# Row 12677

Visit Number: 7788de05f5653250a0f45f74c634e10fcac36e1f9f6a9b25b415cf19b07338be

Masked\_PatientID: 12658

Order ID: ada6d3477dbee592229c0ebf51c927bc761a23950b5b00f28f10bebfe888731f

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 18/4/2017 14:05

Line Num: 1

Text: HISTORY Esophageal SCC s/p neoadjuv chemoRT surveillance scan TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison was done with prior CT study dated04/08/2016 and CT PET study dated 12/12/2016 CHEST There is a tracheostomy tube in situ. Secretions are noted in the trachea. The patient is status post oesophagectomy with gastric pull-up. Feeding tube is noted within the stomach. The stomach appears slightly dilated with fluid. The rest of the visualised small bowel loops appear unremarkable. There is atelectasis /consolidation in the right lower lobe. Few nodular opacities are noted in the left lower lobe some of which demonstrate tree in bud appearance. Calcified granuloma is noted in the right upper lobe (5/38) Significant emphysematous changes are noted in the bilateral upper lobes. The mediastinal vasculature appears unremarkable. No evidence of obvious mediastinal collection. No evidence of significant mediastinal, hilar, axillary or supraclavicular lymphadenopathy. ABDOMEN No suspicious focal hepatic lesions. The gallbladder appears unremarkable. No evidence of intra or extrahepaticbiliary ductal dilatation. The spleen, pancreas, adrenals appear unremarkable. Both kidneys appear unremarkable. No evidence of pericardial or pleural effusion. No suspicious focal hepatic lesions are noted. The portal and hepatic veins demonstrate normal contrast opacification. Gallbladder appears unremarkable. No evidence of intra or extrahepatic biliary ductal dilatation. The spleen, pancreas, adrenals and both kidneys appear unremarkable. No evidence of ascites or peritoneal nodules. No evidence of significant intra-abdominal or pelvic lymphadenopathy. There are no destructive bony lesions. CONCLUSION 1. Status post oesophagectomy with gastric pull-up. Feeding tube is noted within the dilated stomach. 2. Collapse /consolidation of the right lower lobe and nodular opacities in the left lower lobe some of which demonstrate tree in bud appearance. These are likely post infective postinflammatory in aetiology. May need further action Finalised by: <DOCTOR>

Accession Number: 3b99bfcf2baae74655388415e495b98eb7dcc530aa4f15624de9e0bf19cfa8d0

Updated Date Time: 18/4/2017 15:02