# Row 9578

Visit Number: 8382a4e0190e294f509f4a3cbfdd802f36bc0898fae887351dbe3edd109616bc

Masked\_PatientID: 9575

Order ID: 66f4a2988049ad78948daa91f29a5f2ade9f01d802cd41306b0c28877794f9b7

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 16/4/2017 16:14

Line Num: 1

Text: HISTORY Lymphoma, new onset dysphagia. To look for mechanical causes of obstruction ?tumour TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with CT of 17/3/2017. There is no distension of the oesophagus to suggest significant distal obstruction. The oesophageal wall shows no obvious mass or overt thickening. Small left upper paratracheal node (7-20) anterior to the oesophagus isunchanged. There is otherwise no obvious para-oesophageal mass identified. Extensive bilateral hilar, mediastinal, axillary and supraclavicular lymph nodes are unchanged, in keeping with known lymphoma. These are most prominent along the axillary and supraclavicular region, with the largest node in the thoracic cavity measuring 23 x 18 mm at the right hilum. A stable elliptical focus in anterior right lower thorax may be due to an internal mammary node. No lung mass or sinister nodule is noted. There are no consolidation or ground-glass changes. No interstitial fibrosis, bronchiectasis or emphysema is evident. Heart size is not overtly enlarged. A PICC has its tip in the SVC. Mediastinal vasculature enhance normally. Limited sections of the upper abdomen in arterial phase show stable confluent upper retroperitoneal lymphadenopathy. There are a few 7-13mm foci of arterial enhancement in the subcapsular aspect of segment 8 laterally (7-85, 93), not seen in previous CT and possibly due to perfusion anomalies. Stable coarse calcifications are stable in the left outer breast with no associated mass. A few right-sided rib fractures with callus formation are again noted, probably post traumatic. Diffuse small lytic foci throughout the bones are likely related to lymphomatous infiltrate. These are relatively unchanged from before. CONCLUSION 1. No obvious esophageal or para-esophageal mass identified. 2. Stable extensive lymphadenopathy in the thorax and upper abdomen. 3. Stable diffuse lytic appearance of the bones, also likely due to lymphoma. 4. Few arterial enhancing foci in segment 8 of the liver may be due to the perfusion anomalies. 5. Other minor findings as described. Known / Minor Finalised by: <DOCTOR>

Accession Number: 7e15101eef69c6ae5addb4fdbf847432c01ef956b6dc2de8187d26c1edc02c80

Updated Date Time: 17/4/2017 9:38

## Layman Explanation

This radiology report discusses HISTORY Lymphoma, new onset dysphagia. To look for mechanical causes of obstruction ?tumour TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with CT of 17/3/2017. There is no distension of the oesophagus to suggest significant distal obstruction. The oesophageal wall shows no obvious mass or overt thickening. Small left upper paratracheal node (7-20) anterior to the oesophagus isunchanged. There is otherwise no obvious para-oesophageal mass identified. Extensive bilateral hilar, mediastinal, axillary and supraclavicular lymph nodes are unchanged, in keeping with known lymphoma. These are most prominent along the axillary and supraclavicular region, with the largest node in the thoracic cavity measuring 23 x 18 mm at the right hilum. A stable elliptical focus in anterior right lower thorax may be due to an internal mammary node. No lung mass or sinister nodule is noted. There are no consolidation or ground-glass changes. No interstitial fibrosis, bronchiectasis or emphysema is evident. Heart size is not overtly enlarged. A PICC has its tip in the SVC. Mediastinal vasculature enhance normally. Limited sections of the upper abdomen in arterial phase show stable confluent upper retroperitoneal lymphadenopathy. There are a few 7-13mm foci of arterial enhancement in the subcapsular aspect of segment 8 laterally (7-85, 93), not seen in previous CT and possibly due to perfusion anomalies. Stable coarse calcifications are stable in the left outer breast with no associated mass. A few right-sided rib fractures with callus formation are again noted, probably post traumatic. Diffuse small lytic foci throughout the bones are likely related to lymphomatous infiltrate. These are relatively unchanged from before. CONCLUSION 1. No obvious esophageal or para-esophageal mass identified. 2. Stable extensive lymphadenopathy in the thorax and upper abdomen. 3. Stable diffuse lytic appearance of the bones, also likely due to lymphoma. 4. Few arterial enhancing foci in segment 8 of the liver may be due to the perfusion anomalies. 5. Other minor findings as described. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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