ΤΜΗΜΑ ΠΥΡΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ
Διευθυντής | Καθ. Δρ. Αλέξης Βραχίμης
NUCLEAR MEDICINE DEPARTMENT
Director | Prof. Dr. Alexis Vrachimis
nuclear.medicine@goc.com.cy 25208003 25208051

German Oncology Center

MEDICAL REPORT

PATIENT NAME			
HIS ID			
EXAMINATION DATE	**18-08-2023**		
DOB			
POLICE ID		GESY REGISTRY NO	**243889**

Procedure: 18F-PSMA PET/CT scan

Dr. Zamboglou C.

Medical History: Prostate-Ca right lobe (Gleason: 7b; Grade Group: 3; iPSA: 8.8 ng/ml); conventional staging: cT2b cN0 cM0 (unfavorable-intermediate risk). Sp Transvesical prostatectomy in 2019-BPH.

Indication/Medical question: Staging.

Patient's personal data: Weight= 106 Kg, Height= 164 cm

Technique: Imaging was performed 120 minutes after intravenous administration of 257 MBq 18F-PSMA (Prostate-Specific Membrane Antigen). Images were acquired using a Discovery IQ2 PET/CT system (4 rings; 16 slices) of General Electric. The images were obtained from head to mid-thighs in supine position with elevated arms. 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 1038 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: C/A/P-CT of 25/07/2023, Prostate-MRI of 21.06.2023.

Findings:

Head/Neck:

Physiological radiopharmaceutical distribution in the lacrimal and salivary glands. Mastoid cells free. Retention cyst/polypoid of right maxillary sinus without pathological PSMA expression (Se2751/Im54). Cervical lymph nodes without enlargement or PSMA expression.

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Thorax:
In the low-dose CT, no evidence of suspicious pulmonary lesions. Absence of pleural or pericardial effusion. Discrete FDG-uptake adjacent to the upper thoracic spine corresponding to stellate ganglion (Se2751/Im91). Normal appearance of the mediastinal and axillar lymph nodes without PSMA expression.

Abdomen/Pelvis:
Physiological radiopharmaceutical distribution in the abdominal organs and intestine. Highly PSMA-expressing lesion affecting PZ of left prostate lobe and TZ (Se1451/Im31-44). Suspicion of extension to left seminal vesicle. Two highly PSMA-expressing LN metastases of internal iliac chains bilaterally, right (Se1451/Im21 and Se3/Im53; 49x39mm) & left (se1451/Im21 and Se3/Im52; 30x25mm).

Musculoskeletal system:
Degenerative disorders without pathological PSMA foci in the skeleton. Retrolisthesis L2-L3.

Impression

1. Vital highly PSMA-expressing prostatic lesion of the TZ and PZ left. Furthermore, suspicion of extension to the left seminal vesicle.
2. Two PSMA-expressing internal iliac LN metastases bilaterally.
3. No PSMA-expressing distant spread.

With kind regards,

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

Dr. Ioannis Tsechelidis
Nuclear Medicine Physician

(The report has been electronically signed), 23-08-2023 10:30