

King Chulalongkorn Memorial Hospital - Diagnostic Report

Patient ID :	1201466	Proc Description :	PET/CT scan
Patient Name (EN) :	Panuja Siangchaew	Study DateTime :	10/07/2024 16:49
Patient Name (TH) :	ปานุจา เสี่ยงแจว	Status :	Finalized
Patient Age :	78 Y	Accession No. :	20240710NM0099
BirthDate :	11/01/1946	Location :	โรงพยาบาลวชิรพยาบาล
Gender :	F	Physician :	Unknown

*** This is the finalized report ***

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

INDICATION: Restaging for subsequent treatment strategy

PROCEDURE: F18-fluorodeoxyglucose 6.648 mCi was administered intravenously via the right hand. To allow distribution and uptake of radiotracer, the patient was allowed to rest quietly for 60 minutes. PET/CT imaging was performed from thighs to skull vertex. Serum glucose at the time of injection was 106 mg/dl. CT scanning was performed for attenuation correction and image registration with scan parameters optimized radiation exposure to the patient. Body weight SUV max is reported unless otherwise specified.

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.

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.

Physiologic 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.

BONY STRUCTURE:

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:

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

Chanan Sukprakun, M.D. Radiologist

Itthi Itthisawatpan, M.D. Radiologist

Print by: 32492_ Print date: 17/7/2024 17:23

SCAN

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Patient Age :	78 Y	Accession No. :	20240710NM0099
BirthDate :	11/01/1946	Location :	โรงพยาบาลพระมงกุฎเกล้า
Gender :	F	Physician :	Unknown

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Chanan Sukprakun, M.D. Radiologist

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Print by: 32492_ Print date: 17/7/2024 17:23



[สำหรับใส่เพิ่ม]



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โรงพยาบาลจุฬาลงกรณ์ สภากาชาดไทย

โรงพยาบาลจุฬาลงกรณ์
สภากาชาดไทย

วัน - เวลาที่พิมพ์ 17/07/2567 17:22:19

บันทึกการตรวจรักษาพยาบาล
(OPD Record)

ชื่อ - สกุล ผู้ป่วย : นางปณณญา เสี่ยงแจ้ว

วัน-เวลาที่ตรวจ : 17/07/2567 07:07:38 HN : 12014/66

คลินิก : เคมีบำบัด Med Onco ภูมิศิริฯ1C (นอกเวลา) (6701: แพทย์ผู้ตรวจ : ศ.ดร.นพ.วิโรจน์ ศรีอุทราพงศ์ (8077800)

1.2x1.7-cm FDG-avid precaval LN
FDG-avid mixed osteoblastic-lytic lesions R femur

R hip pain

PE PS 0, mild hoarseness
mild pale
CLN neg
chest equal BS
erythematous patches along ext, neck
ext no edema

Management and Plan : continue surveillance

Recurrent adenocarcinoma lung, adrenal, bone, LN met

consult radiation oncologist อ.คณิดา for palliative RT to R femur
ตามขึ้นเนื่องจาก HITECH
submit NGS GenePRO EGFR WT lung panel
consider palliative chemotherapy

Diagnosis : [C343] Malignant neoplasm of Lower lobe, bronchus or lung
[C797] Secondary malignant neoplasm of adrenal gland
[C772] Secondary and unspecified malignant neoplasm of Intra-abdominal lymph nodes

Order to the Nurse : consult radiation oncologist อ.คณิดา for palliative RT to R femur
ตามขึ้นเนื่องจาก HITECH
submit NGS GenePRO EGFR WT lung panel

Nurse Note : consult radiation oncologist อ.คณิดา for palliative RT to R femur
ตามขึ้นเนื่องจาก HITECH ๑๐๐๐๐๐๐๐
submit NGS GenePRO EGFR WT lung panel

ส่งตรวจวันนี้

ส่งตรวจล่วงหน้า

Laboratory : วันที่นัดตรวจ : 14/08/2567 เวลา 16.30 น.

[CT001] CBC (EDTA blood)