CMO Regd. No. -RMEE2448932

VEDA DIAGNOSTICS & LABS

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•CT Scan •Ultrasound •Color Doppler •Digital X-Ray •Pathology •ECG •2D Echo

UHID	**VDL/003907**	**REPORT DATE**	**20-MAY-2025**
PT. NAME	**MR. ANIL KESARWANI**	**AGE/GENDER**	**50 YEAR(S)/M**
REFERRED BY	**DR. S.K PRAJAPATI MD DM(GASTRO)**		

CECT CHEST & ABDOMEN

Clinical Background:

Protocol: Pre and post contrast 5 mm slice thickness helical scan from the thoracic inlet to the pubic symphysis with image reconstruction at 3 mmm and 2 mm using soft tissue and lung reconstruction algorithms respectively.

Findings:

CHEST

- There is irregular asymmetrical heterogeneously enhancing circumferential wall thickening seen involving the distal third of the oesophagus for approximate length of approximately 60 mm beginning at the level of DV8 vertebrae.
    - Craniocaudal length of the whole segment of the lesion measures 60 mm.
    - Caudally the lesion is reaching up to the gastro-oesophageal junction with involvement of the gastro-oesophageal junction. It is causing the luminal narrowing of the involved segment with mild dilatation of oesophagus proximal to it. Maximum wall thickness measures approximately 12.5 mm.
    - Lesion is abutting the descending aorta with angle of contact with the aorta measures 76°.
    - Superiorly the lesion is not reaching up to the carina.

P.T.O.

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- Rest all the margins of the lesion free without any invasion of the surrounding structures.
- Few lymph nodes seen in hepatogastric gastric region with largest of the node measures 6.7 mm in MSAD.
- Paraoesophageal lymph node noted on the left side and it measures 13 mm in MSAD.

- Few subcentimetric subpleural and angiocentric nodules seen anterior, posterior segment (along the fissure) of right upper lobe, lateral segment of right middle lobe, apical segment right lower lobe, superior lingular, inferior lingular segment of left upper lobe, apical, lateral segment of left lower lobe.
  - Largest of the nodular opacity measures 4.2 mm in size seen in superior lingular segment of left upper lobe.
  - None of these nodular opacities shows post-contrast enhancement.
  - Rest of the visualized lung fields are clear with normal bronchial tree.
- No significant mediastinal lymph nodes seen.
- Trachea and mediastinal structures are central and normal.
- Heart and rest of the mediastinal vessels appear normal.

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- No significant axillary lymph nodes seen.

ABDOMEN

- Liver is normal in size, outlines, density and enhancement pattern. No focal parenchymal lesion is seen. IHBR are not dilated. Portal vein appears normal in caliber.
- Gall bladder is normal in size, outlines and artifacts seen in the lumen of spleen.
- Pancreas is normal. MPD is not dilated.
- Spleen is normal in size, outlines, density and enhancement pattern. No evidence of any focal lesion.
- Suprarenal glands are normal in size and attenuation pattern.
- Both the kidneys are normal in size, outlines, density and enhancement pattern. No evidence of any focal lesion, calculi or hydronephrosis.
- Duodenum, small and large bowel loops appear normal. Mesentery shows normal thickness and density pattern.
- Urinary bladder is partially distended. No focal lesion seen.
- Prostate and seminal vesicles are normal in size. No focal lesion seen.

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- No ascites seen.
- Break at pars interarticularis at LV5 level bilaterally with grade I anterolisthesis of LV5 over SV1 suggestive of lumbar spondylolysis at LV5 level.

IMPRESSION:

1. **Heterogeneously enhancing irregular circumferential wall thickening seen involving lower third of oesophagus with involvement of the gastro-oesophageal junction, left paraoesophageal and hepatogastric lymph nodes (as described above) - findings are consistent with CA oesophagus.**
2. **Multiple angiocentric as well as subpleural pulmonary nodules in the bilateral lung (as described above)- ? pulmonary metastatic nodules.**
3. **Lumbar spondylolysis at LV5 level with grade I anterolisthesis.**

Suggest biopsy from the oesophageal lesion and PET scan to rule out metabolic activity in lung nodules.

ADV: Clinical correlation.

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