

ENDOSCOPIC ULTRASOUND REPORT

PATIENT NAME	PATIENT ID	DOB	AGE	SEX	EXAM DATE	ATTENDING PHY	REFERRAL
J. Johnson	J.JOH000	05/07/1954	56	M	05-14-2010	Pradeep Bansal, M.D.	Arthur Williams, M.D.

INDICATION : Submucosal mass

CONSENT : After obtaining the history and performing the physical examination, the procedure, indications, potential complications like bleeding, perforation, infection, adverse medication reaction and alternatives were explained to the patient. Patient appeared to understand the benefits and risks of this procedure. Informed consent was obtained from the patient after providing opportunity for questions.

PREPARATION : EKG pulse, blood pressure and oxygen saturation monitored.

INSTRUMENT : Radial, UM130, 1200475

ANESTHESIA : Diprivan 60 mg IV
Fentanyl 150 micrograms IV

PROCEDURE : After informed consent and sedation the patient was put in left lateral decubitus position. The Endoscopic Ultrasound scope was passed through the orophyrnx into the Stomach in standard technique. Further evaluation was done under contiguous withdrawal

FINDINGS

- Esophagus** - Submucosal mass noted on proximal esophagus at 20-25cm from gums. It was well circumscribed, hypoechoic and measured 2.5 x 2.4cm. FNA done with 22G needle- total 2 passes.
- Lung** - Subcarinal Lymphnode - flat, homogenous with benign appearance
- Pancreas** - Not examined
- Stomach** - Not examined

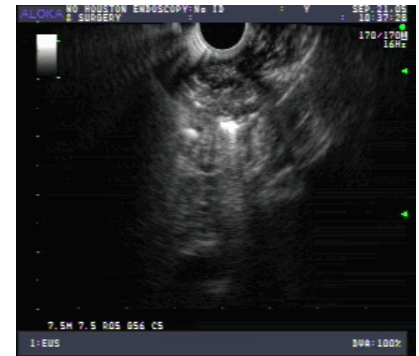
IMPRESSION : Submucosal mass noted on proximal esophagus at; 20 - 25cm from gums

PLAN : Follow up results of FNA
Follow up in GI clinic in 1-2 weeks

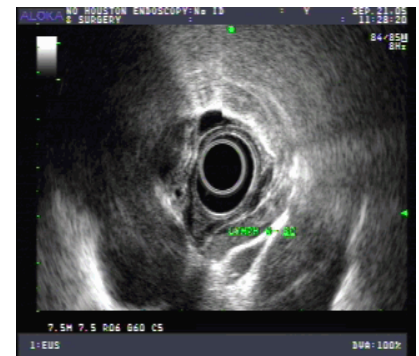
CPT CODES : 43238 - with transendoscopic US guided intramural; or transmural fine needle aspiration/biopsy(s); esophagus (includes endoscopic ultrasound; examination limited to the esophagus)
93976 - Color doppler

Signature : _____
Pradeep Bansal, M.D.

a. Esophagus



b. Subcarinal Lymphnode



c. Esophageal Submucosal Mass

