

diagnose.me

# EXPERT MEDICAL OPINION

Case number  
XXXXXX

Created on  
DD.MM.YYYY

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## Dear client,

thank you for choosing Diagnose.me service. Please find your Expert medical opinion report below. This report is designed to assist you and your primary healthcare provider in making informed decisions about your health. Please note that the insights provided are based solely on the medical data you have uploaded, and our specialists have not examined you personally.

We hope this report will help address your health concerns and provide clarity and reassurance. If you have any questions or need further support with our services, please feel free to contact us at [info@diagnose.me](mailto:info@diagnose.me).

Best Regards,  
Diagnose.me Team

## Important notes



### Consult your doctor

Always discuss the findings of this report with your primary healthcare provider.



### Follow-up questions

If you have any follow-up questions related to this report, you can ask your specialist two additional questions within 14 days of receiving this report.



### Video consultation

Some specialists offer video consultations for more in-depth discussions. To verify the availability and price of this service, check your specialist's profile.

## Clinical information

Gender

XXXXXX

Year of birth

YYYY

## Uploaded medical data

Type	Description	Date of exam
XXXXXX	XXXXXX	DD.MM.YYYY

## Patient's question

### Original language:

Vo XXXXXX som mal tupú bolesť v oblasti žalúdka, absolvoval som vyšetrenie-gastroskopia. Po 10-tich dňoch som volal o výsledok, no ešte ho nemali, ale žalúdok ma už prestal bolieť, tak som to nechal tak. Lekár mi ale predpísal tabletky, ktoré som ale nebral, lebo ta slabá bolesť odišla.

V lete na dovolenke sa to znovu ozvalo a po príchode domov som ihneď volal na ambulanciu, kde som absolvoval februárové vyšetrenie a tam mi oznámili, že výsledok je negatívny a až potom som vybral tie malé tabletky. No v novembri sa žalúdok opäť ozval, šiel som na vyšetrenie a XXXXXX mi gastroenteologička oznámila pozitívny výsledok. XXXXXX som bol operovaný a na chemoterapiu som nastúpil XXXXXX, XXXXXX mi urobili CT vyšetrenie a od XXXXXX mi nasadili 5 dní chemoterapiu, potom som mal pauzu a následne na druhý cyklus chemoterapie som nastúpil XXXXXX, kde som vybral 5 dávok a zároveň od XXXXXX dostávam každý deň radioterapiu. Radioterapiu mam dostať 25 krát. Dalsie informacie su v prilozenej Prepustacej sprave.

Chcem sa opytať na zhodnotenie predpisanej liečby (chemo+radioterapia) a operácie a tiež, či sa na snímke nachádzajú metastázy. Aku ďalšiu liečbu odporúčate? Ake su prognózy pri tejto diagnóze?

### English Translation

In XXXXXX I had a dull pain in the stomach, I underwent an examination- gastroscopy. After 10 days I called for the result, but wasn't ready, but because my stomach stopped hurting, I let it be. The doctor prescribed me pills that I didn't take because the mild pain was gone.

During the summer holidays it happened again and upon arrival at home I immediately called the out patient department, where I underwent the February exam and there I was told that the result is negative, and only then I picked up the small pills.

But in November, the stomach pain came back, I went for an examination and on the XXXXXX the gastroenterologist announced a positive result. On XXXXXX I was operated on XXXXXX I started chemotherapy, XXXXXX I did a CT scan and from XXXXXX I was put on chemotherapy for five days, then I had a break and then the second cycle of chemotherapy on XXXXXX, where I received 5 rounds, and from of XXXXXX I am simultaneously receiving daily radiotherapy. I am supposed to receive radiotherapy 25 times. Additional information is in the attached discharge letter.

I want to ask for an assessment of the prescribed treatment (chemo-radiotherapy) and operations and also whether there are metastases on the images. What further treatment do you recommend? What is the prognosis for this diagnosis?

## Expert medical opinion



MD, PhD

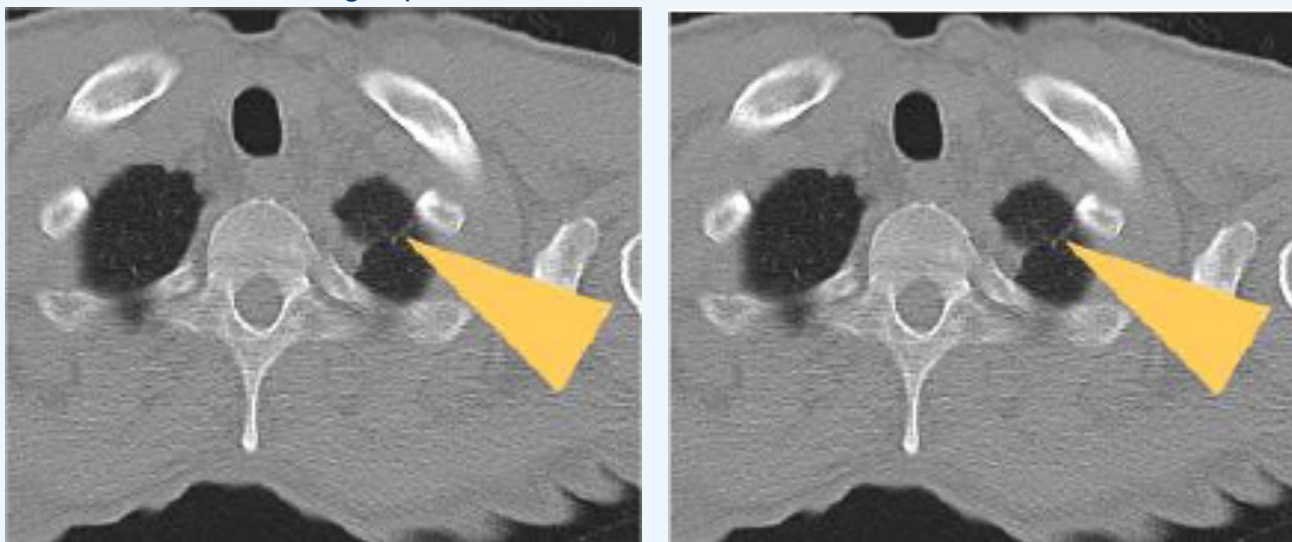
**Andrei E. Tsoriev**

Neuroradiologist  
Yekaterinburg, Russia

[See profile](#)

### Description of findings

Several small foci of lungs apical fibrosis seen:



No enlarged lymph nodes. No pleural mass and/or effusion. Osteocartilaginous degenerative changes seen in spine, other visible joints, no other relevant changes seen. Thoracic vessels normal. Soft tissues of thoracic wall normal.

### Abdomen

*Liver:* Enlarged, with rounded right lobe margin, density and enhancement – normal, no focal changes. Portal vein diameter 19,7 mm, splenic vein diameter – 10,5 mm (both distended).

*Bile ducts:* Normal. Common bile duct diameter is 6,5 mm.

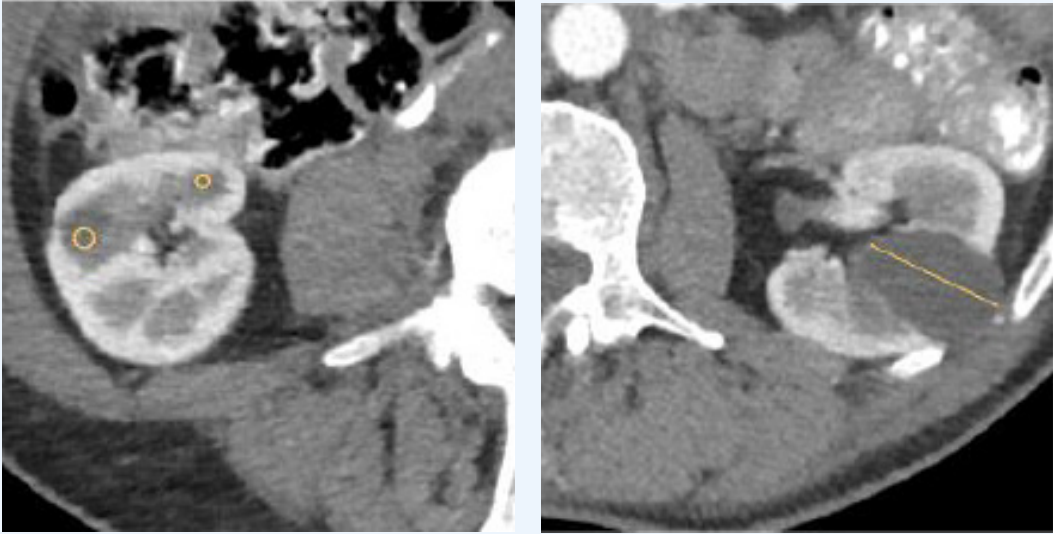
*Gallbladder:* No calcified gallstones. Normal caliber wall.

*Pancreas:* Normal. Uniformly enhancing, no pancreatic duct distension.

*Spleen:* Normal. Splenic index – 396 (normal up to 480).

*Adrenals:* Normal.

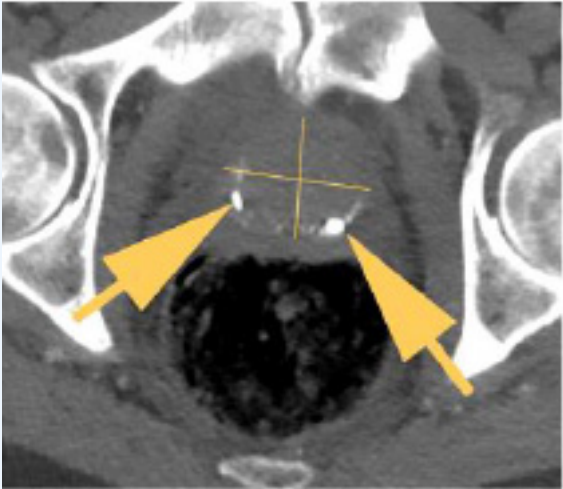
*Kidneys:* Cysts 10 and 7 mm in right kidney with intraparenchymal location, 34 mm in left kidney with subcapsular location. Left larger cyst doesn't enhance with contrast, right cysts visually also doesn't enhance, measurement is impossible due to thick slices (3 mm) and small cysts sizes. Kidneys are functioning, collecting systems and ureters of normal sizes.



*Stomach:* is absent (removed). Esophagoenteroanastomosis is normal.

Pelvis

*Reproductive organs:* Prostate sized 35x43x42 mm (volume ~ 31 ml), multiple confluent calcifications in the peripheral zone. Seminal vesicles normal.



<i>Ureters:</i>	Normal.
<i>Bladder:</i>	Normal
<i>Bowel:</i>	Normal caliber. Lumen is uniformly filled with contrast, no mass lesions. Abdominal and pelvic lymph nodes: No enlarged lymph nodes.
<i>Abdominal and pelvic lymph nodes:</i>	No enlarged lymph nodes.
<i>Peritoneum:</i>	No ascites or free air; no fluid collection. No nodularity.
<i>Vessels:</i>	No stenotic/atherosclerotic changes.
<i>Retroperitoneum:</i>	Normal
<i>Abdominal wall:</i>	Postsurgery scar in the midline.
<i>Bones:</i>	Thoracolumbar spine degenerative changes Pfirrmann grades 2-3-4 , S-type scoliosis of lower thoracic and lumbar spine:



Postsurgery (gastrectomy with esophagojejunoanastomosis) state, no recurrence and no suspicious lymph nodes found.

Small subpleural fibrotic changes in upper lungs of no clinical significance. Hepatomegaly with portal and splenic vein distension: chronic liver disease? Chemotherapy hepatotoxicity? Renal simple cysts of no clinical significance. Prostatic calcifications as a result of ageing and/or chronic prostatitis: have no clinical significance in absence of symptoms. Spine and joints degenerative changes as a result of ageing or/and overload, repeated small trauma. Spinal scoliosis.

### Conclusions and Advice

Small (smaller than 10 mm) lymph nodes usually considered being benign, but their exact condition is unknown, in some cases PET-CT may help clarify the diagnosis of absence/presence of nodal involvement. Discuss with your oncologist the need and possibility of PET-CT. It should be remembered that mucinous cancers are not seen in PET-CT.

Further and follow up radiological investigations should be carried out in Patients who are candidates for further chemo- or radiotherapy for assessment their prechemotherapy state and to evaluate treatment response and/or recurrence in case of suspicion.

The treatment you have is modern one and combined therapy is the most appropriate treatment in your case, particular details of the treatment are beyond the radiologist's competency.

When talking about prognosis no one can tell the prognosis in your particular case, but oncologists operate with statistics, which say the following:  
«The overall 5-year relative survival rate of all people with stomach cancer in the United States is about 29%. The 5-year relative survival rate compares the observed survival of people with stomach cancer to that expected for people without stomach cancer. The stage IIIa 5-year survival rate of people with stomach cancer is 20%.»

Kind Regards,  
Dr. Andrey Tsoriev

