



# PET/CT Tumor Skull Mid-Thigh Initial

**Patient:**

**KUMAR,  
BALWINDER KAUR**

**DOB:**



## Radiology Report

EXAM: PET/CT Tumor Skull Mid-Thigh Initial

EXAM DATE: 3/27/2023 9:09 AM PDT

INDICATION: Gallbladder cancer, cholecystectomy and partial colonic and liver resection, chemotherapy, restaging for treatment strategy planning.

TECHNIQUE: PET-CT scan was performed from the vertex of the skull to the mid thighs following intravenous administration of F18-fluorodeoxyglucose. The CT scan data was used for anatomic localization and attenuation correction of the PET images. No oral or intravenous contrast was administered.

RADIOPHARMACEUTICAL: 9.1 mCi F-18 FDG

UPTAKE TIME: 56 minutes

FINGERSTICK GLUCOSE: 111 mg/dl

COMPARISON: 1/24/2023

### FINDINGS:

Reference SUV:

Mediastinal blood pool: 2.4 (previously 2.1)

Liver: 3.3 (previously 2.6)

Head and neck: Nonspecific bilateral thyroid uptake may be inflammatory or physiologic. There is focal 4 mm nodal uptake just lateral to the right thyroid lobe, maximum SUV 4.1 (previously 13.7).

Thorax: Many of the previously seen right lung nodules have significantly improved since the prior study. Many are faintly visible as residual areas of interstitial and/or groundglass disease. There is a stable spiculated 8 mm posterior right upper lobe nodule that was previously not avid.

There is moderate residual nodal activity in the right posterior paratracheal space: 8mm, maximum SUV 6.4 (previously 16.2). Other previously avid mediastinal nodes now demonstrate uptake similar to background.

Abdomen and pelvis: There is cholecystectomy with partial liver resection and right hemicolectomy. The previously seen mass in the cholecystectomy operative bed has significantly grown and now measures 6.9 x 4.4 cm (previously 3.5 x 3.3 cm). It remains intensely avid with maximum SUV 17.4 (previously 20.0). It may abut the distal stomach and proximal duodenum.

There is normal urinary tract and bowel activity. There is no hydronephrosis. There is normal activity at a midline anterior ileocolic anastomosis.

Musculoskeletal / soft tissues: No suspicious focus of FDG uptake. Physiologic activity is present.

Low dose, nondiagnostic, incidental CT findings include port catheter extending to the mid SVC, coronary calcifications, calcified mediastinal nodes.

#### IMPRESSION:

1. Status post cholecystectomy with large mass in the operative bed having grown since the prior study. It remains intensely avid though maximum SUV is likely not significantly changed.
2. Significantly improved right neck, mediastinal and lung disease. In particular, lung disease has nearly completely resolved.
3. No new sites of disease.