



Christenson, Alan (MRN 56462699) Encounter Date: 02/19/2020

PET SKULL BASE MID THIGH W ATTENUATION CT SUBSQ TX

Order: 1162583597

Status: **Final result** Visible to patient: **No (Not Released)** Next appt: **05/19/2020 at 03:30 PM in Cardiology (Gregory Engel, MD)** Dx: **Squamous cell lung cancer, right (CMS...**

Details

Reading Physician	Reading Date	Result Priority
Wang, Harrison Franklin, MD	2/19/2020	

Narrative & Impression

Date of exam: 2/19/2020

Procedure: Following IV injection of 18 -fluoro-2-deoxyglucose (FDG) and a standard uptake., Noncontrast CT scan followed by a PET scan was acquired along the length of the body from base of the skull to mid thighs. The noncontrast CT was used for anatomic localization and proton attenuation correction of the PET scan.

Blood glucose level (mg/dL): 123

FDG dose: 11.1 mCi (adult: 0.15 mCi per kilogram to maximum of 18 mCi; pediatric: 0.1 mCi per kilogram) injected via right intervertebral fossa.

COMPARISON:7/16/2019

INDICATION:Lung cancer

FINDINGS:

Head/neck: Evaluation of brain parenchyma limited by normal physiologic activity.

Left maxillary sinus mucous attention cyst or polyp.

Streak artifact from dental amalgam obscures oral cavity/oropharynx.

Calcification at expected region of bilateral carotid bulbs.

Physiologic activity within the salivary glands and lymphoid tissue.

Chest: Interim placement of a left subclavian approach pacemaker with leads in right atrium and right ventricle. Pacemaker pack results in streak artifact and image degradation at the midthoracic level. Heart size stable. Calcification of aortic root, coronary arteries, mitral annulus. Atherosclerotic plaque of aortic arch involving proximal great vessels.

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Evaluation lung parenchyma limited by nonbreath-hold technique. Overall decreased aeration of the right lung compared to the left.

Loculated right pleural effusion and adjacent passive atelectasis/scarring appears stable. There is persistent metabolic activity in the medial right lower lobe airspace opacity, max SUV 3.8. Persistent mild activity in the adjacent loculated pleural thickening/effusion.

Scattered areas of interlobular septal thickening in the right lung are again seen. More prominent area in the right upper lobe appears increased in extent, and continues to have metabolic activity, max SUV 2.3.

Numerous additional areas of peripheral interlobular septal thickening and nodularity are again seen throughout the right lung, particularly posteriorly. Several of these areas now exhibits metabolic activity, which is new or increased from prior. These have max SUV 2.8. Dependent atelectasis on the left. A previously seen nodule in the medial left lower lobe is not seen on today's exam. No metabolic activity is seen in that region.

Abdomen/pelvis: No suspicious metabolic activity.

Atherosclerotic plaque of abdominal aorta and major branches.

Much of the pelvis is obscured by streak artifact from total left hip arthroplasty, limiting evaluation.

Physiologic activity within the gastrointestinal and genitourinary systems.

Skeleton: Osteopenia and degenerative changes of visible spine and right hip. Total left hip arthroplasty is present, resulting in streak artifact.

IMPRESSION:

1. Appearance of the right lower lobe and adjacent pleural thickening/effusion with mild metabolic activity does not appear significant change.
2. Increase in size and activity of dominant nodularity in right upper lobe. Interim increase/development of several small additional areas of interseptal nodularity and metabolic activity in the right lung.
3. Decrease in size and activity of a left lower lobe nodular area.
4. Details above.

Electronically Signed by: Harrison Wang, MD 2/19/2020 3:52 PM

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Specimen Collected: 02/19/20 15:29
Last Resulted: 02/19/20 15:52

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