

MEDICAL REPORT

PATIENT NAME	
HIS ID	
EXAMINATION DATE	
DOB	
POLICE ID	
	GESY REGISTRY NO

Procedure: 18F-FDG PET/CT scan

Cc: Dr. Orphanos

Medical History: Ca Πνεύμονα με λεμφαδενοπάθεια μεσοθωρακίου, μετάσταση σε αρ. επινεφρίδιο και δ. νεφρού. Χημειοθεραπεία Carboplatin-Pemetrexed-Pembrolizumab x6 Pemetrexed-Pembrolizumab x 20

Indication/Medical question: Restaging prior radiotherapy

Patient's personal data: Weight= 65 Kg, Height= 170 cm, Serum glucose (immediately prior to injection) = 116 mg/dl

Technique: Imaging was performed 60 minutes after intravenous administration of 224 MBq 18F-FDG (Fludeoxyglucose). Images were acquired using a Discovery IQ PET/CT system (3 rings; 16 slices) of General Electric. The images were obtained from skull base 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 611 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: 18F-FDG PET/CT scan from 20.05.2020

Findings:

Peak SUV of the liver 2.4.

Skull base/Neck:

Secretion of the left maxillary sinus without FDG avidity. Stable appearance of a discretely hypermetabolic nodule left, compatible to a Wharths tumour (S 1401/ima 10). Known thyroid nodule left, further on, without FDG avidity.

Thorax:

Significant morphological and metabolic remission of the known pulmonary cancer of the right lower lobe of 32×27 mm (S 15/ima 71), with only discrete FDG uptake (SUV 1.7; S 1401/86). As compared to the previous PET/CT examination new pulmonary nodule of 23×16 mm of the right upper lobe with intense hypermetabolism (SUV 9.0; S 1401/66). Persistent right hilus lymph node of 10×9 mm (15/ima 48) with minor hypermetabolism (SUV 2.1; S 1401/ima 68). Complete morphologic and metabolic remission of all other previously detected lymph nodes. No new lesions.

Abdomen/Pelvis:

Physiological and homogeneous hepatic metabolism. Normal metabolic status of the parenchymatous upper abdominal organs and especially of the adrenal glands. Infradiaphragmatic and especially retroperitoneal lymph nodes left without pathological FDG uptake. Complete remission of the previously detected FDG uptake of the left pelvis.

Musculoskeletal system:

Further on, no suspicious osseous findings.

Impression

1. As compared to the previous PET/CT examination new pulmonary nodule of the right upper lobe with intense hypermetabolism, indicative of malignancy.
2. Persistent right hilus lymph node with minor hypermetabolism.
3. Morphologic residual of the of the primary pulmonary tumour of the right lower lobe, with only discrete FDG uptake.
4. Complete metabolic remission of all other previously detected foci.

With kind regards,

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

(The report has been electronically signed), 08-09-2021 14:05