

Patient ID: 1201466
Birth date: 11/01/1946
Gender: Female
Process description: -
Study date time: 10/07/2024 16:49
Status: Finalized

HISTORY: CA lung S/P LLL lobectomy with adrenal mass

INDICATION: Restaging for subsequent treatment strategy

METHOD: CT CHEST WITHOUT CONTRAST. NON-CONTRAST MDCT OF THE CHEST.

COMPARISON: CT chest dated 2 Jul 2024.

FINDINGS:

HEAD AND NECK:

- Physiologic FDG accumulation is seen within the brain parenchyma, pharyngeal mucosa, tonsils, and salivary glands without abnormal hypermetabolic focus (F18-FDG PET/CT is not sensitive for detecting brain tumor/brain metastasis).
- There is no hypermetabolic cervical lymphadenopathy.
- The brain parenchyma and paranasal sinuses are unremarkable on non-contrast CT.
- The visualized thyroid gland appears normal.

MEDIASTINUM:

- -

LUNG AND AIRWAYS:

- -

PLEURA:

- -

HEPATOBIILIARY SYSTEM:

- -

ADRENAL GLANDS:

- -

PANCREAS AND SPLEEN:

- -

CHEST:

- Post LLL lobectomy is again evident. There is no hypermetabolic pulmonary nodule.

- The trachea and main bronchi are patent.
- No pleural effusion is seen.
- There is no hypermetabolic hilar or mediastinal lymphadenopathy.
- The heart is of normal size. There is trace pericardial effusion. Atherosclerosis of the aorta and coronary arteries is noted.

ABDOMEN:

- There is a 6.1x5.6-cm FDG-avid mass in the left suprarenal region abutting left kidney and pancreatic tail without fat plane separation (SUVmax = 18.94). Normal left adrenal gland is not visualized.
- There is a 1.2x1.7-cm FDG-avid nodule in the precaval region (SUVmax = 26.45).
- Physiologic FDG accumulation in the liver appears homogeneous (meanSUV = 2.48) without focal lesion.
- Physiology FDG accumulation in the gastrointestinal and genitourinary tracts is noted.
- The spleen, right adrenal gland, and uterus are unremarkable on non-contrast CT. No adnexal mass is detected. A small probable right renal cyst is noted.
- No ascites is present.

KIDNEYS:

- -

GI TRACTS:

- -

INTRA-ABDOMINAL LYMPH NODES:

- -

PERITONEUM:

- -

BONY STRUCTURES:

- There are FDG-avid mixed osteoblastic-lytic lesions involving head, neck, and greater trochanter of the right femur (SUVmax = 22.65). Compression fracture of T12 vertebral body is unchanged.

IMPRESSION:

- Post LLL lobectomy
- A 6.1x5.6-cm FDG-avid mass in the left suprarenal region, suspicious for adrenal metastasis.
- A 1.2x1.7-cm FDG-avid nodule in the precaval region, suspicious for nodal metastasis.
- FDG-avid mixed osteoblastic-lytic lesions involving right proximal femur, probably bone metastasis.