# Row 6268

Visit Number: 020c65ae0eb809bc89d8e3bb9fd4e5327f3548af65e592f6d2d432eb5a82d979

Masked\_PatientID: 6267

Order ID: d7961e4d1738581cd13941fe2c419e3ab20a96ca4987f5b232d4937500eeb928

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 04/11/2019 16:52

Line Num: 1

Text: HISTORY Patient with met esophageal SCC with extensive nodal and bone mets Admitted for neutropenic fever Persistent fever despite broad spectrum antibiotics CT TAP to look for source of infection TECHNIQUE Post contrast CT thorax, abdomenpelvis was acquired with 70 ml of intravenous Omnipaque 350. FINDINGS Prior CT of 09/10/2019 was reviewed. Largely stable mid oesophageal mural thickening (approx 1.3 cm, 5-53), representing the primary tumour (biopsy-proven squamous cell carcinoma). Stable necrotic right axillary (0.9 cm, 5-35), bilateral supraclavicular (left 1.2 cm, 5-5) and right upper paratracheal (1.1 cm, 5-15) adenopathy. Slight interval decrease in size of the right lower paratracheal adenopathy (0.5 cm vs prev 1.0 cm, 5-35 vs prev 5-59). Heart size is normal. No significant pericardial effusion. No discrete pulmonary mass. There is development of patchy ground-glass opacities in both lungs accompanied by some areas of bronchial wall thickening. No contour areas of consolidation. Background bilateral upper lobe paraseptal and centrilobular emphysema. No pericardial or pleural effusion. Central airways are patent. New indeterminate 1.0 cm splenic hypodensity (7-29). Hepatic steatosis.No suspicious hepatic mass or biliary dilatation. Uncomplicated cholelithiasis within the contracted gallbladder. The pancreas, adrenals, kidneys (hydronephrosis), urinary bladder and prostate are unremarkable. Bowel is not dilated. Appendix isunremarkable. No ascites or discrete intra-abdominal collection is detected. No enlarged abdominopelvic node. Stable mutiple lytic-sclerotic foci in the thoracolumbar vertebrae, bilateral ilia, left femoral head and right intertrochanteric femur suspicious for bony metastases. No overt epidural component or pathological fracture. CONCLUSION Since 09/10/2019: Development of patchy areas of ground-glass changes in both lungs with some areas of bronchial wall thickening. The context of fever, an atypical chest infection is a consideration. Another possibility is drug induced pneumonitis. Suggest further clinical correlation. Background emphysematous changes in both lungs. No discrete pulmonary mass or lobar consolidation. New indeterminate splenic hypodensity. Oncological findings: - Largely stable primary oesphageal tumour. - Stable right axillary, bilateral supraclavicular and slightly smaller right paratracheal adenopathy suspicious for metastases. - Stable lytic-sclerotic bony foci as detailed above suspicious for metastases. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: d242482ad8f03088e2b9ba9a716927dd10fb2011f434d61081a5250ddfc1ddad

Updated Date Time: 04/11/2019 17:55

## Layman Explanation

This radiology report discusses HISTORY Patient with met esophageal SCC with extensive nodal and bone mets Admitted for neutropenic fever Persistent fever despite broad spectrum antibiotics CT TAP to look for source of infection TECHNIQUE Post contrast CT thorax, abdomenpelvis was acquired with 70 ml of intravenous Omnipaque 350. FINDINGS Prior CT of 09/10/2019 was reviewed. Largely stable mid oesophageal mural thickening (approx 1.3 cm, 5-53), representing the primary tumour (biopsy-proven squamous cell carcinoma). Stable necrotic right axillary (0.9 cm, 5-35), bilateral supraclavicular (left 1.2 cm, 5-5) and right upper paratracheal (1.1 cm, 5-15) adenopathy. Slight interval decrease in size of the right lower paratracheal adenopathy (0.5 cm vs prev 1.0 cm, 5-35 vs prev 5-59). Heart size is normal. No significant pericardial effusion. No discrete pulmonary mass. There is development of patchy ground-glass opacities in both lungs accompanied by some areas of bronchial wall thickening. No contour areas of consolidation. Background bilateral upper lobe paraseptal and centrilobular emphysema. No pericardial or pleural effusion. Central airways are patent. New indeterminate 1.0 cm splenic hypodensity (7-29). Hepatic steatosis.No suspicious hepatic mass or biliary dilatation. Uncomplicated cholelithiasis within the contracted gallbladder. The pancreas, adrenals, kidneys (hydronephrosis), urinary bladder and prostate are unremarkable. Bowel is not dilated. Appendix isunremarkable. No ascites or discrete intra-abdominal collection is detected. No enlarged abdominopelvic node. Stable mutiple lytic-sclerotic foci in the thoracolumbar vertebrae, bilateral ilia, left femoral head and right intertrochanteric femur suspicious for bony metastases. No overt epidural component or pathological fracture. CONCLUSION Since 09/10/2019: Development of patchy areas of ground-glass changes in both lungs with some areas of bronchial wall thickening. The context of fever, an atypical chest infection is a consideration. Another possibility is drug induced pneumonitis. Suggest further clinical correlation. Background emphysematous changes in both lungs. No discrete pulmonary mass or lobar consolidation. New indeterminate splenic hypodensity. Oncological findings: - Largely stable primary oesphageal tumour. - Stable right axillary, bilateral supraclavicular and slightly smaller right paratracheal adenopathy suspicious for metastases. - Stable lytic-sclerotic bony foci as detailed above suspicious for metastases. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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