# Row 2870

Visit Number: ba61d25fac1f01b3cf8fc4188f7a9e21d2394c031444f61678d476f2a7a435c2

Masked\_PatientID: 2865

Order ID: 4e6c87bdb29349324eeb8a312da646060c3e8992319f95858aaa8b8fad0acc66

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 11/12/2017 13:20

Line Num: 1

Text: HISTORY stage for disease recurrence and to assess anatomy Please help to do on 11/12. Thank you TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparisonmade with CGH CT of 14/11/2017. ABDOMEN AND PELVIS Status post total gastrectomy with oesophagojejunostomy for tumour. No enhancing mass or stricture seen at the end on side anastomosis in the lower thorax. The thoracic oesophagus remains prominently distended. A blind ending afferent jejunal loop is noted at the left upper abdomen immediately below the diaphragm. The tip of the NG tube is noted in a few loops of efferent jejunal loops also in the left upper abdomen. Uncomplicated right colonic diverticula are present. Rest of the bowel in the abdomen and pelvis are unremarkable, with no focal mass or abnormal thickening. No free air, ascites or enlarged nodes noted. There is interval improvement of the left lateral subphrenic collection from previous 75 x 55 x 50 mm to now 45 x 42 x 7 mm (7-20, 11-43) with interval drain in situ. No suspicious focal hepatic lesion detected. There is stable prominence of the intrahepatic biliary dilatation with stable hyperdensity in the common duct, likely the pigment stone seen on CGH MRCP of 8/6/2017. Portal and hepatic veins enhance normally. Uncomplicated calcified gallstones noted. Bilateral simple renal cysts are noted with no hydronephrosis. Bothadrenals are bulky with no focal lesion. The pancreas, spleen, urinary bladder, and seminal vesicles are unremarkable. There is suggestion of previous TURP of the prostate. THORAX AND BONES Diffuse stranding of the subcutaneous and mesenteric fat is noted. No gross ascites seen. Moderate bilateral pleural effusions are unchanged. There is improvement of consolidation in basal right lower lobe, with a few foci of residual consolidation and adjacent ground-glass changes in the anterior aspect (5-52). Consolidation and collapse-atelectasis in the left lower lobe is unchanged from before. Most of the other ground-glass changes in the upper zones are resolved. No suspicious nodule or lung mass is seen. Heart size is not enlarged. No pericardial effusion is seen. No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. Tip of the tracheostomy tube is about 40 mm from the carina. No destructive bony lesion is seen. CONCLUSION Since last CT of 14/11/2017, 1. Status post total gastrectomy and oesophagojejunostomy. 2. No local recurrence or distant metastasis noted. 3. Interval improvement of the left upper abdominal collection with drain in situ. 4. Stable intrahepatic biliary dilatation due to probable soft stone in the common duct. 5. Stable bilateral moderate pleural effusions with adjacent atelectasis and consolidation, some of which in the upper zones has resolved. 6. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: f9a420d3cb13419bec1508193853354d5db86d2876cba4c0555ed0b29e168c00

Updated Date Time: 11/12/2017 15:01

## Layman Explanation

This radiology report discusses HISTORY stage for disease recurrence and to assess anatomy Please help to do on 11/12. Thank you TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparisonmade with CGH CT of 14/11/2017. ABDOMEN AND PELVIS Status post total gastrectomy with oesophagojejunostomy for tumour. No enhancing mass or stricture seen at the end on side anastomosis in the lower thorax. The thoracic oesophagus remains prominently distended. A blind ending afferent jejunal loop is noted at the left upper abdomen immediately below the diaphragm. The tip of the NG tube is noted in a few loops of efferent jejunal loops also in the left upper abdomen. Uncomplicated right colonic diverticula are present. Rest of the bowel in the abdomen and pelvis are unremarkable, with no focal mass or abnormal thickening. No free air, ascites or enlarged nodes noted. There is interval improvement of the left lateral subphrenic collection from previous 75 x 55 x 50 mm to now 45 x 42 x 7 mm (7-20, 11-43) with interval drain in situ. No suspicious focal hepatic lesion detected. There is stable prominence of the intrahepatic biliary dilatation with stable hyperdensity in the common duct, likely the pigment stone seen on CGH MRCP of 8/6/2017. Portal and hepatic veins enhance normally. Uncomplicated calcified gallstones noted. Bilateral simple renal cysts are noted with no hydronephrosis. Bothadrenals are bulky with no focal lesion. The pancreas, spleen, urinary bladder, and seminal vesicles are unremarkable. There is suggestion of previous TURP of the prostate. THORAX AND BONES Diffuse stranding of the subcutaneous and mesenteric fat is noted. No gross ascites seen. Moderate bilateral pleural effusions are unchanged. There is improvement of consolidation in basal right lower lobe, with a few foci of residual consolidation and adjacent ground-glass changes in the anterior aspect (5-52). Consolidation and collapse-atelectasis in the left lower lobe is unchanged from before. Most of the other ground-glass changes in the upper zones are resolved. No suspicious nodule or lung mass is seen. Heart size is not enlarged. No pericardial effusion is seen. No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. Tip of the tracheostomy tube is about 40 mm from the carina. No destructive bony lesion is seen. CONCLUSION Since last CT of 14/11/2017, 1. Status post total gastrectomy and oesophagojejunostomy. 2. No local recurrence or distant metastasis noted. 3. Interval improvement of the left upper abdominal collection with drain in situ. 4. Stable intrahepatic biliary dilatation due to probable soft stone in the common duct. 5. Stable bilateral moderate pleural effusions with adjacent atelectasis and consolidation, some of which in the upper zones has resolved. 6. Other minor findings as described. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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