



Radiology PET Advance Medicine Ctr
875 Blake Wilbur Drive
Stanford CA 94305
650-723-6855

Patient Information

Patient Name Christenson, Alan	MRN 16743072	Sex Male	DOB 7/21/1936
Unit RADON			

FDG PET CT CLINICAL WHOLE BODY SKULL TO THIGHS (Order 494402819)
Results

Status: Final result
(Exam End: 5/27/2016 3:29 PM)

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Last Signing Radiologist

Andrei Horia Iagaru, MD (S0013131)

Responsible Radiologist(s)

Radiologist(s)
Andrei Horia Iagaru, MD (S0013131)

Authenticating Radiologist(s)

Radiologist(s)	Date Signed	Time Signed
Andrei Horia Iagaru, MD (S0013131)	6/2/2016	1105

Result History

[FDG PET CT CLINICAL WHOLE BODY SKULL TO THIGHS \(Order #494402819\) on 5/26/2016 - Result History Information](#)

Patient Release Status:

This result is viewable by the patient in MyHealth.

Last viewed in MyHealth:

6/6/2016 1:05 PM

By:

Alan Christenson

Reviewed By List

Loo, Billy Wiseman, MD on 6/6/2016 10:36 AM

6/2/2016 11:05 AM - Results, Shc Incoming Imaging

Narrative

WHOLE-BODY F-18 FDG PET-CT: 5/27/2016 3:29 PM

CLINICAL HISTORY: 79 years of age, Male, with history of squamous cell carcinoma of the right lower lobe of the lung, status post right middle and lower bilobectomy and mediastinal lymph node dissection on 4/15/16, with positive vascular margin and 1/51 lymph nodes positive by direct extension. The patient is now being assessed for adjuvant therapy and is referred today for evaluation of subsequent treatment strategy.

COMPARISON: PET/CT, 3/17/2016.

PROCEDURE COMMENTS:

Tracer information:

Measured (injected) dose: 11.49 mCi.

Injection site: LAC.

Imaging information, imaging parameters, and additional medications:
Anatomical region: The area imaged included the nasal cavity level to mid thighs.

Lasix: None.

Oral contrast: None.

IV contrast: None.

CT dose information: Based on a 32 cm phantom, the estimated radiation dose (CTDIvol [mGy]) for each series in this exam is 0.13, 6.77, 14.68, 14.68, and 24.33. The estimated cumulative dose (DLP [mGy-cm]) is 3212.

Scan technique: Following IV administration of the radiopharmaceutical, images were acquired using the Siemens mCT PET-CT scanner. A low-dose CT scan was performed for attenuation correction and anatomic correlation only. If a comprehensive diagnostic CT is required, the Department of Radiology should be consulted for an adjunct CT study. Images were reconstructed and reviewed in the axial, coronal, and sagittal planes. For descriptive purposes, the maximum standard uptake value (SUV max) of metabolically active tissues is reported in g/mL, unless stated otherwise.

Baseline measurements:

Current mean liver SUV: 2.0 g/mL.

Prior mean liver SUV: 2.7 g/mL.

Current mean gluteal muscle SUV: 0.6 g/mL.

Prior mean gluteal muscle SUV: 0.9 g/mL.

FINDINGS:

Head and neck: Opacification in the left maxillary sinus, considerations include mucous retention cyst versus polyp. The brain was not included in the field of view. Physiologic FDG uptake is seen in the ocular muscles, salivary glands, oropharynx, and vocal cords. There are no pathologically enlarged cervical or supraclavicular lymph nodes. The thyroid gland is unremarkable.

Thorax: Interval removal of the right lung mass with the area replaced by non-FDG avid consolidative changes, as well as surgical material in the right posterior paramediastinal/paravertebral region. Diffuse, hypermetabolic activity in the posterior right lung, lateral to the consolidation replacing the right lung mass, likely post treatment changes. In the right lung, there is a 0.4 cm nodule in the right upper lobe which appears to be new when compared to the prior study, and has subtle FDG uptake, SUV 1.3, CT image 72. There is a pneumothorax appreciated in the anterolateral right lung. Small right pleural effusion. Physiologic FDG uptake is present in the myocardium. The thoracic aorta and main pulmonary artery are normal in caliber.

Abdomen and pelvis: Physiologic FDG uptake is present in the liver, spleen, and bowel. The adrenal glands and pancreas are unremarkable on the non-contrast CT. The kidneys, ureters, and urinary bladder are visualized per clearance of the radiotracer. Intense signal from excreted tracer limits evaluation for malignancy in the urinary tract. The abdominal aorta is normal in caliber. There are no

7/15/2016

Patient: Christenson, Alan (MR#16743072) Printed by ALICANTE, SHANNON [S0089441]

pathologically enlarged or hypermetabolic abdominal, pelvic, or inguinal lymph nodes.

Musculoskeletal: There is a fracture in the right posterior sixth rib, with associated hypermetabolic activity. Redemonstration of orthopedic hardware in the left hip.

Impression

:

1. Diffusely increased FDG uptake and consolidative changes in the right lung, consistent with post treatment changes.
 2. New, mildly-FDG avid, 5 mm nodule in the right lung incompletely evaluated on the non breath-hold CT. Recommend diagnostic chest CT for further evaluation of nodule and to establish new baseline.
 3. Small pneumothorax in the anterior right lung, as well as a right pleural effusion.
 4. Fracture of the posterior right sixth rib, likely treatment related.
- I have personally reviewed the images for this examination and agree with the report transcribed above.

Lab and Collection

FDG PET CT CLINICAL WHOLE BODY SKULL TO THIGHS on 5/26/2016

Stanford Health Care

CHRISTENSON,ALAN
MRN: 16743072
DOB: 7/21/1936, Sex: M
Enc. Date: 05/26/16

Patient Information

Patient Name	MRN	Sex	DOB	SSN
Christenson, Alan	16743072	Male	7/21/1936	xxx-xx-xxxx
Unit				
RADON				

Order FDG PET CT CLINICAL WHOLE BODY SKULL TO THIGHS [IMGNCPPDGWBD] (Accession # 8615340)
(Order 494402819)

Provider Information

Ordering User	Ordering Provider	Authorizing Provider
Shc Incoming Imaging Results (943303)	Billy Wiseman Loo, MD (S0004362)	Billy Wiseman Loo, MD (S0004362)

Order Questions

Question	Answer
Exam Ordered for:	PI Initial Treatment Strategy of Tumor
Reason for Exam	Lung cancer s/p surgical resection, staging for treatment planning, TO BE COMPLETED AT THE TIME OF SIMULATION ON 5/27/16 IN XRT

Order Details

Priority
Routine

Order Information

Order Date/Time	End Date/Time
05/26/16 02:32 PM	None

Associated Diagnoses

https://prism.stanfordhealthcare.org/epiccarelink/epiccare/ord_detail.asp?from=ResultReview&Ndx=3

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