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MEDICAL REPORT

PATIENT NAME			
HIS ID			
EXAMINATION DATE	**22-02-2023**		
DOB			
POLICE ID		GESY REGISTRY NO	

Procedure: 18F-FDG PET/CT scan

Cc: Dr. K. Bikou

Medical History: Pharyngeal mass.

Indication/Medical question: Metabolic evaluation/Staging.

Patient's personal data: Weight= 76 Kg, Height= 166 cm, Serum glucose (immediately prior to injection) = 105 mg/dl

Technique: Imaging was performed 60 minutes after intravenous administration of 246 MBq 18F-FDG (Fludeoxyglucose). Images were acquired using a Discovery IQ PET/CT system (4 rings; 16 slices) of General Electric. The images were obtained from thorax to mid-thighs in supine position with elevated arms. Additional images were obtained from head to upper mediastinum. 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 1024 mGy-cm. All SUV measurements provided are given as SUV Peak (as measured in the MAC+SIR reconstruction using commercially available software) unless otherwise stated.

Comparison: External B/N-MRI of 02.01.2023, C-CT of 07.12.2022.

Findings:
Average SUV of the liver 2,5.

Head/Neck:
Cerebral atrophy; hypometabolism of the left frontal lobe (Se3051, Se19/Im26) corresponding to characterised as vascular malformation on MRI. Mastoid cells and paranasal sinuses free. Highly hypermetabolic lesion affecting the tongue L>R and

extended up to hyoid bone without evidence of osseous infiltration (SUV=11; Se3051, Se19/Im63-72). Discreetly hypermetabolic right cervical LN of level II (SUV= 2,1; Se3051, Se19/Im67; 12x9mm).

Thorax:
Non-hypermetabolic right pulmonary micronodules (Se16/Im100,115,138). Absence of pleural or pericardiac effusion; calcified pleural plaques. Normal appearance of the mediastinal and axillar lymph nodes. Hiatal hernia.

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. Hypermetabolic bands surrounding the shoulders and hips, of inflammatory nature.

Impression
1. FDG-avid malignant mass affecting the tongue L>R and extended up to hyoid bone without evidence of osseous infiltration.
2. Right cervical LN of level II with discreet glucose consumption. Sonographic follow-up suggested.
3. Right pulmonary micronodules without FDG-uptake. Follow-up with CT recommended.

With kind regards,

Dr. Ioannis Tsechelidis
Nuclear Medicine Physician

(The report has been electronically signed), 22-02-2023 14:59