

BC Cancer Agency

Transcription Text

Agency Id 1129396

Event Date: 20 Dec 2011

Name: Walker, Ms Samantha

Dictated: 20 Dec 2011 Wilson, Don

Birth: [REDACTED] Sex: F

Transcribed: 20 Dec 2011 sfox

Printed: 22 Dec 2011 16:20

Page 1 of 2

VA - Vancouver (sig)

PET

BCCA PET Scan Report

Accession No.: VC10051016

Ordering physician: Dr. T. Shaipanich

PET SCAN REPORT

Procedure: 18F-FDG PET/CT scan.

History

Moderately differentiated adenocarcinoma of the appendix. For PET staging evaluation.

Technique

388 MBq of FDG was administered intravenously following a six-hour fast and informed consent. Prior to injection, the blood glucose level was 4.3 mmol/L. Approximately one hour later, low mA non-contrast CT and co-registered emission PET images were acquired from base of brain to proximal thighs.

Results are correlated with CT scans performed December 6 and December 15, 2011 at St. Paul's Hospital.

Findings

No suspicious lesions are identified in the head and neck region.

Low grade uptake (SUVmax 3.9) is seen in the periphery of a 4.2 x 3.7 cm, relatively low density mass in the anterior segment of the right upper lobe. The lesion extends from the right hilum to abut the anterior pleural surface. There is no evidence of chest wall invasion. The mass is relatively hypometabolic centrally in keeping with necrosis or mucinous degeneration.

Similar low grade activity is present within an "arrowhead" shaped 2.8 x 0.8 cm density which abuts the adjacent major and minor fissures in the superior aspect of the right middle lobe. No other hypermetabolic parenchymal lung lesions are identified.

Low grade uptake is seen within multiple right hilar lymph nodes, the largest 1.4 cm in diameter with an SUVmax of 3.4. Low grade uptake is associated with an ill-defined, 1.5 cm lymph node in the right paratracheal region, just superior to the azygous vein. There is no pleural effusion.

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Electronically Signed: 22 Dec 2011 Wilson, Don

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VA - Vancouver (slg)

PET

BCCA PET Scan Report

No FDG-avid lesions are identified in the liver or adrenal glands. Definition of soft tissue planes in the abdomen is challenging due to the lack of CT contrast material and intra-abdominal fat. Nonetheless, there is a 1.2 cm hypermetabolic focus (SUVmax 3.7) located between bowel and the anterior aspect of the right psoas muscle, lateral to the right ureter at the level of the top of the SI joint. No other hypermetabolic peritoneal or retroperitoneal lesions are identified. There is no hydronephrosis or ascites. Note is made of a prior hysterectomy.

No FDG-avid or destructive bone lesions are apparent.

Impression

1. Findings are consistent with two metastatic lesions in the right lung as outlined above.
2. Increased tracer uptake within right hilar and right paratracheal lymph nodes is suspicious for metastatic disease.
3. Focal FDG uptake anterior to the right psoas muscle is suspicious for recurrent malignancy.
4. No suspicious FDG-avid lesions are identified elsewhere.

Don C. Wilson, MD, FRCPC

Dr. DEBORAH HOEBERG Dr. TAWIMAS SHAI PANICH

20 Dec 2011

20 Dec 2011

CONSULTATION REPORT (Cont)

Exam Date: Dec 15, 2011

cc: 099047 PHYSICIAN DIAGNOSTIC

cc: 002841 DEBORAH HOEBERG

cc:

Pt. Name: WALKER, SAMANTHA JUNE

MPI #: 02174301-8

DOB: [REDACTED]

41

Sex: F

Pt Type: ODOPT

Loc: PRA

FRA: BCHI

ORD MD: CHEW, JESSE 026618

condition are unusual.

I understand this patient is otherwise healthy and a non-smoker which should make primary bronchogenic carcinoma, which would form the differential in this case, much less likely. Respiratory consult is advised.

DICTATED BY: CAMERON HAGUE, MD

STAFF MD: