

## MEDICAL REPORT

PATIENT NAME			
HIS ID	0020041595		
EXAMINATION DATE	15-12-2022		
DOB			
POLICE ID		GESY REGISTRY NO	975149

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

Dr.Ferentinos K.

**Medical History:** Invasive ADC of the prostate, Gleason 7b(4+3), iPSA=36 ng/ml.

**Indication/Medical question:** Staging.

**Patient's personal data:** Weight= 80 Kg, Height= 172 cm

**Technique:** Imaging was performed 120 minutes after intravenous administration of 219 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 796 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:** External Pelvis & Prostate-MRI of 09.11.2022, BS of 02.11.2022.

### Findings:

#### Head/Neck:

Physiological radiopharmaceutical distribution in the lacrimal and salivary glands. Mastoid cells and paranasal sinuses free. Cervical lymph nodes without enlargement or PSMA expression.

### Thorax:

In the low-dose CT no evidence of suspicious pulmonary lesions. Azygos lobe. Normal appearance of the mediastinal and axillar lymph nodes without PSMA expression. Discrete FDG-uptake adjacent to the upper thoracic spine corresponding to stellate ganglion (Se2751/Im87). Absence of pleural or pericardial effusion. Hiatal hernia.

### Abdomen/Pelvis:

Physiological radiopharmaceutical distribution in the abdominal organs and intestine. Renal cysts left. Discrete PSMA-expression of the celiac structures (Se2751/Im176), primarily compatible with allowed coeliac ganglion accumulation. Highly PSMA-expressing prostatic lesion left (Se1451/Im30-37) with questionable involvement of the seminal vesicle neck, left (S 14/ima 29). Infra-diaphragmatic, particularly pelvic lymph nodes of normal size without PSMA expression. Sigmoid diverticulosis.

### Musculoskeletal system:

Degenerative disorders without pathological PSMA foci in the skeleton, especially of the pelvic bones. Haemangioma of Th8 (Se17/Im345).

### **Impression**

1. PSMA-expressing prostatic malignancy left with questionable involvement of the seminal vesicle neck.
2. No PSMA-expressing LN spread or distant metastasis.
3. Secondary finding: Sigmoid diverticulosis.

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), 16-12-2022 13:01