper hemithorax; the right pleural effusion has resolved. 3. New Borderline enlarged upper right paratracheal node is indeterminate 4. There is grossly stable mural thickening at the lower oesophagus and gastro-esophageal junction in keeping with known primary esophageal adenocarcinoma. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: e232f2ef9051bf7e75c44ffc3247231b177a47f9edd183d6e0182631f77a8337

Updated Date Time: 15/7/2019 18:45

## Layman Explanation

This radiology report discusses HISTORY b/g Distal esophageal adenocarcinoma CTthorax to assess for parenchymal change ivo CXR findings (non resolving pulmonary infiltrates) and plan for op:minimally invasive oesophagectomy KIV open and lymphadenectomy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: No FINDINGS Reference is made with chest radiograph and CT chest dated 11/07/19 and 10/06/19. There is severe consolidation in the basal left lower lobe probably infective. Otherwise, the previously seen bilateral patchy areas of consolidation have greatly improved. There are now bilateral patchy areas of air space change, predominantly ground glass changes, associated with architectural distortion likely post-inflammatory scarring although there may be a component of inflammation. The previously seen left pleural effusion is grossly stable with surrounding compressive atelectasis, small loculated component in the medial aspect of the left upper hemithorax. theright pleural effusion has resolved. The central airways are patent. The heart size is mildly enlarged. No pericardial effusion is seen. The unopacified mediastinal vessels are normal in configuration. New borderline enlarged upper right paratracheal node measuring 9 mm in short axis (2-15) indeterminate There is grossly stable circumferential mural thickening at the lower oesophagus and gastro-esophageal junction (se 2-77) in keeping with the known oesophageal primary. No obstruction of the proximal esophagus is noted. The rest of the visualised unenhanced upper abdominal organs are unremarkable . No destructive bony lesion is seen. CONCLUSION 1. There is new extensive consolidation in the basal left lower lobe. Consolidation previously seen in other areas of the lungs have generally improved. Patchy areas of ground glass changes and architectural distortion are probably reflective of post-inflammatory scarring but there is probably also some residural inflammation. 2. Grossly stable left pleural effusion with small loculated component and medial aspect of the left upper hemithorax; the right pleural effusion has resolved. 3. New Borderline enlarged upper right paratracheal node is indeterminate 4. There is grossly stable mural thickening at the lower oesophagus and gastro-esophageal junction in keeping with known primary esophageal adenocarcinoma. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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