# Row 5428

Visit Number: 7ec79e3c4dd22c2d004d8b21d284e7c871ebbd601b9bede1354d28e651a32d23

Masked\_PatientID: 5387

Order ID: 9cecd067a9e75f1e057a55b722c0ab9730b87bcc94e45898ef4466e44755e6a0

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 02/1/2018 12:14

Line Num: 1

Text: HISTORY Has had neo-adjuvant chemoradiotherapy for distal oesophageal adenocarcinoma. For re-staging prior to resection. For scan in about 3 weeks' time please. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Compared with the previous PET CT study dated 12/10/2017. Circumferential wall thickening of distal thoracic oesophagus, measuring about 10 cm in length, extending to the GE junction with also mild thickening of the gastric cardia is noted again without showing significant interval change in size. Some ill-defined peri tumoral fat stranding is noted again (4-67, 73), indeterminate. This is again seen abutting left crus. A tiny nodularity in perigastric region (4-81) is stable, possibly a node. There is a subcentimetre node anterior to the oesophagus at the level of carina (4-31) and another in subcarinal region (4-40), appearing stable. No interval new adenopathy is seen. No mediastinal collections. The heart appears mildly enlarged. No significantly enlarged mediastinal or hilar lymph nodes. Lung parenchyma shows scattered atelectasis more so in the lingula. No suspicious lung mass or nodules. Major airways are patent. No pleural or pericardial effusions. The liver again shows hypodensities in segment three and four, stable, likely cysts. A few other tiny hepatic hypodensities are too small for characterisation. The spleen, pancreas, adrenal glands, kidneys and rest of the bowel loops appear grossly normal. No peritoneal nodularity or ascites. Urinary bladder and prostate gland appear normal. No destructive bony lesions. CONCLUSION Compared with previous PET CT study dated 12/10/2017, circumferential wall thickening involving long segment of distal thoracic oesophagus extending up to GE junction with also some thickening of adjacent gastric cardia shows no significant interval change in size. Some peritumoral stranding areas are present, as before, indeterminate. Tiny perigastric node, stable. Two subcentimetre nodes anterior to oesophagus at the level of carina and another in subcarinal region are stable. No interval new imaging abnormalities. Other minor findings as above. May need further action Finalised by: <DOCTOR>

Accession Number: 80f3f6354ed5eb08840edc34d8fdb285f19295ab6ba09afa1210904da9e26d8b

Updated Date Time: 05/1/2018 17:08

## Layman Explanation

This radiology report discusses HISTORY Has had neo-adjuvant chemoradiotherapy for distal oesophageal adenocarcinoma. For re-staging prior to resection. For scan in about 3 weeks' time please. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Compared with the previous PET CT study dated 12/10/2017. Circumferential wall thickening of distal thoracic oesophagus, measuring about 10 cm in length, extending to the GE junction with also mild thickening of the gastric cardia is noted again without showing significant interval change in size. Some ill-defined peri tumoral fat stranding is noted again (4-67, 73), indeterminate. This is again seen abutting left crus. A tiny nodularity in perigastric region (4-81) is stable, possibly a node. There is a subcentimetre node anterior to the oesophagus at the level of carina (4-31) and another in subcarinal region (4-40), appearing stable. No interval new adenopathy is seen. No mediastinal collections. The heart appears mildly enlarged. No significantly enlarged mediastinal or hilar lymph nodes. Lung parenchyma shows scattered atelectasis more so in the lingula. No suspicious lung mass or nodules. Major airways are patent. No pleural or pericardial effusions. The liver again shows hypodensities in segment three and four, stable, likely cysts. A few other tiny hepatic hypodensities are too small for characterisation. The spleen, pancreas, adrenal glands, kidneys and rest of the bowel loops appear grossly normal. No peritoneal nodularity or ascites. Urinary bladder and prostate gland appear normal. No destructive bony lesions. CONCLUSION Compared with previous PET CT study dated 12/10/2017, circumferential wall thickening involving long segment of distal thoracic oesophagus extending up to GE junction with also some thickening of adjacent gastric cardia shows no significant interval change in size. Some peritumoral stranding areas are present, as before, indeterminate. Tiny perigastric node, stable. Two subcentimetre nodes anterior to oesophagus at the level of carina and another in subcarinal region are stable. No interval new imaging abnormalities. Other minor findings as above. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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