

MEDICAL REPORT

PATIENT NAME	
HIS ID	
EXAMINATION DATE	12-01-2024
DOB	
POLICE ID	
	GESY REGISTRY NO

Procedure: 18F-FDG PET/CT scan

Dr. Bikou K.

Medical History: Diagnosis: Oropharyngeal ca Initial diagnosis: 02/23

Localization: Base of tongue

Histology: Epithelial/myoepithelial ca of salivary glands, grade I

Classification: cT3 cN0 cM0

Metastases: none

Previous treatment/Course of disease:

11/22 MRI neck: Lesion of the base of tongue

12/22 CT chest: hiatal hernia, asbestos related pleural plaques

12/22 Partial glossectomy and Lt tonsillectomy: No malignancy

01/23 MRI brain: post-radiotherapy lesions

02/23 U/S guided biopsy: confirmation of malignancy

02/23 PET/CT: FDG-avid malignant mass affecting the tongue L>R and extended to hyoid bone, without evidence of osseous infiltration. Rt cervical LN of level with discreet glucose consumption. Right pulmonary micronodules without FDG-uptake.

02/23 MRI neck: lesion in BOT Lt dimensions 50x22x20mm, second lesion in BOT Rt 20mm in size, no cervical lymphadenopathy

03-04/23 Concurrent radiochemotherapy of the lesion and cervical LNs

07/23 MRI neck: Partial response of the base of tongue lesion (was 50x22x20mm, now 42x16x15mm)

10/23 MRI neck: further partial response of the Lt base of tongue lesion. Almost complete response of the small lesion at the Rt base of tongue.

10/23 CT chest: Bigger in dimension lung nodules (RUL: 7mm, was 4mm-RLL: 7mm and 6mm, were 4mm both) and new nodule of the RLL~ 3mm

Indication/Medical question: Restaging.

Patient's personal data: Weight= 73 Kg, Height= 160 cm, Serum glucose (immediately prior to injection) = 80 mg/dl

Technique: Imaging was performed 60 minutes after intravenous administration of 207 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 945 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: C-CT of 13.10.2023, N-MRI of 13.10.2023, 07.07.2023, 28.02.2023, 18F-FDG PET/CT of 22.02.2023.

Findings:

Stable Average SUV of the liver 2,5.

Head/Neck:

Cerebral atrophy; status quo of hypometabolism of left frontal lobe (Se3051, Se19/Im23) corresponding to vascular malformation described on MRI. Mastoid cells free. Non-hypermetabolic secretions of the right maxillary sinus (Se3051/Im50) corresponding to chronic inflammation. Partial response of primary with residual activity of base of tongue left (SUV from 11 to 5; from Se3051, Se19/Im69 to Se3051, Se19/Im70). Remission of right cervical LN of level II.

Thorax:

Progress of some pulmonary nodules seen on CT of 13.10.2023 and detection of new lungs' lesions presenting no to faint FDG-uptake (e.g. Se16/Im91,111,121,143,152,213). Absence of pleural or pericardiac effusion. Hiatal hernia. 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. Hypermetabolic bands surrounding the shoulders and hips, of inflammatory nature.

Impression

1. Progress of some pulmonary nodules seen on CT of 13.10.2023 and detection of new lungs' lesions presenting no to faint FDG-uptake.
2. Partial response of primary with residual activity of base of tongue left.
3. Remission of right cervical LN of level II.

With kind regards,

Dr. Ioannis Tsechelidis
Nuclear Medicine Physician

(The report has been electronically signed), 15-01-2024 09:16