# Row 3066

Visit Number: 3192f26705e4e1be3fade4fee83703c27832e4a05ff34333b5db48072aa9edd2

Masked\_PatientID: 3062

Order ID: 9081a819dbfe559c50f8cd96f890fef6d3a4872f231c2607e6bb07f98593eaef

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 14/10/2016 17:39

Line Num: 1

Text: HISTORY New onset dysphagia ? recurence of tumor B/g GEJ ca s/p tranhiatal esophagectomy and neoadj chemoRT TECHNIQUE Contrast-enhanced CT chest, abdomen and pelvis was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS The prior CT study of 20/01/2016 was reviewed. The patient is status post transhiatal oesophagectomy and oesophago-gastric anastomosis. Although there is some degree of narrowing at the site of anastomosis, no gross mass is seen. Please correlate with endoscopy findings. Prior total thyroidectomy and right neck dissection without evidence of local recurrence in the thyroid bed. Widespread emphysematous changes are seen in the lungs. There is patchy scarring inthe lung bases. The previously seen areas of consolidation and ground-glass changes in the lower lobes have nearly resolved. A nodular focus of consolidation in the middle lobe (Se 5-87) remains indeterminate, but is probably post-inflammatory. Minimal bilateral pleural effusions are present. No pericardial effusion is seen. No significantly enlarged hilar, mediastinal or axillary nodes are detected. Multiple hepatic cysts are again seen. The subcentimetre hepatic hypodensities are too small to characterise. The hepatic and portal veins are largely patent. The biliary tree is not dilated. No radiodense gallstones are seen. The spleen, pancreas, adrenals and kidneys show no significant abnormality, save for a tiny calculus at the left renal lower pole. Paucity of intra-abdominal fat limits the assessment of bowel. The bowel loops are normal in calibre. The urinary bladder appears grossly unremarkable.. There are no enlarged para-aortic or pelvic lymph nodes. No overt destructive bony lesion is detected. Scattered sclerotic foci in the bones (the largest focus in L4 vertebral body) probably represent bone islands. CONCLUSION The patient is status post transhiatal oesophagectomy and oesophago-gastric anastomosis. Although there is some degree of narrowing at the site of anastomosis, no gross mass is seen. Please correlate with endoscopy findings. The previously seen areas of consolidation and ground-glass changes in the lower lobes of the lungs have nearly resolved. Widespread emphysematous changes in the lungs and patchy scarring at the lung bases. Other known/minor findings, as detailed above. May need further action Reported by: <DOCTOR>

Accession Number: dfb36bf22a99f7ef650ddf8155317fc932a2db9f5f5e2e4e7b7a3d437c97e87f

Updated Date Time: 15/10/2016 15:53

## Layman Explanation

This radiology report discusses HISTORY New onset dysphagia ? recurence of tumor B/g GEJ ca s/p tranhiatal esophagectomy and neoadj chemoRT TECHNIQUE Contrast-enhanced CT chest, abdomen and pelvis was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS The prior CT study of 20/01/2016 was reviewed. The patient is status post transhiatal oesophagectomy and oesophago-gastric anastomosis. Although there is some degree of narrowing at the site of anastomosis, no gross mass is seen. Please correlate with endoscopy findings. Prior total thyroidectomy and right neck dissection without evidence of local recurrence in the thyroid bed. Widespread emphysematous changes are seen in the lungs. There is patchy scarring inthe lung bases. The previously seen areas of consolidation and ground-glass changes in the lower lobes have nearly resolved. A nodular focus of consolidation in the middle lobe (Se 5-87) remains indeterminate, but is probably post-inflammatory. Minimal bilateral pleural effusions are present. No pericardial effusion is seen. No significantly enlarged hilar, mediastinal or axillary nodes are detected. Multiple hepatic cysts are again seen. The subcentimetre hepatic hypodensities are too small to characterise. The hepatic and portal veins are largely patent. The biliary tree is not dilated. No radiodense gallstones are seen. The spleen, pancreas, adrenals and kidneys show no significant abnormality, save for a tiny calculus at the left renal lower pole. Paucity of intra-abdominal fat limits the assessment of bowel. The bowel loops are normal in calibre. The urinary bladder appears grossly unremarkable.. There are no enlarged para-aortic or pelvic lymph nodes. No overt destructive bony lesion is detected. Scattered sclerotic foci in the bones (the largest focus in L4 vertebral body) probably represent bone islands. CONCLUSION The patient is status post transhiatal oesophagectomy and oesophago-gastric anastomosis. Although there is some degree of narrowing at the site of anastomosis, no gross mass is seen. Please correlate with endoscopy findings. The previously seen areas of consolidation and ground-glass changes in the lower lobes of the lungs have nearly resolved. Widespread emphysematous changes in the lungs and patchy scarring at the lung bases. Other known/minor findings, as detailed above. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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