



PET/CT Tumor Skull Mid-Thigh Initial

Patient:

**KUMAR,
BALWINDER KAUR**

DOB:



Radiology Report

EXAM: PET/CT Tumor Skull Mid-Thigh Initial

EXAM DATE: 7/10/2023 8:26 AM PDT

INDICATION: Cholangiocarcinoma, cholecystectomy, partial hepatectomy, partial colonic 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: 12.3 mCi F-18 FDG

UPTAKE TIME: 58 minutes

FINGERSTICK GLUCOSE: 122 mg/dl

COMPARISON: 5/5/2023

FINDINGS:

Reference SUV:

Mediastinal blood pool: 2.6 (previously 2.3)

Liver: 3.8 (previously 4.0)

Head and neck: No suspicious focus of FDG uptake. Diffuse thyroid uptake may be physiologic or inflammatory.

Thorax: Again seen are multiple ill-defined spiculations and groundglass opacities within the right lung. Largest measures 8 mm and is not avid. A nonavid region of consolidation at the right base likely represents round atelectasis. Overall appearance is similar to the prior study.

Avid nodes within the lower right neck and right paratracheal space persist with maximum SUVs 3.3 and 5.7 (previously 4.2 and 6.1).

Abdomen and pelvis: Again seen is cholecystectomy, partial hepatectomy and right hemicolectomy. An intensely avid right upper quadrant mass persists at the site of surgical clips, maximum SUV currently 11.7 (previously 15.9). It is smaller on PET but difficult to adequately visualize on CT. It measures 3.1 x 1.7 cm (previously 3.7 x 2.0 cm) on PET. It may abut the superior aspect of the stomach.

There is normal urinary tract and bowel activity. There is no hydronephrosis.

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 low SVC, coronary calcifications, calcified mediastinal nodes.

IMPRESSION:

1. Postoperative changes with cholecystectomy, partial hepatectomy and right hemicolectomy. Intensely avid mass adjacent to surgical clips remains but there has been mild improvement in both size and SUV.
2. Avid nodes within the lower right neck and mediastinum are mildly improved on PET.
3. No other sites of abnormal uptake.