# Patient ID: 1115, Performed Date: 15/5/2019 14:37

## Raw Radiology Report Extracted

Visit Number: c1620a44bcd374d14984b9345eaaaad7ca007f10ab5ef585abe88af10656e116

Masked\_PatientID: 1115

Order ID: d0c6350ca59b119c14b969884da3f38f39afd4ee0c3b5489fe20c20b53e75813

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/5/2019 14:37

Line Num: 1

Text: HISTORY esophageal CA on chemo now sepsis shock with bacteremia TECHNIQUE Unenhanced scans of the thorax, abdomen and pelvis. No intravenous contrast medium was administered. The patient did not wish to consume oral contrast. FINDINGS Comparison made with the PET CT of 14 March 2019. The CT of 3 March 2019 was also noted. There is interval reduction in near circumferential mural thickening at the lower oesophagus, now up to 1.3 cm in thickness compared to 2.8 cm previously (2-79). No significant upstream oesophageal dilatation is detected. No new grossly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Heart size is normal. No pericardial effusion is seen. There is significant improvement in the patchy peripheral airspace opacities seen on the prior PET CT. The clustered nodules in the basal segments of both lower lobes have also mostly resolved. Mild residual scarring is seen in the right lower lobe posterior segment (3-81). There is a new small focus of consolidation in the left lower lobe apical segment (3-54). A small left pleural effusion is present, larger than before. No gross contour deforming hepatic masses identified. There appears to be mild vicarious contrast excretion in the gallbladder. The spleen, pancreas and adrenal glands appear grossly unremarkable. There is interval increased bilateral perinephric fat stranding and fluid. There is also a new small amount of retroperitoneal fluidtracking along the left psoas muscle. The left kidney appears swollen, especially at the lower pole where the renal sinus fat is less distinct (2-129 vs prior 202-124 in the CT of 3 Mar 2019). No hydronephrosis is seen. A Foley catheter is present in the contracted urinary bladder. The prostate gland appears grossly unremarkable. Bowel calibre is within normal limits. There is a small right inguinal hernia containing fat and a loop of small bowel. No grossly enlarged para-aortic or pelvic lymph node is identified. Trace ascites noted. No loculated intra-abdominal collection or pneumoperitoneum is seen. No destructive bone lesion detected. CONCLUSION Since 14 Mar 2019: 1. Reduction of mural thickening at the lower oesophagus (1.3 cm vs 2.8 cm previously). 2. Significant improvement of previously noted bilateral airspace and nodular lung opacities. New small focus of consolidation in the left lower lobe apical segment, with a small left pleural effusion (larger than before). 3. Interval increased bilateral perinephric fat stranding and fluid (more prominent on the left), with new left renal swelling (especially at lower pole). Please evaluate for any features of acute pyelonephritis. 4. Other findings: small right inguinal hernia containing fat and small bowel, trace ascites. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 5973ba09ea1f1e82e4939a268e00d0038da951365dfb52609785702caf0a73d1

Updated Date Time: 15/5/2019 15:25

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.