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Date printed: 2/20/2023

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Study result

Impression

1. Markedly favorable response to interval therapy.
2. The previously noted intensely FDG avid lesions in the left infrahilar soft tissue mass and metastatic disease involving bilateral supraclavicular, multicompartment mediastinal, left hilar, pleural based densities, and abdominal retroperitoneal lymph nodes are no longer measurable without any FDG activity.
3. There is mild pleural thickening versus effusion noted in the inferior anterior left lung base without any FDG activity and measuring 0.75 cm in thickness. Mild adjacent atelectatic and interstitial changes with mild diffuse FDG activity in the left lower lung field. Findings are nonspecific and may represent post therapy/inflammatory etiology.
4. There is no longer any hypermetabolic evidence for metastatic disease involving the liver and bones, as further described above.
5. Stable focal intense tracer activity noted in the hypodense lesion in the right lobe of the thyroid gland measuring approximately 1 cm. Considering the focal activity and intensity, recommend further evaluation with thyroid ultrasound and tissue biopsy if warranted.
6. Interval new tracer activity noted in bilateral posterior nasopharyngeal space/palatine tonsil region extending into the lingual tonsils with soft tissue prominence, slightly more prominent on the left. In addition, there is intense tracer activity noted in prominent sized bilateral cervical lymph nodes. Findings

are suspicious for infectious/inflammatory etiology and recommend clinical correlation.

This report electronically signed by Dr Ramona Tabib, MD on 2/20/2023 1:52 PM

Narrative

CLINICAL HISTORY:Reason: follow up stage 4 lung cancer on alectinib, I prefer schedule it mid febaroudn the 15 th (3 mo post Rx) can be done west LA CREAT 0.65 11/09/2022 EGFR CREATININE-BASED 117 11/09/2022 GFR 79 11/01/2021

RADIOPHARMACEUTICAL: 9.9 millicuries of F-18 FDG administered intravenously.

PROCEDURE: Serum glucose was measured at 92 mg/dl at the time of injection. Following intravenous injection of 18-Fluoro-2-deoxyglucose (FDG) and an extended uptake period, the patient was imaged on a Siemens Biograph mCT Flow TrueV mobile PET/CT scanner. A CT scan followed up by PET scan was performed from the base of skull to the mid thigh, arms above the head position. Nondiagnostic low dose CT images were acquired without IV and oral contrast, and were used for attenuation correction and for anatomic correlation of PET abnormalities only.

COMPARISON: PET/CT scan dated 10/29/2022

CORRELATION: None

REFERENCE: Physiologic liver uptake SUV mean: 2.0, previously 2.2; Descending aorta SUV mean 1.8, previously 2.1.

FINDINGS:

HEAD / NECK:
FDG distribution is unremarkable in the visualized portion of the brain. Interval new tracer activity noted in bilateral posterior nasopharyngeal space/palatine tonsil region extending into the lingual tonsils with soft tissue prominence, slightly more prominent on the left. In addition, there is intense tracer activity noted in prominent sized bilateral cervical lymph nodes. For reference, the right level 2 cervical lymph node measures 1.8 x 1.2 cm with SUV max 5 (image 36).

Stable focal intense tracer activity noted in the hypodense lesion in the right lobe of the thyroid gland measuring approximately 1 cm with SUV max 3.3, previously with SUV max 4.7. Considering the focal activity and intensity, recommend further evaluation with thyroid ultrasound and tissue biopsy if warranted.

CHEST:
There is significant response to therapy with decrease in size and FDG activity noted in the multi-compartment enlarged mediastinal lymph nodes and bilateral supraclavicular lymph nodes, currently nonmeasurable without any FDG activity

noted.

The previously noted mass with focal intense tracer activity in the left infrahilar region is no longer visualized without any abnormal FDG activity in this region.

There is a small size residual dependent and loculated pleural effusion in the left lower lung field. The previously noted numerous pleural-based masses are no longer visualized without any FDG activity. There is mild pleural thickening versus effusion noted in the inferior anterior left lung base without any FDG activity and measuring 0.75 cm in thickness.
Mild adjacent atelectatic and interstitial changes with mild diffuse FDG activity in the left lower lung field with SUV max of 2.3.

Prominent bilateral breast parenchyma with diffuse FDG activity is likely physiological.

ABDOMEN/PELVIS:
There is no longer any focal abnormal tracer activity noted within the liver with specific attention to the ill-defined hypodense lesion in the posterior right hepatic lobe.

There is no longer any FDG avid or prominent sized upper abdominal and retroperitoneal lymph nodes.

There is focal intense tracer activity noted in the endometrial cavity of the uterus, likely physiological considering patient's age. There is also new intense tracer activity noted in the bilateral adnexa, likely compatible with physiologic ovarian etiology.

There are no new concerning findings noted in the abdomen and pelvis.

SKELETAL SYSTEM:
There is no longer any FDG avid metastatic disease noted within the bones. The previously noted focal intense tracer activity noted in the T10 vertebra (previously lytic), midline of the sacrum, and left posterior iliac bone appears to be sclerotic in appearance on the current study and likely represent treated metastatic disease.

Component results

There is no component information for this result.

General information

Ordered by: KANCHANA SUBRAMANIAN ANAND MD

Collected: 02/20/2023 1:52 PM

Resulted: 02/20/2023 1:52 PM

Result status: Final result