
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

HISTORY: Initial staging.

REPORT: A PET CT scan was performed from the level of the vertex of the skull to the proximal thighs following the administration of 18.6 mCi of FDG intravenously.

BRAIN: There is a moderate size area of vasogenic edema located within the right temporal lobe extending into the anterior right parietal subcortical white matter, which is associated with mild compression of the body of the right lateral ventricle. There is no midline shift or intracranial hemorrhage. The lateral ventricles are mildly dilated suggesting the possibility of underlying normal pressure hydrocephalus. There is an approximately 2 cm focus of increased radiotracer uptake located within the right temporal lobe exhibiting an SUV measurement of 13.2 consistent with a metastasis. This metastasis explains the vasogenic edema noted within the right cerebral hemisphere.

The cerebellum and brainstem are normal. The basal cisterns are patent.

The skull is intact.

NECK: The major salivary glands of the neck are normal.

The epiglottis and aryepiglottic folds, true and false vocal cords and supra and subglottic airway are intact. The right lobe of the thyroid gland is moderately heterogeneous. The left lobe of the thyroid gland is atrophic. There is no lymphadenopathy identified within the neck. There is no abnormal radiotracer uptake located within the neck.

CHEST: The heart is moderately enlarged. There is a small pericardial effusion. There are coronary artery calcifications.

The ascending thoracic aorta is ectatic measuring up to 3.5 cm in diameter.

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There is a large confluent right parahilar cancer which extends into the right hilus and infiltrates into the mediastinum. There is a 4.9 x 3.6 cm metastasis located within the right paratracheal space. There is encasement of the right upper lobe pulmonary bronchovascular structures associated with complete atelectasis/consolidation of the right upper lobe (drowned lung). The cancer located within the central right upper lobe/right hilus and right mediastinum are intensely radiotracer avid with SUV values measuring up to 28. There are left-sided hilar lymph node metastases. There is an approximately 1.7 cm in diameter area of intense radiotracer uptake located within the left hilus with an SUV measurement of 10.8.

There are subcarinal lymph node metastases.

There is a small right-sided pleural effusion.

There are numerous non-radiotracer avid metastases scattered within the peripheral portions of both lungs measuring up to approximately 2.3 cm in diameter. There is mild patchy atelectasis and pneumonitis scattered within both lungs.

ABDOMEN AND PELVIS: There are numerous low attenuation hepatic metastases of varying sizes measuring up to 6.1 x 5 cm. Several of the metastases are radiotracer avid with SUV levels measuring up to 12.6.

The liver is moderately to markedly enlarged. There is no intra or extrahepatic bile duct dilation. The gallbladder is surgically absent.

The spleen is small. There is mild fatty involution of the pancreas. The adrenal glands are normal.

There is no hydronephrosis or nephrolithiasis. The abdominal aorta is normal in caliber. There is no lymphadenopathy identified within the abdomen. The abdominal wall is intact.

There is moderate to severe diverticulosis of the left hemicolon without evidence of acute diverticulitis. The small bowel is normal. The appendix is surgically absent.

The urinary bladder is incompletely distended. The uterus is surgically absent. Neither ovary is identified. There is no lymphadenopathy located within the pelvis. There is no extraluminal fluid or air located within the abdomen and pelvis. There is mild relaxation

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of the pelvic floor.

There is posterior surgical fusion of the lower lumbar spine.

CONCLUSION: There is a metastasis located within the right temporal lobe surrounded by a moderate size area of vasogenic edema. Further evaluation with an enhanced MRI examination of the brain is recommended. There are large confluent right hilar/parahilar and mediastinal metastases located within the chest. There is complete atelectasis/consolidation of the right upper lobe (drowned lung). There are numerous metastases located within the peripheral portions of both lungs. There are multiple hepatic metastases. Please see report.

Electronically Signed by:

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