# Row 87

Visit Number: 6f9eb1b68b146dc4d3eacae98ac24597f8676768cd29a5dc2631fa89c6ebc0a1

Masked\_PatientID: 87

Order ID: 2a0c64ea5732cb3b5d85947772e0688b1d2a4953491897786b673c7fe1fa06a4

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 26/2/2016 18:16

Line Num: 1

Text: HISTORY CA ESOPHAGUS; ALCOHOLIC LIVER CIRRHOSIS TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Scans of the abdomen were done in the pre-contrast, arterial, portal venous and delayed phases of liver. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS The primary tumour is seen as a 6.9 cm-long segment of irregular mural thickening in the mid-to-lower thirds of the oesophagus (series 16 image 33). This causes a stricture, with proximal dilatation of the oesophagus. In the left side of the oesophagus at the level of the superior aspect of the tumour, there is a 3.2 x 2.8 cm mass (series 16 image 32), either representing local tumour extension into the mediastinum or a metastatic lymph node. This mass is in contact with the descending thoracic aorta for about 180 degrees of the vessel’s circumference, extending for 4.3 cm cranio-caudally (series 16 image 29). The lungs show no nodule or mass to suggest a metastasis. No other enlarged mediastinal or hilar lymph node is detected. In the abdomen, the liver shows a well-defined 1.6 x 1.3 cm nodule in the dome of segment 8 (series 8 image 82) that shows no enhancement on the arterial, portal venous and delayed phases. It may represent a regenerating/ dysplastic nodule. The liver also shows several well-defined subcentimetre hypodense lesions in segment 3, probably represent cysts. The outline of the liver is irregular, consistent with cirrhosis. There is also evidence of portal hypertension, with gastric and oesophageal varices. The spleen is normal in size and there is no ascites. The portal vein and its branches opacify normally. The splenic and superior mesenteric veins are widely patent. The gallbladder appears normal. The biliary tree is not dilated. The spleen shows a subcentimetre focus of arterial enhancement in its superior aspect (series 6 image 24) that is not identified on the portal venous and delayed phases. It is of uncertain aetiology and clinical significance. The pancreas and adrenal glands are normal. The kidneys are unremarkable. There is no hydronephrosis. The bowel appears normal. In the pelvis, the urinary bladder appears unremarkable. The prostate gland is mildly enlarged, especially the central gland. No enlarged lymph node is seen in the retroperitoneum. There is a small indirect left inguinal hernia containing fluid. Degenerative changes are seenin the spine. There are old fractures of the right 11th and 12th ribs. CONCLUSION The primary tumour is seen as a segment of irregular mural thickening in the mid-to-lower thirds of the oesophagus. A mass on the left side of the oesophagus at the level of the superior aspect of the primary tumour may represent local extension into the mediastinum or a metastatic lymph node. This is in contact with the descending thoracic aorta. No pulmonary metastasis is identified. A small nodule in the liver may represent a regenerating/ dysplastic nodule rather than a metastasis; suggest MRI for further evaluation. May need further action Finalised by: <DOCTOR>

Accession Number: 9a1435ba4b27a70a3f58adbf600d7b39ee4096e68b717d3dd3b62420218b3d77

Updated Date Time: 29/2/2016 11:33

## Layman Explanation

This radiology report discusses HISTORY CA ESOPHAGUS; ALCOHOLIC LIVER CIRRHOSIS TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Scans of the abdomen were done in the pre-contrast, arterial, portal venous and delayed phases of liver. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS The primary tumour is seen as a 6.9 cm-long segment of irregular mural thickening in the mid-to-lower thirds of the oesophagus (series 16 image 33). This causes a stricture, with proximal dilatation of the oesophagus. In the left side of the oesophagus at the level of the superior aspect of the tumour, there is a 3.2 x 2.8 cm mass (series 16 image 32), either representing local tumour extension into the mediastinum or a metastatic lymph node. This mass is in contact with the descending thoracic aorta for about 180 degrees of the vessel’s circumference, extending for 4.3 cm cranio-caudally (series 16 image 29). The lungs show no nodule or mass to suggest a metastasis. No other enlarged mediastinal or hilar lymph node is detected. In the abdomen, the liver shows a well-defined 1.6 x 1.3 cm nodule in the dome of segment 8 (series 8 image 82) that shows no enhancement on the arterial, portal venous and delayed phases. It may represent a regenerating/ dysplastic nodule. The liver also shows several well-defined subcentimetre hypodense lesions in segment 3, probably represent cysts. The outline of the liver is irregular, consistent with cirrhosis. There is also evidence of portal hypertension, with gastric and oesophageal varices. The spleen is normal in size and there is no ascites. The portal vein and its branches opacify normally. The splenic and superior mesenteric veins are widely patent. The gallbladder appears normal. The biliary tree is not dilated. The spleen shows a subcentimetre focus of arterial enhancement in its superior aspect (series 6 image 24) that is not identified on the portal venous and delayed phases. It is of uncertain aetiology and clinical significance. The pancreas and adrenal glands are normal. The kidneys are unremarkable. There is no hydronephrosis. The bowel appears normal. In the pelvis, the urinary bladder appears unremarkable. The prostate gland is mildly enlarged, especially the central gland. No enlarged lymph node is seen in the retroperitoneum. There is a small indirect left inguinal hernia containing fluid. Degenerative changes are seenin the spine. There are old fractures of the right 11th and 12th ribs. CONCLUSION The primary tumour is seen as a segment of irregular mural thickening in the mid-to-lower thirds of the oesophagus. A mass on the left side of the oesophagus at the level of the superior aspect of the primary tumour may represent local extension into the mediastinum or a metastatic lymph node. This is in contact with the descending thoracic aorta. No pulmonary metastasis is identified. A small nodule in the liver may represent a regenerating/ dysplastic nodule rather than a metastasis; suggest MRI for further evaluation. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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