
Patient: DOE, JOHN

Exam Date:

MRN : JD4USARAD

DOB: 01/01/1961

Referring Physician: DR. DAVID LIVESEY

FAX: (305) 418-8166

PET/CT OF THE SKULL BASE TO MID-THIGH

EXAMINATION: PET CT.

AGENTS: F-18 fluorodeoxyglucose.

DOSE: 17.2 millicuries IV.

PROCEDURE: Prior to the administration of the radiotracer, a fingerstick blood glucose level was drawn, measured as 121 mg/dL. CT images for attenuation correction and anatomic localization followed by PET images from the skull base to the thighs were obtained. No previous exams are available for comparison.

FINDINGS:

NECK:

There is normal uptake within the soft tissues of the neck and glandular structures without focal areas of abnormal increased metabolism.

CHEST:

A right lower breast mass is seen measuring approximately 6.2 x 1.6 cm in transverse dimension with SUV max measuring up to 4.2. The patient has had prior bilateral axillary node dissections. There is no current adenopathy in the axilla bilaterally by size criteria or metabolic activity. There is no adenopathy in the mediastinum or hilum similarly.

No pulmonary nodules or masses are identified. However, moderate right and small left perfusions are seen with low-level metabolism, SUV max measuring up to 3.0.

Diffuse thoracic esophageal hypermetabolism is noted.

ABDOMEN/PELVIS:

There is normal distribution of the radiotracer within the gastrointestinal and genitourinary system, without focal areas of abnormal metabolism. No evidence of adenopathy.

There is ascites in the abdomen and pelvis that shows very low-level metabolic activity.

SKELETAL:

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There are multifocal diffuse scattered hypermetabolic predominantly osteosclerotic lesions throughout the axial and proximal appendicular skeleton compatible with wide spread osseous metastases.

IMPRESSION:

1. Markedly abnormal multifocal hypermetabolic predominantly osteosclerotic lesions scattered throughout the axial and proximal appendicular skeleton consistent with wide spread osseous metastases.
2. Right lower breast mass that appears hypermetabolic. Please correlate with mammography and consider biopsy if indicated. Recurrent disease is a consideration.
3. Indeterminate bilateral pleural effusions and ascites with low-level metabolism. Consider thoracentesis and evaluation of fluid for malignancy if clinically indicated.
4. Diffuse thoracic esophageal uptake. This pattern can be seen in patients with esophagitis. Please correlate clinically.

-Electronically Signed by: RADIOLOGIST, MD on

10:32:48 AM
