Name: Nik Boyd | DOB: 6/2/1956 | [redacted] | PCP: Mary Rose Lazo Fabi, MD

CT CHEST WITH CONTRAST (PETCT) - Details

UCSF Medical Center
UCSF Benioff Children's Hospital

UCSF Radiology Mission Bay PET

415-476-1568

MRN:	[redacted]	Requesting Physician:	**Lawrence D Kaplan**
Patient Name:	**Boyd, Nik**	Accession Number:	**10021728803**
Date of Birth:	**6/2/1956**	Exam Date:	**01/31/2022**
Exam(s):	**CT CHEST WITH CONTRAST (PETCT)**		
Exam Status:	**Final**		

Your radiologist, Courtney Anita Lawhn Heath, MD, reviewed your images and created this report to communicate with your care team. Your care team may not have yet reviewed this report but will discuss these results with you at your next visit, through telephone, or MyChart messaging. If you do not have a visit scheduled and wish to schedule one, please reach out to your practice through MyChart or by calling the practice directly.

Diagnostic CT Chest and Abdomen/Pelvis with contrast (part of PET/CT), 1/31/2022 3:41 PM

COMPARISON (including at least the prior year or since last change in therapy): Prior PET from: 10/15/2021, CT abdomen pelvis 10/25/2021

REASON FOR THE STUDY: Restaging.

CLINICAL HISTORY: 65 year old Male with diffuse large B-cell lymphoma complicated by severe GI bleeding requiring IR embolization as well as malignant SBO 9/27/2021

CURRENT THERAPY AND DATE INITIATED: RCHOP C5D1 12/21/2021

DIAGNOSTIC CT TECHNIQUE: A diagnostic CT was performed in addition to the same day PET/CT. Adding diagnostic CT aids in detection of cancer and increases sensitivity and specificity for metastatic lesions. Axial 2.5 mm images were obtained through the chest, abdomen, and pelvis with multiplanar reformations. Images were obtained with contrast. See separately dictated report for findings on PET.

CONTRAST MEDIA: Iohexol 350 - 150 mL - Intravenous

RADIATION DOSE INDICATORS:
Exposure Events: 1 , CTDIvol Min: 6.8 mGy, CTDIvol Max: 13.8 mGy, DLP: 891.9 mGy.cm (accession 10021728803), Exposure Events: 1 , CTDIvol Min: 10.5 mGy, CTDIvol Max: 10.5 mGy, DLP: 891.9 mGy.cm (accession 10021728804)

FINDINGS:

Oncologic Findings:

Index lesions:
1. Decreased size of multiple left upper quadrant mesenteric masses without associated hypermetabolism. For example, one mass now measures 3.0 x 1.9 cm, previously 3.5 x 2.3 cm (abdominal CT series 205, image 104). No residual hypermetabolism.

Lymph nodes: Described above.
Lungs: No metastases.
Abdominal and pelvic organs: No metastases.
Bones: No metastases.
Other: No metastases.

Non-oncologic findings on diagnostic CT:

Brain: Diagnostic CT of this region was not obtained.

Neck: Diagnostic CT of this region was not obtained.

Chest: LUNGS: A right lower lobe segmental pulmonary embolus is no longer visualized.

PLEURA: Unremarkable.

MEDIASTINUM: Unremarkable.

HEART/GREAT VESSELS: Right chest port with tip in the right atrium.

BONES/SOFT TISSUES: Unremarkable.

Abdomen/Pelvis: Liver: Unremarkable

Gallbladder: Unremarkable

Spleen: 9.7 cm spleen.

Pancreas: Unremarkable

Adrenal Glands: Unremarkable

Kidneys: Unremarkable

GI Tract: Gastrojejunostomy tube in stomach with embolization material surrounding the stomach. No evidence of obstruction.

Vasculature: Unremarkable

Lymphadenopathy: Absent

Peritoneum: No ascites

IMPRESSION:

1. Decreased size of predominantly abdominal lymphadenopathy, none of which demonstrate hypermetabolism above blood pool. Deauville score 2.
2. Gastrojejunostomy tube without evidence of obstruction.
3. For further detail on simultaneously acquired PET/CT, see separately dictated report.

Report dictated by: Omar Hassan, MD, signed by: Courtney Lawhn Heath, MD
Department of Radiology and Biomedical Imaging

Dictated by: Hassan, Omar Tariq, MD
Signed by: Courtney Anita Lawhn Heath, MD

Study Images

Show images for CT Chest with Contrast