PETIMAGING

THORNTON

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Patient Name: MICKLE, CHRISTOPHER
MRN: 19-619
DOB: March 30, 1952
Referring Doctor: Kevin Schewe, M.D.
Order Location: Whole-Body PET/CT Scan
Service Date: March 15, 2010

Reporting MD: Gilbert III, John M.
Transcription date: 2010-03-15 10:57
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HISTORY: A 57-year-old male with lymphoma above and below the diaphragm diagnosed 08/06 treated with chemotherapy and stem cell transplant at that time. Recurrence in 2008 was treated with Bexxar and with more chemotherapy as well as radiation therapy 03/09. Progression was diagnosed 12/09, and the patient received additional radiation therapy completed 1/10. PET/CT requested for restaging.

RADIOPHARMACEUTICAL: 18.7 mCi F-18 FDG injected in a left antecubital vein.

TECHNIQUE: Sixty-two minutes after radiopharmaceutical administration, routine whole-body PET/CT imaging was performed from the skull vertex to the mid thigh. PET images were reviewed in standard orthogonal projections. Noncontrast CT imaging was performed for attenuation correction and localization purposes only. These images do not constitute a diagnostic-quality CT examination and were not used to diagnose disease independently of the PET images. At the time of the examination, the patient's blood glucose level was 91 mg/dl.

COMPARISON: 12/01/09.

FINDINGS: There is a small dose infiltration in the left antecubital fossa.

The hypermetabolic mass within the mesentery seen on the prior study has completely resolved. Currently, there are no definite findings of active lymphoma. No enlarged or hypermetabolic lymph nodes are seen in the neck, chest, abdomen, or pelvis. The spleen is normal in size. There are no findings of osseous lymphoma.

Intracranial structures are grossly unremarkable. No cervical or supraclavicular adenopathy. The lungs are clear except for left paramediastinal radiation changes. Heart size is normal. No axillary, hilar, or mediastinal adenopathy.

Solid abdominal viscera are grossly unremarkable except for stable hepatic dome hypodensities which are probably cysts and a right renal hypodensity which is also likely a cyst. Additionally, bilateral non-obstructing renal calculi are present. Bowel uptake appears to be physiologic. No adenopathy in the abdomen or pelvis. Prostate and

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seminal vesicles are unremarkable.

No lytic, blastic, or hypermetabolic osseous lesions are demonstrated.

IMPRESSION:

1. Interval resolution of the hypermetabolic mesenteric mass seen previously. Currently, there are no findings of active FDG-avid lymphoma.
2. Stable hepatic dome and right renal hypodensities which are probably cysts. Stable non-obstructing bilateral renal calculi.

John M. Gilbert III, M.D.
JMG/ljc 80203, (11)

Electronically signed by: John M. Gilbert III (Mar 15, 2010 14:29:11)