# Row 9955

Visit Number: fd0bec986abd4f0e1f01df514ec9bfeb788ab02a37534882deb0701f3eb4ced1

Masked\_PatientID: 9950

Order ID: 233b6b7a3fc63b45c87207dbf6e3c63736c8ff0f2142020675a5485daddf39fb

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 17/4/2018 23:31

Line Num: 1

Text: HISTORY constant abdominal pain TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Oral Contrast - Volume (ml): FINDINGS The prior CT PET study dated 21/12/2017 was reviewed. The patient is status post oesophagectomy with gastric mobilisation. Bilateral pleural effusions with underlying atelectasis noted. No suspicious enlarged mediastinal, hilar, axillary or supraclavicular lymphadenopathy. No suspicious pulmonary nodules are seen. The mediastinal vasculature appears unremarkable. The trachea and bronchi are patent. No suspicious focal hepatic lesions. The gallbladder appears unremarkable. No evidence of intra or extrahepatic biliary ductal dilatation. Portal and hepatic veins demonstrate normal contrast opacification. The spleen, pancreas, adrenals and both kidneys appear unremarkable. The bowel calibre appears unremarkable. Minimal fat stranding noted on into andmesentery the upper abdomen is likely related to postsurgical changes. No evidence of collections or abscess. No evidence of intra-abdominal lymphadenopathy. No evidence of ascites or peritoneal nodules. There are no destructive bony lesions. CONCLUSION Status post oesophagectomy with gastric mobilisation. Bilateral pleural effusions with underlying atelectasis noted. No evidence of intra-abdominal collections or abscess. May need further action Finalised by: <DOCTOR>

Accession Number: 9877636a773c1097cc6b5e7251629a758e8fcb505bec71a81901f097744e187c

Updated Date Time: 18/4/2018 9:29