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| Zhongshan Hospital, Fudan University  Department of Nuclear Medicine  PET/CT Imaging Report | | | | | | | | | | | | | | | | |
| Name: | Wang Yinghui | | | Gender: | Female | | Age | 59 | | Department: | Liu Houbao | | | Nuclear Medicine No.: | | ZS16267310 |
| Outpatient No.: | YL11697043 | | | | Inpatient No.: | | |  | Ward: | | |  | | Bed No.: | |  |
| Examination Name: | | | PET/CT Body Tumor SPECT | | | | | | Clinical Diagnosis: | | | Liver metastasis of colon carcinoma MT | | | | |
| Imaging Agent: | | 18F-FDG | | | | Height: | | | 166cm | | | | Weight: | | 60Kg | |
| Full dose: | | 7.79 mCi | | | | After Imaging: | | | 0.17 mCi | | | | Fasting glucose: | | 5.3 mmol/l. | |
| Examination Time: | | 2016-11-04 10:56 | | | | Report Time: | | | 2016-11-04 11:27 | | | | Review Time: | | 2016-11-04 18:27 | |
| **Brief medical history:**  Mass found in right lower abdomen for more than 1 month. 2016-10-24 CT Imaging by other hospital: Multiple liver occupancies. Gall stones. Cholecystitis.  2016-10-24 Ultrasound Imaging by other hospital: Liver: non-homogeneous hypoechoic isoechoes. Cholecystitis. Gall stones. Uterine atrophy.  2016-10-24 Examination by other hospital: CEA 325.1ng/mL ↑; CA 199>2044.0 U/ mL ↑; AFP negative.  2016-10-25 CT Imaging by other hospital: Pulmonary inflammation in bilateral lungs, accompanied by local fibrosis. Bilateral pleural thickening. Multiple hypodensity lesions in the liver. Multiple metastases: probable. Ileocecal area of ascending colon: local occupancies. Consider ascending colon carcinoma accompanied by multiple lymph node metastases.  2016-11-02 Examination by other hospital: CA 199>12000.0 U/ mL ↑; CA 724 28.98 IU/ mL ↑; CA 242 200 IU/ mL ↑; Cyfra211 11.64 ng / mL ↑; AFP, CEA, CA125, CA153: - negative.  Conducted PET/CT to assist diagnosis. | | | | | | | | | | | | | | | | |
| **Image findings:**  Fasting for more than 6 hours. After intravenous injection of 18F-FDG, the patient rested for about 60 minutes. And then whole-body PET/CT Imaging was conducted.  PET cerebral imaging: Cerebral cortex, as well as bilateral basal ganglia, thalamus, and cerebellum: symmetric distribution of glucose metabolism, no significant abnormal glucose metabolism. CT scanning: no significant abnormal density in the brain; no expansion in the ventricle and cerebral, not pushed over; Cerebral sulci: no significant widening; No Midline shift.  Orbital PET imaging: No significant abnormal glucose metabolism within the eyeball and orbit. Orbit CT scanning: Eyeball wall: intact; No abnormal density in the eyeball. Extraocular muscle: symmetric, no abnormal thickening and thinning. Normal optic nerve density. Clear lipid space in the orbit. Bone window: the wall of the orbit, the optic canal, the superior orbital fissure, and inferior orbital fissure: no damaging expansion.  Nasopharyngeal PET imaging: Pharynx, parapharyngeal, paranasal sinuses: no significantly abnormal elevated glucose metabolism. Nasopharyngeal CT scanning: Posterior nasopharyngeal wall: no thickening; smooth surface; Symmetric lateral walls; Pharyngeal recess as well as the opening of the eustachian tube: no narrowing. Parapharyngeal space: clear. Bilateral frontal sinus, ethmoid, sphenoid sinus and the maxillary sinus: no significant anomalies.  Neck PET imaging: Bilateral neck, collarbone and thyroid: no significant abnormal increased glucose metabolism. CT scanning:  Bilateral neck and collarbone area: scattered small lymph nodes; Oropharyngeal, hypopharyngeal areas: no occupancies; The thyroid: no enlargement, uneven density.  Chest PET imaging: Bilateral lung, hila, mediastinum, chest wall, axillary: no significant abnormal increased glucose metabolism. CT scanning: Bilateral lungs: clear pattern. Right lower lobe basement: tiny nodules, dia~4.8mm. Bilateral lungs: stripe-shape densities. Bronchia at all levels: normal. No significant enlargement of lymph nodes in the mediastinum. Bilateral hila: no large shadow. Bilateral pleural: no thickening. Bilateral pleural: no effusion. Heart: no significant enlargement. Bilateral axillary: no significant enlargement of lymph nodes; Bilateral breasts: calcifications.  Abdominal and pelvic PET/CT imaging: Ileocecal area of ascending colon: wall thickening, accompanied by abnormal increased glucose metabolism. SUVmax = 30.3, affected length ~88.0mm; Around the lesions: multiple lymph nodes with abnormal increased glucose metabolism. The largest lymph node also with the highest glucose metabolism: 23.4\*20.4mm. SUVmax = 12.7; nodualar thickening of the peritoneum near the ascending colon in right lower abdomen, SUVmax = 13.6; Sugar metabolism in the gastric wall: physiologically strengthened; Liver: smooth surface, normal proportion of each leaf. Liver parenchyma: visible low-density lesions with abnormal increased glucose metabolism. The largest lesions in the left and the right lobes are: 82.8\*57.2mm and 80.1\*60.5mm. SUVmax = 7.9 and SUVmax =7.8, respectively. On the right anterior lobe of the liver: a lower-density lesion (size: 11.5\*9.8mm), no abnormal glucose metabolism in early or delayed 1.5h imaging. Bile ducts: no expansion inside and outside the liver. Spleen: not enlargement, homogeneous density, no abnormal increased glucose metabolism or occupancies. Gallbladder: hyperdensities. Pancreas, both kidneys, adrenal glands: no abnormalities. Retroperitoneal: small lymph nodes, no increased glucose metabolism. Physiological accumulation of imaging agent in the urinary bladder. Urinary bladder wall: smooth, no thickening. Uterus wall: a soft tissue density, dia~15.5mm. Bilateral annexes: no abnormal increased glucose metabolism or occupancies. Bilateral groins: no abnormal increased glucose metabolism or enlarged lymph nodes. Pelvis: no effusion.  Bone PET imaging: No abnormal increased glucose metabolism. CT location: Cervical, thoracic, lumbar and sacral vertebrae in sequence, lordosis straightened. Bone window scanning: Edge and facet thoracic, lumbar and sacral vertebrae: bone hyperplasia, consider degeneration. | | | | | | | | | | | | | | | | |
| **Test findings:**  Consider:intestinal lymphatic metastasis of ascending colon carcinoma MT; multiple metastasis in adjacent right peritoneum; multiple liver metastasis.  Inferior lobe of right lung: possible small inflammatory nodules, please follow-up; chronic inflammation in bilateral lungs; calcifications of bilateral breast;  Upper segment of right lobe of the liver: benign lesions (possible hemangiomas); gall stones; fibroids. | | | | | | | | | | | | | | | | |
| Reported by: Zhang Yiqiu Reviewed by: Xiu Yan | | | | | | | | | | | | | | | | |
| (The report shall only be used as reference for the clinicians, not as disease diagnosis) | | | | | | | | | | | | | | | | |
| Zhongshan Hospital, Fudan University  Department of Nuclear Medicine  1609th Xietu Road, Xuhui District, Shanghai  (East Area, Outpatient Building, Level B1)  Postcode: 200032 Tel: 640419903356 / 3357 | | | | | | | | | | | | | | | | |

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| Stick  the diagnostic report here | Tips:  Eight major advantages of PET-CT:   1. 21st century's most powerful anti-cancer equipment; 2. One location for whole-body examination. 3. High sensitivity of various types of tumors. 4. High specificity to some tumors. 5. Accuracy rate: up to 95%. 6. The inspection process is non-invasive, pain-free. 7. Low radiation, safe and reliable. 8. Used as cancer treatment efficacy assessment.   What is a PET/CT?  PET/CT is the latest medical imaging equipment with the advantages of both PET and CT. This device is designed based on molecular imaging technology, combined with the functional and anatomical images, can locate minimal changes of the whole body, and is used for early location of cancer and heart and brain functional changes, as well as differential diagnosis. It is widely used in the diagnosis and review of cancer, cardiovascular and cerebral diseases, and high-end physical examination. It is also currently the world's most technologically advanced, most accurate diagnostic and medical equipment with the most comfortable experience. PET/CT imaging is of high value in the locating of tumor metastasis, disease staging, follow-up of the treatment effects, and making development of treatment plans. It also presents unique advantages in the early diagnostic and treatment options of cancer and other diseases. It can help clinicians to determine the need for surgery. Many countries have categorized PET/CT as a measure of high-end physical examination and of the screening for cancer and other diseases in high-risk groups, so as to achieve the purpose of early detection, early diagnosis and early treatment.  Notes before your PET/CT imaging:   1. Before the imaging, fasting for more than 6 hours. Fasting plasma glucose should be measured in the ward for hospitalized patients. 2. Patients with diabetes should consult your endocrinologists and control blood sugar in the normal range 2-3 days before the examination, so as to ensure the best effect. 3. Before the imaging, your examination doctor will learn related information of you, so please bring your recent imaging results (CT, MRI, etc) for the reference of the doctor. 4. This imaging requires the injection of trace radioactive elements, which will not cause harm to your body. After the injection, please keep the body relaxed, lay for an hour or so. Minimize your activities and talking, so as to make sure the result is accurate and reliable. 5. After the injection of radioactive agents, you need to drink some pure water, to facilitate the urination with unabsorbed drug as soon as possible. 6. Before the imaging, the staff will guide you to the PET/CT room, and guide you to do the PET/CT examination. Lay in bed. During the scanning, the staff will pay full attention to your examination. If any discomfort, please feel free to talk with the staff. 7. The duration of the imaging depends on your item, usually 20 minutes. 8. Please prepare some food for yourself, for the replenishing of your body. 9. On the day of the examination, please wear comfortable clothes, with no metal component of your underwear. Please do not wear any jewellery. For female patients, do not wear a dress or a skirt. |