
Patient: DOE, JOHN

Exam Date: 05/25/2010

MRN : JD4USARAD

DOB: 01/01/1961

Referring Physician: DR. DAVID LIVESEY

FAX: (305) 418-8166

PET/CT OF THE WHOLE BODY

CLINICAL HISTORY: Melanoma January, 2008, rectum; metastases to liver and tail bone. Lymph node metastases. Vascular therapy performed on March 9th; radiation therapy June, 2009.

TECHNIQUE: A PET/CT scan was obtained from the level of the vertex of the skull to the distal toes following the administration of 13.4 mCi of FDG intravenously.

COMPARISON: April 7, 2009.

REPORT: HEAD AND NECK: There is no intracranial hemorrhage, midline shift or hydrocephalus.

The cerebellum and brainstem are normal. The basal cisterns are patent.

The skull is intact. The visualized paranasal sinuses and temporal mastoid bone air cells are clear. There is mild to moderate bowing of the nasal septum to the left side. The salivary glands of the neck are normal.

The epiglottic, aryepiglottic folds, true and false vocal cords and supra and subglottic airway are intact. The thyroid gland is normal.

There is no abnormal radiotracer uptake located within the head and neck.

CHEST: The heart measures at the upper limits of normal in size. There is no evidence of a pericardial effusion.

The ascending thoracic aorta is minimally ectatic measuring up to 3.2 cm in diameter. The distal tip of a Port-a-Catheter device placed via the left subclavian vein resides within the superior vena cava.

There are stable right paratracheal lymph nodes. These lymph nodes are not radiotracer avid.

There is no evidence of pleural effusion.

There has been a significant interval increase in the size of a now 3 x 2.6 cm

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peripherally located metastasis located within the apical posterior segment of the left upper lobe. Previously, this metastasis measured only 0.7 x 0.5 cm. There is significantly increased radiotracer uptake within this mass, which measures up to 8.6 SUVs. Previously the mass measured up to 3.3 SUVs.

There has been an interval increase in the size of a now 1.3 x 0.9 cm subpleural non-calcified metastasis located within the apical segment of the right upper lobe, which previously measured 0.4 cm in diameter. This metastasis measures up to 6 SUVs. There is mild dependent atelectasis located within both mid and lower lung zones.

ABDOMEN AND PELVIS: There has been an interval increase in size of a now 4.6 x 2.8 cm metastasis located within the low anterior and posterior segments of the right lobe of the liver. Previously, this metastasis measured approximately 1.9 x 1.5 cm. This metastasis measures up to 10.7 SUVs. There has been interval increase in the size of a now 3 x 1.9 cm metastasis located within the posterior segment of the right lobe of the liver at the junction of segments 6 and 7. Previously this metastasis measured approximately 1.4 x 0.9 cm. This metastasis is radiotracer avid and measures up to 8.1 SUVs. There has been no significant interval change in the size of a 0.6 cm metastasis located within the ventral high lateral segments of the left lobe of the liver, which measures approximately 4.5 SUVs.

There is no intra or extrahepatic bile duct dilation.

The spleen, pancreas and adrenal glands are normal. The gallbladder is normal.

There is no hydroureteronephrosis or nephrolithiasis. The abdominal aorta is normal in caliber.

There is no lymphadenopathy identified within the abdomen.

There is a short Hartmans pouch extending from the proximal to mid sigmoid colon to the anus. There is stable moderate thickening of the wall of the distal sigmoid colon and rectum, possibly due to radiation induced changes.

The uterus appears to be smaller than on the prior study, a finding of uncertain etiology. There appear to be tubal ligation rings in place.

There is an end colostomy stoma overlying the left mid to anterior abdominal wall.

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There is a moderate quantity of stool located within the colon consistent with constipation. The appendix is not seen.

There is a stable centrally hypodense mass measuring approximately 1.6 x 1.2 cm located within the presacral space, which exhibits increased SUV measurement of up to 4.5.

There has been no interval change in the size or appearance of a 1.1 cm slightly hypodense mass located to the right side of the distal rectum. This mass is not radiotracer avid.

There is no extraluminal air or fluid identified within the abdomen or pelvis. This is no lymphadenopathy located within the abdomen or pelvis.

There is no abnormal radiotracer uptake located within either lower extremity.

SKELETON: I do not see evidence of metastatic disease to bone.

CONCLUSION: There has been progressive metastatic disease within the chest and liver as described in the body of the report. Two lung metastases have increased in size when compared to the prior examination. The degree of metabolic activity within these metastases has also increased when compared to the prior study. There has been an interval increase in the size of several liver metastases. There is a new metastasis located within the dorsal lobe of the posterior segment of the right lobe of the liver.

-Electronically Signed by: **RADIOLOGIST, MD** on

08/21/2009 8:20:56 AM
