# Row 9959

Visit Number: e3d88a3f2f7f1edf94b3a65b2a5b6f7f3d792fca246091f04d26bd12e778341c

Masked\_PatientID: 9950

Order ID: 0beabe3930ef12cfdc7e5821558c53a94826d861f7e48ee2f1d5492da6afcb08

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 19/3/2018 9:08

Line Num: 1

Text: HISTORY Post-neoadjuvant chemoradiotherapy for oesophageal cancer. Re-staging scan before surgery. For scan in about 4 weeks time. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is done with the previous PET-CT study dated 21/12/2017. Circumferential mural thickening in the mid to lower oesophagus extending down to the gastro-oesophageal junction probably represents the biopsy-proven primary oesophageal malignancy. It appears grossly stable Bilateral paravertebral ill-defined ground-glass nodular densities and mild consolidation are seen in the lower lobes. They appear inflammatory, probably representing post radiationchanges. There are a few small (1-3 mm) subpleural nodules in the lingula (5-58)and anterior left lower lobe, abutting the oblique fissure (5-55, 58) which are non-specific. Prominent but subcentimetre mediastinal and bilateral hilar nodes are non-specific, may be reactive. The heart is not enlarged. There is no pericardial pleural effusion. The liver, gallbladder, spleen, pancreas, adrenal glands are unremarkable. There are a few subcentimetre hypodensities in both kidneys which are too small to characterise. Urinary bladder is poorly distended. Prostate gland is not enlarged. The bowel loops are normal in calibre. There are numerous uncomplicated colonic diverticula, especially in the descending and sigmoid colon. There is no enlarged abdominal or pelvic lymph node. There is no free intraperitoneal fluid. There is no destructive bony lesion. CONCLUSION 1. Circumferential mural thickening in the mid to lower oesophagus extending down to the gastro-oesophageal junction probably represents the biopsy-proven primary oesophageal malignancy. It appears grossly stable. No definite evidence of metastatic disease. 2. Bilateral paravertebral inflammatory changes in the lower lobes couldbe related to radiation therapy. Known / Minor Finalised by: <DOCTOR>

Accession Number: 373b37577289fbd0412acb1906807b2128add41909b2911613e2679a59ccd51d

Updated Date Time: 26/3/2018 14:14