# Row 90

Visit Number: 17db1aa46bfecdb785fbd61d43ba37e8f4695b529e456ae3eff3cfeaee661a40

Masked\_PatientID: 87

Order ID: 4622e91d2783fdca4dc9ebbf85a5c47dbd02c36719599059cde13b40f7defc11

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 23/5/2016 11:28

Line Num: 1

Text: HISTORY SCC esophagus for chemoRT; admitted due to fever sec to lung abscess as shown on CXR TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the PET/CT of 25 April 2016. The primary tumour in the lower third of the oesophagus is larger, now measuring 5.3 x 3.5 cm (series 4 image 58) compared to 4.3 x 2.8 cm before (series 3 image 137). In the lower lobe of the right lung, there is new development of a 7.1 x 4.0 cm abscess (series 4 image 59), corresponding to the chest x-ray finding. Surrounding air-space consolidation is also seen in the right lower lobe, consistent with a pneumonia. There is a small loculated right pleural effusion. Loculated pleural fluid is also seen in the major fissure of the right lung. Less extensive air-space consolidation is identified in the lower lobe of the left lung, consistent with a pneumonia. A small non-loculatedleft pleural effusion is also seen. Several mildly enlarged lymph nodes are seen in the mediastinum and right pulmonary hilum. These may be metastatic or reactive in aetiology. The largest node measures 2.3 x 1.6 cm and is located in the right pulmonary hilum (series 4 image 44). Limited sections of the upper abdomen show a large amount of ascites. The liver also shows a nodular outline and relative hypertrophy of the left and caudate lobes, consistent with cirrhosis. Gastric varices are also seen, suggesting portal hypertension. There is generalised osteopenia. Degenerative changes are seen in the spine. There is a naso-jejunal tube, its tip outside the margins of this CT. CONCLUSION There is an abscess in the right lung. There is air-space consolidation in the lower lobes of the lungs, consistent with a pneumonia. The primary oesophageal tumour is larger compared to the PET/CT of 25 April 2016. May need further action Finalised by: <DOCTOR>

Accession Number: 47702e0fb94d37a93e4f458b821236f6494a00781f783da3d309ac72ee7a9f76

Updated Date Time: 23/5/2016 11:56

## Layman Explanation

The scan shows a larger tumor in the lower part of your esophagus compared to a previous scan. There is also an abscess in your right lung. This is causing inflammation in your lungs, which is like pneumonia. There is also fluid build-up in your lungs. Your liver has signs of cirrhosis. The scan also shows enlarged lymph nodes in your chest.

## Summary

The text is extracted from a \*\*Contrast-enhanced CT of the thorax\*\*.  
  
\*\*1. Disease(s)\*\*  
  
\* \*\*Squamous cell carcinoma (SCC) of the esophagus:\*\* The patient has a history of SCC of the esophagus and received chemoRT.  
\* \*\*Lung abscess:\*\* A new 7.1 x 4.0 cm abscess is present in the right lower lobe of the lung, corresponding to the chest x-ray finding.  
\* \*\*Pneumonia:\*\* Air-space consolidation is seen in the lower lobes of both lungs, consistent with pneumonia.  
\* \*\*Pleural effusion:\*\* There is a small loculated right pleural effusion and a small non-loculated left pleural effusion.  
\* \*\*Cirrhosis:\*\* The liver shows a nodular outline and relative hypertrophy of the left and caudate lobes, consistent with cirrhosis.  
\* \*\*Portal hypertension:\*\* Gastric varices are present, suggesting portal hypertension.  
\* \*\*Generalized osteopenia:\*\*   
\* \*\*Degenerative changes:\*\* Seen in the spine.  
  
\*\*2. Organ(s)\*\*  
  
\* \*\*Esophagus:\*\* The primary tumor in the lower third of the esophagus is larger compared to the previous PET/CT scan.  
\* \*\*Lung:\*\* A new abscess is present in the right lower lobe of the lung. Air-space consolidation consistent with pneumonia is seen in the lower lobes of both lungs. Pleural effusion is present on both sides.  
\* \*\*Lymph nodes:\*\* Several mildly enlarged lymph nodes are seen in the mediastinum and right pulmonary hilum, possibly metastatic or reactive.  
\* \*\*Liver:\*\* Nodular outline and relative hypertrophy of the left and caudate lobes, consistent with cirrhosis.  
\* \*\*Stomach:\*\* Gastric varices are seen, suggesting portal hypertension.  
\* \*\*Spine:\*\* Degenerative changes are present.  
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*  
  
\* \*\*Enlargement of the primary esophageal tumor:\*\* The tumor is larger compared to the previous PET/CT.  
\* \*\*New lung abscess:\*\* This is a serious finding and may require further action.  
\* \*\*Pneumonia:\*\* This may be a contributing factor to the patient's fever.  
\* \*\*Pleural effusion:\*\* May indicate inflammation or infection in the lungs.  
\* \*\*Enlarged lymph nodes:\*\* These may be metastatic from the esophageal tumor or reactive to the infection.  
\* \*\*Cirrhosis:\*\* This is a serious liver disease that can lead to complications.  
\* \*\*Portal hypertension:\*\* This can cause variceal bleeding, a potentially life-threatening condition.   
\* \*\*Generalized osteopenia:\*\* This indicates decreased bone density and may increase the risk of fractures.   
\* \*\*Degenerative changes in the spine:\*\* This can cause pain and decreased mobility.