

MEDICAL REPORT

PATIENT NAME			
HIS ID			
EXAMINATION DATE	19-10-2023		
DOB			
POLICE ID		GESY REGISTRY NO	

Procedure: 18F-PSMA PET/CT scan

Dr. Tsatsanidis N.

Medical History:PCa (GS7b; GG 3; iPSA 5.4 ng/ml)

Indication/Medical question:Staging

Patient's personal data: Weight= 56 Kg, Height= 150 cm

Technique: Imaging was performed 120 minutes after intravenous administration of 148 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 406 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.

Findings:

Head/Neck:

Physiological tracer distribution in the lacrimal and salivary glands. No PSMA-pathologies of the cervical lymph nodes and thyroid.

Thorax:

In the low-dose CT, no evidence of suspicious pulmonary lesions. No PSMA-pathologies of the axillary and mediastinal lymph nodes. Absence of pericardial or pleural effusion.

Abdomen/Pelvis:

Physiological tracer distribution throughout the liver. Bilateral renal cysts. Infradiaphragmatic and especially pelvic lymph nodes without PSMA abnormalities. Moderately elevated intraprostatic PSMA uptake paramedian left (S 1451/34).

Musculoskeletal system:

Inhomogenous tracer distribution of the skeleton, without focal maxima suggestive of osseous spread.

Impression

1. Moderate intraprostatic PSMA-expression, likely representing the histologically confirmed prostate cancer.
2. No PSMA-positive seminal vesicle involvement.
3. No PSMA-overexpressing lymphogenous or distant spread.

With kind regards,

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

(The report has been electronically signed), 25-10-2023 15:36