# Row 11809

Visit Number: b3b8c9f1d0627eee636e635537183121abfe43249e811faeedfc410445974f16

Masked\_PatientID: 11809

Order ID: b3a5162eb90c2cdc462eed5d9321505e93710ec4a8e6a9c8d56294bb7c3a62c0

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 31/12/2016 10:56

Line Num: 1

Text: HISTORY persistent fever x 1 week with cough, background history of gerd/smoking, clinical diagnosis of pneumonia with iron/vitamin b12/folate deficiency, to look for abscess/infection source, malignancy TECHNIQUE Scans acquiredas per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80. Positive Rectal Contrast was administered. FINDINGS No previous comparable study on PACS or NNJA. THORAX There is a mass measuring approximately 2.5x 3.8 x 2.7 cm in the left aspect of the distal oesophagus, possibly involving the gastro-oesophageal sphincter (transverse x anteroposterior x craniocaudal; images 4/66 and 10/32). Fluid within the oesophagus proximally suggests a degree of obstruction. Multiple enlarged paratracheal and prevascular lymph nodes are noted, the largest measuring approximately 2.8 x 2.7 cm in the right upper paratracheal space (image 4/22). Right supraclavicular lymph nodes are also noted. No suspicious pulmonary or pleural nodule is seen. Trace pleural effusions are noted bilaterally. There is minimal atelectasis in the middle and left lower lobes. The trachea and major bronchi are patent. A pericardial effusion is noted, measuring 1.3 cm in maximal width. ABDOMEN & PELVIS A few tiny hypodensities in segments Vand VI and another in II are too small to characterise (image 8/59,40,39,23). The hepatic and portal veins opacify normally. There is no intra or extrahepatic ductal dilatation. Slight gallbladder fundal wall thickening is likely due to adenomyomatosis. A small subcapsular early and persistently enhancing nodule in the spleen at the lateral border superiorly is nonspecific but may represent a haemangioma The pancreas, adrenal glands and kidneys are unremarkable. There is no contour deforming lesion of the urinary bladder. Uncomplicated colonic diverticula are noted, most prominent in the sigmoid colon. There is no pneumoperitoneum or ascites. Asymmetric focal mural thickening is noted in the distended proximal jejunum, measuring approximately 0.6 cm in width (image 8/48). Medial to this to the left of the small bowel mesentery is an enlarged mesenteric lymph node measuring 1.8 cm (8/54). A few smaller adjacent lymph nodes are noted. No other enlarged abdominopelvic lymph node or destructive bony lesion is seen. CONCLUSION Distal oesophageal mass, suspicious for tumour, possibly involving the gastro-oesophageal sphincter. Endoscopic correlation may be useful. Multiple enlarged paratracheal, prevascular and right supraclavicular lymph nodes in keeping with metastatic disease. No definite CT evidence for pulmonary, hepatic or bony metastasis. Focal mucosal fold thickening in proximal jejunum is associated with mesenteric adenopathy, suspicious for additional cancer sites. Further action or early intervention required Jeffrey Fong Kah Keng , Senior Resident , 17005D Finalised by: <DOCTOR>

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