# Row 2892

Visit Number: 41d0da7a36864471feefe7a9ec99fe7352fcd4e9ad0bcbe12becca8b829a978b

Masked\_PatientID: 2892

Order ID: afde2288f330f87717f399488f7d7e75562a436a5c6346ee7dad119896ecbc21

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/7/2018 13:08

Line Num: 1

Text: HISTORY Mid oesophageal ulcerating stricture likely malignant TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 51 FINDINGS Barium swallow study of 10 July 2018 (KTPH) was reviewed. There is a 5mm cavitary focus in the apicoposterior segment of the left upper lobe. No further suspicious pulmonary mass or consolidation. Small clusters of centrilobular nodules in the left lower lobe are seen, some of them subpleural in location, possibly infective/inflammatory. A right upper paratracheal node measuring 0.5 cm in short axis diameter (402-17), not enlarged by size criteria. The heart is normal in size. No pericardial effusion is seen. There is circumferential soft tissue thickening at the upper to mid thoracic oesophagus measuring approximately 5.8 cm in length, associated with upstream dilatation of the upper oesophagus with air-fluid level within. The soft tissue thickening extends to the subcarinal region, abutting the trachea anteriorly and left main bronchus laterally. It abuts the medial aspect of the distal aortic arch as well as the anteromedial aspect of the descending thoracic aorta, with less than 180 degrees of encasement (402/36). Posteriorly, it opposes the adjacent vertebral body without overt bony destruction. A nasogastric tube is noted to be in situ with the tip in the stomach body. Apparent focal luminal narrowing in the rectosigmoid colon (501-92) is possibly due to peristalsis. No gross colonic mass or bowel obstruction. No abdominopelvic lymphadenopathy, free air or ascites. Liver demonstrates a fairly smooth outline. No suspicious focal hepatic lesion. Hepatic and portal veins opacify normally. Gallbladder, biliary tree, pancreas, spleen and adrenals are unremarkable. Kidneys enhance symmetrically. Partially distended urinary bladder is grossly unremarkable. Prostate gland is not enlarged. Prominent perigastric, lower paraeosphageal, perisplenic and left retroperitoneal-paravertebral collateral vessels are seen, of indeterminate significance. No destructive bony lesion identified. Mild soft tissue standing in the right groin around the common femoral vessels may be related to a recent procedure. CONCLUSION 1. Mural thickening/circumferential soft tissue at the upper-mid thoracic oesophagus with extents as described above, likely corresponding to the endoscopic findings. It contacts the thoracic arch/descending thoracic aorta and posterior aspect of the tracheal bifurcation. 2. Subcentimetre cavitary nodule in the in the left upper lobe, concerning for metastasis. No further convincing distant metastasis in this study. 3. Small clusters of centrilobular nodules in the left lung lower lobe, possibly infective/ inflammatory changes. 4. Other findings as described above. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 64ec429214bf840a20fe95d1bb9037b0423a7174d09b272ee3237b6dbdc7665e

Updated Date Time: 18/7/2018 19:56

## Layman Explanation

This radiology report discusses HISTORY Mid oesophageal ulcerating stricture likely malignant TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 51 FINDINGS Barium swallow study of 10 July 2018 (KTPH) was reviewed. There is a 5mm cavitary focus in the apicoposterior segment of the left upper lobe. No further suspicious pulmonary mass or consolidation. Small clusters of centrilobular nodules in the left lower lobe are seen, some of them subpleural in location, possibly infective/inflammatory. A right upper paratracheal node measuring 0.5 cm in short axis diameter (402-17), not enlarged by size criteria. The heart is normal in size. No pericardial effusion is seen. There is circumferential soft tissue thickening at the upper to mid thoracic oesophagus measuring approximately 5.8 cm in length, associated with upstream dilatation of the upper oesophagus with air-fluid level within. The soft tissue thickening extends to the subcarinal region, abutting the trachea anteriorly and left main bronchus laterally. It abuts the medial aspect of the distal aortic arch as well as the anteromedial aspect of the descending thoracic aorta, with less than 180 degrees of encasement (402/36). Posteriorly, it opposes the adjacent vertebral body without overt bony destruction. A nasogastric tube is noted to be in situ with the tip in the stomach body. Apparent focal luminal narrowing in the rectosigmoid colon (501-92) is possibly due to peristalsis. No gross colonic mass or bowel obstruction. No abdominopelvic lymphadenopathy, free air or ascites. Liver demonstrates a fairly smooth outline. No suspicious focal hepatic lesion. Hepatic and portal veins opacify normally. Gallbladder, biliary tree, pancreas, spleen and adrenals are unremarkable. Kidneys enhance symmetrically. Partially distended urinary bladder is grossly unremarkable. Prostate gland is not enlarged. Prominent perigastric, lower paraeosphageal, perisplenic and left retroperitoneal-paravertebral collateral vessels are seen, of indeterminate significance. No destructive bony lesion identified. Mild soft tissue standing in the right groin around the common femoral vessels may be related to a recent procedure. CONCLUSION 1. Mural thickening/circumferential soft tissue at the upper-mid thoracic oesophagus with extents as described above, likely corresponding to the endoscopic findings. It contacts the thoracic arch/descending thoracic aorta and posterior aspect of the tracheal bifurcation. 2. Subcentimetre cavitary nodule in the in the left upper lobe, concerning for metastasis. No further convincing distant metastasis in this study. 3. Small clusters of centrilobular nodules in the left lung lower lobe, possibly infective/ inflammatory changes. 4. Other findings as described above. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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