

PET Evaluation Form
Study Date
(DD/Mmm/YYYY)

Radiologist
Radiologist NPI
PET Scan Performed at Outside Institution ☐ no ☐ yes

Date of Baseline CT **Date of Most Recent Comparative Study (if applicable)**
Are there any nodules noted in the CT scan? ☐ no ☐ yes **If no, skip to "Emphysema" below**
Are non-calcified nodules noted, all less than 6 mm? ☐ no ☐ yes

List any nodule(s) of concern* in the table below.
*** If baseline, ≥ 6 mm**
If repeat, ≥ 3 mm
Enter the Nodule Uptake values and update the Nodule Status to reflect the results of the PET study, and update the necessary actions for each nodule, as indicated. Enter any details given in the PET report in the PET Details field. Update the Follow-up section.

Nodule ID	Nodule 1	Additional Nodules
		Nodule 2
Is it new?	<input type="text"/>	<input type="text"/>
Most Likely Location	<input type="text"/>	<input type="text"/>
Maximum Nodule Uptake (SUV)	<input type="text"/>	<input type="text"/>
Nodule Status	<input type="text"/>	<input type="text"/>
Pathologic Diagnosis	<input type="text"/>	<input type="text"/>

Indicate the index nodule driving follow up:
LungRADS category
 LungRADS modifier ☐ S ☐ C

PET Details - Lung and nodules
PET Details - Lymph nodes
Other clinically significant ancillary finding ☐ no ☐ yes

If yes, please specify organ/location

 Describe:
 Describe:
Comments:
Any Other Findings:
Follow-up
Follow-up:
When: ☐ now ☐ 1 month ☐ 3 months ☐ 6 months ☐ 1 year ☐ other

Follow-up Date

(DD/Mmm/YYYY)

Impression
Nodules

- ☐ No evidence of abnormal uptake. Follow-up as recommended above.
- ☐ Uptake as described above. Follow-up as recommended above.
- ☐ Nodule(s) unchanged, as described above. Follow-up as recommended above.