



Patient: DOE, JOHN

Exam Date: 05/25/2010

MRN : JD4USARAD

DOB: 01/01/1961

Referring Physician: DR. DAVID LIVESEY

FAX: (305) 418-8166

PET/CT OF THE SKULL BASE TO MID-THIGH

AGENT: F-18 fluorodeoxyglucose.

DOSE: 15.15 mci, IV.

PROCEDURE: Prior to the administration the radiotracer, fingerstick blood glucose level was obtained, measured as 106 mg/dL. CT images for attenuation correction and anatomic localization followed by PET images from the skull base to the mid thighs were obtained in the arms down position. No previous exams are available for comparison.

FINDINGS:

Head/neck: There is right maxillary sinus mucosal thickening with mild metabolic activity. Otherwise, normal uptake within the soft tissues of the neck and glandular structures without focal areas of abnormal increased metabolism.

Chest: Tomographic images of the chest demonstrate normal distribution of the radiotracer within the myocardium, mediastinum, and soft tissues. There is no evidence of abnormal focal increased parynchemal lung uptake or abnormal mediastinal increased metabolism identified.

There is no adenopathy in the mediastinum, hilum, or axilla by size criteria or metabolic activity.

Abdomen/pelvis: There is normal distribution of the radiotracer within the gastrointestinal and genitourinary system without focal areas of abnormal metabolism.

Incidental note of 3 large gallstones are seen with the largest measuring 1.5 cm in diameter.

Skeletal: There are numerous foci of hypermetabolism associated with degenerative changes at the following locations: Left C2-C3 facet, right C6-C7 facet, left T1-T2 facet, left L5-S1 facet, right acromioclavicular joint, right sternoclavicular joint. There is also increased metabolism involving the T12-L1 disc interspace with large osteophytes and end-plate sclerosis compatible with degenerative disc disease. There are no suspicious hypermetabolic osteolytic or osteosclerotic lesions.



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IMPRESSION:

1. No evidence of disease recurrence in the left breast, left axilla, or any distant location.
2. Multiple foci of hypermetabolism associated with degenerative changes of the skeleton as described above.
3. Right maxillary sinus mucosal thickening with mild increased metabolism, this maybe associated with sinusitis, please correlate clinically.
4. Gallstones.

-Electronically Signed by: YANG-EN KAO, MD on

11/18/2009 11:18:29 AM
