# Row 12706

Visit Number: 6b873e1437d0117ba1a05851711a47a0b095d0f804a788d7a88fd6f60983e7be

Masked\_PatientID: 12658

Order ID: 3ccf66b875b3966b5a2c6a07c04003196f517dcecbf7253b11cbe34101f1ed70

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 04/8/2016 18:25

Line Num: 1

Text: HISTORY Mid oesophageal mass on OGD, likely malignant. For staging. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: 75 ml Omnipaque 350 FINDINGS CT abdomen and pelvis of 09/03/2015 was reviewed. THORAX At the mid oesophagus, just superior to the level of the carina, there is suggestion of mild oesophageal wall thickening which may represent the tumour given the history. There are few prominent retrotracheal lymph nodes (4/17 - 21), aortopulmonary window and right left paratracheal nodes which are still small volume but indeterminate. There is centrilobular and paraseptal emphysema in both lungs, worse in the upper lobe. An 11 x 9 mm calcified granuloma in the right upper lobe and another small calcified granuloma with minor scarring in the left upper lobe are present. There is no suspicious pulmonary nodule, consolidation or pleural effusion. Incidentally, thickening at the left ventricular apical wall is compatible with the known hypertrophic cardiomyopathy. Some coronary arterial calcifications are seen. There is no pericardial effusion. ABDOMEN PELVIS There is a 2 mm hepatic segment VIII hypodense focus which is too small to characterise. No suspicious hepatic mass is seen. Portal and hepatic veins are patent. In the left renal lower pole, the stable 4 mm hypodense focus is probably a cyst. There is no hydronephrosis or suspicious renal mass. The spleen, pancreas, adrenalglands and gallbladder are unremarkable. There is no biliary dilatation. Prostate gland is not enlarged. Urinary bladder is not well distended for assessment. A few scattered uncomplicated right colonic diverticula are present. There is nobowel dilatation. The appendix is normal in appearance. No ascites is detected. There is no significant lymphadenopathy. No bony destruction is seen. CONCLUSION There is suggestion of mild mid oesophageal wall thickening which may represent the tumour given history. There are a few prominent but still small volume mediastinal lymph nodes which are indeterminate for nodal metastases. Pulmonary emphysema. No metastatic disease is seen in the lungs or abdomen/pelvis. The other minor/known findings are listed in the report. May need further action Finalised by: <DOCTOR>

Accession Number: f87bb116f873c3024b9c60eac00e6834f885e2167ca874d0ecf51f2bc5275d49

Updated Date Time: 05/8/2016 10:19