# Row 5388

Visit Number: 35409157d58b4ac19103f54f4a1eebbaabf3663104dca44522bb541a4b4a2682

Masked\_PatientID: 5387

Order ID: c209a12b541accc8880454cfa46e19f4fbabfe997d84fbc4597e8818c4bd753d

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 06/10/2017 10:34

Line Num: 1

Text: HISTORY dysphagia, burning chest discomfort with significant weight loss 8kg; CT TAP to rule out malignancy TECHNIQUE CT chest, abdomen and pelvis was performed with coronal reconstruction. Intravenous contrast: Omnipaque 350 - Volume (ml): 90 FINDINGS The CT pulmonary angiogram on 27 January 2014 from TTSH is reviewed. The heart is borderline enlarged. Coronary atherosclerosis is seen. The mediastinal vessels opacify normally. There is no enlarged thoracic lymph node. Scattered bilateral minor atelectasis is seen. No pulmonary mass, consolidation or pleural effusion is detected. There are interval mural thickening and surrounding fat stranding in the distal oesophagus with upstream oesophageal dilatation, suspicious for an oesophageal malignancy. Periampullary duodenal and colonic diverticula are seen. The left hepatic lobe is enlarged with blunted edge suggesting cirrhosis. There is a 13 mm hepatic segment 3. 5 mm hepatic segment 4a hypodensity is too small to be characterised. A splenunculus is noted. The gallbladder, pancreas, spleen, adrenals, kidneys and kidneys appear unremarkable. Urinary bladder is suboptimally distended. The seminal vesicles and prostate appear unremarkable. No enlarged abdominopelvic lymph node or ascites is identified. There is no osseous destruction. CONCLUSION 1. Mural thickening with adjacent fat stranding of distal oesophagus causing upstream obstruction is suspicious for malignancy. 2. No evidence of metastasis. 3. Left hepatic lobe hypertrophy raises possibility of cirrhosis. No suspicious hepatic mass is detected. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: de1fc24cfbcf27614f4085b2dd2fd7c1f115ed1bd3fa305907f0296a24d9c5b5

Updated Date Time: 06/10/2017 12:21

## Layman Explanation

This radiology report discusses HISTORY dysphagia, burning chest discomfort with significant weight loss 8kg; CT TAP to rule out malignancy TECHNIQUE CT chest, abdomen and pelvis was performed with coronal reconstruction. Intravenous contrast: Omnipaque 350 - Volume (ml): 90 FINDINGS The CT pulmonary angiogram on 27 January 2014 from TTSH is reviewed. The heart is borderline enlarged. Coronary atherosclerosis is seen. The mediastinal vessels opacify normally. There is no enlarged thoracic lymph node. Scattered bilateral minor atelectasis is seen. No pulmonary mass, consolidation or pleural effusion is detected. There are interval mural thickening and surrounding fat stranding in the distal oesophagus with upstream oesophageal dilatation, suspicious for an oesophageal malignancy. Periampullary duodenal and colonic diverticula are seen. The left hepatic lobe is enlarged with blunted edge suggesting cirrhosis. There is a 13 mm hepatic segment 3. 5 mm hepatic segment 4a hypodensity is too small to be characterised. A splenunculus is noted. The gallbladder, pancreas, spleen, adrenals, kidneys and kidneys appear unremarkable. Urinary bladder is suboptimally distended. The seminal vesicles and prostate appear unremarkable. No enlarged abdominopelvic lymph node or ascites is identified. There is no osseous destruction. CONCLUSION 1. Mural thickening with adjacent fat stranding of distal oesophagus causing upstream obstruction is suspicious for malignancy. 2. No evidence of metastasis. 3. Left hepatic lobe hypertrophy raises possibility of cirrhosis. No suspicious hepatic mass is detected. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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