

## MEDICAL REPORT

PATIENT NAME			
HIS ID			
EXAMINATION DATE	16-01-2024		
DOB			
POLICE ID		GESY REGISTRY NO	

**Procedure:** 18F-FDG PET/CT scan

Dr. Ferentinos K.

**Medical History:** Patient with recurrent Myofibroblastic tumor of the maxilla/orbit. Under immunotherapy. Recent MRI suspicious for local relapse.

**Indication/Medical question:** Restaging

**Patient's personal data:** Weight= 94 Kg, Height= 184 cm, Serum glucose (immediately prior to injection) = 84 mg/dl

**Technique:** Imaging was performed 60 minutes after intravenous administration of 276 MBq 18F-FDG (Fludeoxyglucose). Images were acquired using a Discovery IQ2 PET/CT system (4 rings; 16 slices) of General Electric. The images were obtained from skull base to mid-thighs in supine position with elevated arms. Additional images from Head/Neck with arms lowered. Axial, sagittal and coronal PET reconstructions with and without attenuation correction were performed. Corresponding CT images were reviewed in axial, coronal and sagittal planes. The CT scan was a limited non-contrast study for the purposes of anatomical correlation and attenuation correction (only pertinent findings will be reported). This resulted in a total DLP of the CT-examination of 1194 mGy-cm. All SUV measurements provided are given as SUV Peak (as measured in the MAC plus QClear reconstruction using commercially available software) unless otherwise stated.

**Comparison:** Multiple MRIs brain latest from 28.12.2023; 18F-FDG PET/CT from 09.02.2022

### Findings:

Peak SUV of the liver 3.0.

### Head/Neck:

Compared to the current MRI examination the solid enhancing components (right orbital structures, periorbital region, temporal and masseter muscles on the right and adjacent meninges of the right temporal fossa, with intraparenchymal extension to the

right temporal lobe) demonstrate no clear elevation of the FDG Uptake as compared to the surrounding parenchyma with exception of the caudal and ventral part of the temporal lobe that shows a focal FDG enhancement (S3051/Ima41). Discrete elevation of the glucose utilisation of the mucosa of the entire right maxillary sinus, yet with focal FDG uptake in the anterolateral part (SUV 4.3; S 3051/45).

Thorax:

No suspicious pulmonary lesions. Absence of pleural or pericardiac effusion. Normal appearance of the mediastinal and axillar lymph nodes.

Abdomen/Pelvis:

Physiological and homogeneous hepatic metabolism. Normal metabolic status of the rest parenchymatous upper abdominal organs. Infradiaphragmatic lymph nodes of normal size without FDG-uptake.

Musculoskeletal system:

No suspicious FDG-foci of the skeleton.

**Impression**

1. Compared to the current MRI examination the solid enhancing components (right orbital structures, periorbital region, temporal and masseter muscles on the right and adjacent meninges of the right temporal fossa, with intraparenchymal extension to the right temporal lobe) demonstrate no clear elevation of the FDG Uptake as compared to the surrounding parenchyma with exception of the caudal and ventral part of the temporal lobe that shows a focal FDG enhancement.
2. Discrete elevation of the glucose utilisation of the mucosa of the entire right maxillary sinus, yet with focal FDG uptake in the anterolateral part requiring early FU.
3. No distant findings.

With kind regards,

Prof. Dr. Alexis Vrachimis, MD, PhD  
Director of Nuclear Medicine

(The report has been electronically signed), 16-01-2024 14:02