



Patient: xxxxxx, xxxxxxxxxx

DOB: xx/xx/xxxxx SSN: xxx-xx-xxxx

Referring Physician: xxxxx, xxxxxxxxxx

Report Copies: xxxxx, xxxxxxxxxx

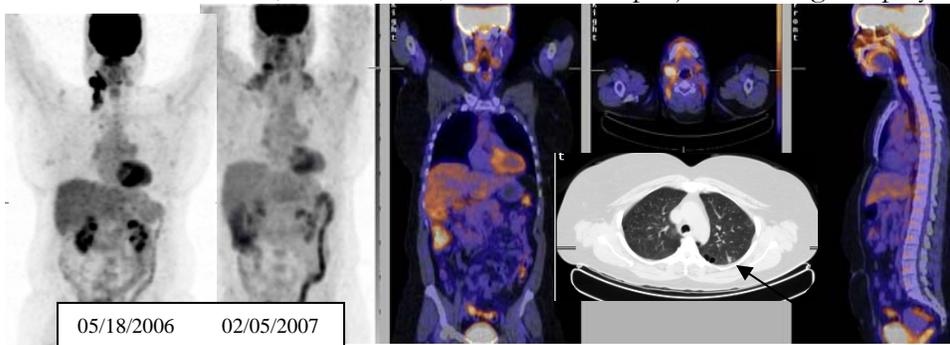
**Whole Body <sup>18</sup>F-DG PET/CT Examination (78815, A9552)**

**Dose:** 11.6 mCi, IV. **Technologist:** xxxxx, xxxxxxxx, CNMT

**Date:** 02/05/2007

**Clinical:** 49Y F for restaging, lymphoma (202.80).

**Procedure:** Following a 5 hour fast, the patient was given <sup>18</sup>F-fluorodeoxyglucose (FDG) intravenously. 60 minutes later, high resolution positron emission tomographic (PET) imaging was performed, using the Philips Gemini PET/CT system, extending from the level of the top of the brain to the knees. CT attenuation correction was employed. Images were reconstructed using 3D RAMLA techniques, formatted in axial, coronal and sagittal planes. Attenuation corrected, uncorrected, and cinematic projection image displays were reviewed.



**Findings:** Concurrent diagnostic CT of the neck, chest, abdomen and pelvis is reported separately. Prior PET/CT from 05/18/2006 is reviewed. The following regions demonstrate increased <sup>18</sup>F-DG accumulation: **Head/Neck:** Focal moderate adenoid, peak SUV of 4.9, soft palate and tongue. Sub-occipital, posterior triangle (Level V) nodes with moderate accumulation. Right middle and lower jugular (Level III-IV) nodal conglomerate redemonstrated, peak SUV of 6.8, previously 9.7; Metabolic brown fat is seen in the supraclavicular regions. **Chest:** Ill defined nodular density in the left apicoposterior segment, subpleural lung, ~9 mm, peak SUV of 2.0; Mild bilateral hilar, peak SUV of 2.4 (right), previously <2.5. Numerous bilateral pulmonary blebs. **Abdomen/Pelvis:** Diffuse moderate colonic and rectosigmoid accumulation can be a normal finding. There is otherwise grossly normal biodistribution of radioglucose activity. Fibroid uterus.

**Impression:**

1. Numerous neck nodal accumulations with one conglomerate group redemonstrated, mild decrease in peak uptake when compared to the prior PET/CT of 05/18/2006.
2. New left lung nodule with peak uptake usually associated with benign process. Near complete resolution of the previously seen right apical nodule. Recommend follow-up CT to ensure stability/resolution.
3. Bilateral mild hilar accumulation redemonstrated.
4. Please see the separately reported diagnostic CT for further information.

Thank you for your referral.

*Howard A. Carpenter, M.D.*

Howard A. Carpenter, M.D.

02/08/2007