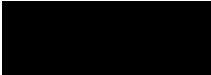



Name: Balwinder Kumar |  | Legal Name: Balwinder Kumar

PET SKULL BASE TO MID THIGH W ATT CT INIT TX

Collected on January 24, 2023 2:10 PM

If you have questions or concerns regarding your test results, contact the clinician who ordered the test. 

Results

Impression

IMPRESSION:

1. Cholecystectomy and right hemicolectomy changes for invasive gallbladder carcinoma with partial liver resection also seen however, recurrent disease noted in the gallbladder fossa/resection region. Recurrent disease at the bowel anastomosis not completely excluded.
2. Metastatic perihepatic, periportal, and caval nodes.
3. Multiple pulmonary metastases with metastatic right supraclavicular and mediastinal as well as right hilar adenopathy.
4. No clear evidence of osseous metastases.
5. Healing midline incisional changes.
6. Reactive splenic changes likely related to ongoing therapy.
7. Other findings as noted.

CT Dose:

Total exam Dose Length Product is 493 mGy-cm

Total exam CT Dose Index is 5.11 mGy

Electronically Signed by:  1/24/2023 3:19 PM

Narrative

COMPARISON: 12/24/2022 and 12/6/2022 CT abdomen and pelvis, 11/25/2022 CT chest

CLINICAL INDICATION: 71-year-old female with recent diagnosis of invasive gallbladder carcinoma status post surgical resection currently on Xeloda. Presents for follow-up and restaging examination for treatment strategy planning..

TECHNIQUE: Following a 6 hour fast, the patient was intravenously injected with 10.92 mCi of



F-18 fluorodeoxyglucose (FDG). 70 minutes later images were obtained from the vertex of the skull through the mid thighs. Registered noncontrast enhanced axial CT images were obtained through the same levels and used for attenuation correction purposes as well as reviewed for localization of FDG uptake. Images were acquired at the Sacramento PET/CT. Resting baseline glucose level was 104 mg/dL.

FINDINGS:

Brain: Normal FDG metabolism is noted within the intracranial contents. No abnormal foci of activity are seen to suggest malignant process.

Neck: Hypermetabolic right supraclavicular adenopathy is best seen on PET/CT image #67/330. Largest node measuring 10 mm with maximum SUV value of 8.42 and mean of 3.65. Thyroid gland is unremarkable.

Chest: Multiple hypermetabolic pulmonary metastases are identified predominantly in the right upper lobe with the largest dominant nodule best seen on PET/CT image #86/291. This measures 15 mm and has a maximum SUV value of 8.79 and mean of 2.54. Scattered scarring is noted. Heart is normal in size. Hypermetabolic right superior mediastinal and paratracheal as well as hilar nodes are evident. The largest node seen on PET/CT image #73/316. This measures 21 mm with small peripheral calcification. Maximum SUV value is 13.77 with mean of 5.83. No pericardial or pleural effusions seen. Thoracic aorta, pulmonary arteries, and major branch vessels are otherwise normal in size. Average maximum SUV value of the mediastinum is 2.03 with mean of 1.50. Small to moderate size hiatal hernia present.

Abdomen/pelvis: Cholecystectomy with partial liver resection changes are evident however large hypermetabolic focus is seen in the gallbladder fossa region. This is best centered on PET/CT image #129/205. Area of disease extending at least 3.9 cm x 2.7 cm x 2.8 cm with variable attenuation seen on CT. Maximum SUV value is 20.06 with mean of 5.34.

Hypermetabolic periportal and precaval nodes are evident largest seen on PET/CT image #128/207. This node measures 16 mm and has maximum SUV value of 4.56 and mean of 2.43. Bowel anastomosis changes and right hemicolectomy is evident. Focal increased activity is seen along the anastomosis. Mild activity is noted along the midline incision. Solid organs are otherwise unremarkable. The abdominal aorta and IVC are normal in size. Iliac vessels are not aneurysmal. Normal FDG excretion through the kidneys into the collecting systems and bladder is noted. Average maximum SUV value of the liver is 2.57 with average maximum SUV value of the spleen of 3.24. Ratio is greater than 1.

MSK/Bones: Multilevel degenerative changes throughout the spine are present. Otherwise no focal hypermetabolic lesions are readily seen.

Soft tissues: No abnormal subcutaneous nodules or other foci of hypermetabolic activity readily noted to suggest an active malignant process.

Ordering provider: Babak Rajabi, MD

Reading physician: [REDACTED]

Study date: January 24, 2023 3:19 PM

Collection date: January 24, 2023 2:10 PM

Result date: January 24, 2023 3:19 PM

Result status: Final

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