

**She is under regular follow up for more than 5 years and there is no evidence of disease.**

**EMERGENCY HELPLINE NO.: 0581-2582000**

# CT Scan before starting of treatment



## SHRI RAM MURTI SMARAK INSTITUTE OF MEDICAL SCIENCES, BAREILLY

(Established & run by Shri Ram Murti Smarak Trust, Bareilly)  
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### DEPARTMENT OF INTERVENTIONAL RADIOLOGY

Patient Name : MRS. [REDACTED]

Age : 58Yrs

Sex : Female

Date : 20/01/2012

OPD

Ptn/IP No: 1724850

Referred By [REDACTED]

lab No: 9607464

### CECT THORAX & UPPER ABDOMEN

**Eccentric wall thickening (more on the right side) is seen involving lower oesophagus measuring nearly 2.5cmsX1.6cms and extending for nearly 2.5cms craniocaudally.** It is extending from nearly of 5.5cms below carina. The lower nearly 3.5cms above the GE-junction appears normal. Oesophageal lumen is irregularly narrowed in the region of wall thickening with dilatation of proximal oesophagus and hold up of contrast. The angle of contact of the involved oesophagus with descending thoracic aorta is less than 90-degrees. GE-junction and stomach appears normal.

Mild emphysematous changes are seen in bilateral lung fields with few small fibrotic changes on the right side.

Trachea and main bronchi appear normal. No obvious pleural effusion noted on either side.

Subcentimetric calcified right hilar lymph nodes are seen.

Chest wall reveals normal bony cage and soft tissue.

Liver appear normal in outline. No obvious focal hepatic lesion seen. IHBR not dilated.

Gallbladder appears normal in outline. No obvious focal wall thickening or radio-opaque calculus is seen.

CBD not dilated. Portal vein is normal.

Spleen and pancreas are unremarkable.

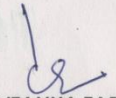
Both kidneys and bilateral adrenal glands appear normal. A subcentimetric simple cortical cyst is seen in the right kidney.

No significant abdominal lymphadenopathy or ascites noted.

### IMPRESSION:

- **ECCENTRIC WALL THICKENING IN THE LOWER OESOPHAGUS AS DESCRIBED ABOVE (? MITOTIC). SUGGESTED CORRELATION WITH ENDOSCOPY AND HISTOPATHOLOGY.**

Please correlate clinically.

  
DR. CHAITANYA TAPASVI  
M.D. (RADIODIAGNOSIS)

NOT FOR MEDICOLEGAL PURPOSES.

*The science of radiological diagnosis is based on the interpretation of various shadows produced by normal and abnormal tissues and are not always conclusive. This is a professional opinion and not a definite diagnosis. Further clinico-pathological correlation is necessary.*

◆ MRI ◆ CT.Scan ◆ Colour Doppler ◆ Ultrasound ◆ Mammography ◆ X-Ray  
**EMERGENCY HELPLINE NO.: 0581-2582000**



# Endoscopy dated 6<sup>th</sup> July 2017

SHRI RAM MURTI SMARAK INSTITUTE OF MEDICAL SCIENCES, BAREILLY

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## UGI ENDOSCOPY REPORT

Patient Name : [REDACTED]

Age/Gender : 64/Female

Date : 6/7/2017

Referred By : DR.PIYUSH KUMAR

CRDNo 1724850



**INDICATION:-** FUC OF CA ESOPHAGUS, POST CT/RT

**ESOPHAGUS :-** GE JXN AT 36 CM.  
NORMAL



**STOMACH :-** FUNDUS:- NORMAL

BODY:- NORMAL

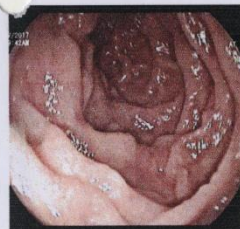
ANTRUM :- NORMAL

PYLORUS :- NORMAL



**DUODENUM :-** D1:- NORMAL

D2:- NORMAL

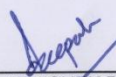


**FINAL IMPRESSION :-**

\* NORMAL STUDY



NOT FOR MEDICOLEGAL PURPOSE.

  
DR. ABHISHEK DEEPAK  
MD DM. GASTROENTEROLOGY