# Row 6272

Visit Number: 507a9cefbe853bfd4b2d5a296bfe852e06b300407dd20686f11c649ce87a62c2

Masked\_PatientID: 6267

Order ID: 8bb8a9387184f6f1799c391aa45c8c8d927bd92c87a065d50463418d833ea83c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 30/7/2019 20:22

Line Num: 1

Text: HISTORY ? numb chin syndrome with LOW and dysphagia for the past 1 months TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS No prior CT study is available for comparison. THORAX There is irregular mural thickening of the mid-oesophagus approximately measuring 3.3 cm in axial plane (05-57) and 7 cm in length (09-32). It abuts 90 degrees circumference of the descending thoracic aorta. Anteriorly, it abuts the leftinferior pulmonary vein. Posteromedially the fat plane with the adjacent vertebral body seems to be preserved. Enlarged bilateral supraclavicular and paratracheal lymph nodes are noted for example: Left supraclavicular lymph node (2.9 cm) (series 5, image 10) Right lower paratracheal lymph node (2.0 cm) (series 5, image 40) Small volume prevascular and right hilar lymph nodes are also noted. The mediastinal vessels opacify normally. The heart is not enlarged. There is no pericardial or pleural effusion. No suspicious pulmonary nodule is seen. Both lungs demonstrate mild centrilobular and bilateral apical paraseptal emphysema. Intraluminal densities within the trachea in the right main bronchus could be due to retained secretions. ABDOMEN AND PELVIS Tiny scattered hypodensities in the right lobe of the liver are too small to characterise. No suspicious focal hepatic lesion is identified. The hepatic and portal veins opacify normally. There is no biliary dilatation. Multiple calculi are noted in the contracted gallbladder lumen. The spleen, pancreas, adrenal glands and kidneys are unremarkable. The small and large bowel loops are of normal calibre. The urinary bladder is partly distended. Prostate is not enlarged. No significantly enlarged intra-abdominal or pelvic lymph node is seen. There is no ascites. Small sclerotic focus in the posterior aspect of the left iliac bone (08- 84) is nonspecific. No destructive bony process. CONCLUSION Irregular mural thickening of the mid-oesophagus is suspicious for primary malignancy. Metastatic lymphadenopathy at bilateral supraclavicular and mediastinal stations. Partly imaged left lower cervical lymph nodes. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: be43d9bff6369b3cc27ea2eedf2018a996ed2eef7a8739d8637a87885dc7e00e

Updated Date Time: 31/7/2019 10:00

## Layman Explanation

This radiology report discusses HISTORY ? numb chin syndrome with LOW and dysphagia for the past 1 months TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS No prior CT study is available for comparison. THORAX There is irregular mural thickening of the mid-oesophagus approximately measuring 3.3 cm in axial plane (05-57) and 7 cm in length (09-32). It abuts 90 degrees circumference of the descending thoracic aorta. Anteriorly, it abuts the leftinferior pulmonary vein. Posteromedially the fat plane with the adjacent vertebral body seems to be preserved. Enlarged bilateral supraclavicular and paratracheal lymph nodes are noted for example: Left supraclavicular lymph node (2.9 cm) (series 5, image 10) Right lower paratracheal lymph node (2.0 cm) (series 5, image 40) Small volume prevascular and right hilar lymph nodes are also noted. The mediastinal vessels opacify normally. The heart is not enlarged. There is no pericardial or pleural effusion. No suspicious pulmonary nodule is seen. Both lungs demonstrate mild centrilobular and bilateral apical paraseptal emphysema. Intraluminal densities within the trachea in the right main bronchus could be due to retained secretions. ABDOMEN AND PELVIS Tiny scattered hypodensities in the right lobe of the liver are too small to characterise. No suspicious focal hepatic lesion is identified. The hepatic and portal veins opacify normally. There is no biliary dilatation. Multiple calculi are noted in the contracted gallbladder lumen. The spleen, pancreas, adrenal glands and kidneys are unremarkable. The small and large bowel loops are of normal calibre. The urinary bladder is partly distended. Prostate is not enlarged. No significantly enlarged intra-abdominal or pelvic lymph node is seen. There is no ascites. Small sclerotic focus in the posterior aspect of the left iliac bone (08- 84) is nonspecific. No destructive bony process. CONCLUSION Irregular mural thickening of the mid-oesophagus is suspicious for primary malignancy. Metastatic lymphadenopathy at bilateral supraclavicular and mediastinal stations. Partly imaged left lower cervical lymph nodes. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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