



Grossman Imaging Centers



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Patient: ABRAMS, ROXANN

Exam Date: 14:00

Patient Tel:

Location: EXCITE

Ordering Physician:

MRN:

PROCEDURE: PET/CT- WHOLE BODY

INDICATIONS: BI-LATERAL BREAST CANCER

TECHNIQUE: Following 17.6 mCi FDG IV and an appropriate wait, PET and localizing CT images were obtained from the vertex of the skull to the feet (with arms down). Blood glucose: 110 mg/dL.

COMPARISON: None.

FINDINGS:

HEAD/NECK: No hypermetabolic abnormality. No adenopathy.

CHEST: Previous bilateral mastectomies with a left breast implant. Mild FDG activity around the implant with SUVs of approximately 2. This is consistent with postsurgical change. Focal tumor is not suspected. There is also mild FDG activity in the right chest wall, in the postoperative site, with SUVs up to 3.3. This is probably postsurgical as well. No axillary adenopathy. No suspicious pulmonary nodules.

ABDOMEN/PELVIS: Extensive diverticulosis without evidence of diverticulitis. No hypermetabolic FDG activity that would suggest metastatic disease. No significant adenopathy. Pneumobilia with gas in the left hepatic duct and a previous cholecystectomy.

BONES: No hypermetabolic abnormality. No lytic or blastic lesions that would suggest tumor.

ARMS: No hypermetabolic abnormality.

LEGS: No hypermetabolic abnormality.

OTHER: None.

CONCLUSION:

1. Postoperative changes with previous bilateral mastectomies and a left breast implant. There is mild FDG activity in the adjacent soft tissues which is consistent with postoperative change. Local recurrent tumor is not suspected.
2. No evidence of metastatic disease.
3. Pneumobilia with gas in the left hepatic duct and a previous cholecystectomy. Clinical correlation is needed to determine significance.
4. Extensive sigmoid diverticulosis.