PET SCAN Katie (WOD) Aug 11, 21

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Impression

1. Extensive hypermetabolic intraperitoneal disease with associated moderate ascites, compatible with known peritoneal carcinomatosis and malignant ascites.
2. In addition to scattered mesenteric lesions that may include FDG avid lymph nodes/lymphadenopathy, there is also FDG avid retroperitoneal lymphadenopathy as well as scattered mediastinal paraesophageal nodes that likely reflect malignant involvement/metastases.
3. Small bilateral pleural effusions of uncertain etiology or clinical significance. However, malignant pleural effusions cannot be absolutely excluded.
4. Moderate to large hiatal hernia with mild to moderate diffuse/nonfocal uptake along the mid to distal esophagus as noted; favored as most likely to represent inflammation/esophagitis although clinical correlation is recommended.
5. Other incidental findings as detailed including aortic atherosclerosis.

Narrative

FDG PET/CT SCAN SKULL BASE TO MID THIGH

** HISTORY **:

80 years old, serous carcinoma of uncertain primary with peritoneal carcinomatosis. Initial treatment strategy.

** TECHNIQUE **:

RADIOPHARMACEUTICAL: F-18 FDG (fluorodeoxyglucose) 8 mCi IV

Blood glucose at FDG injection: 88 mg/dl

FDG uptake time: 67 minutes

Noncontrast CT images (intended primarily for attenuation correction and anatomic localization; not optimized for visceral and vascular evaluation) were acquired from skull base to mid thighs followed by PET emission scanning of the same anatomic region.

CTDI: 0.13,3.53 mGy; DLP: 11.92,289.21 mGy-cm

COMPARISON: CTs 7/26/2021, 7/25/2021

** FINDINGS **:

NECK

BRAIN: Not imaged.

VISUALIZED PARANASAL SINUSES: Clear.

UPPER AERODIGESTIVE TRACT: No FDG-avid lesion.

LYMPH NODES: No FDG-avid nodes.

THYROID: Moderate diffuse bilateral thyroid activity, likely considerations including prominent physiologic uptake versus inflammation/thyroiditis.

OTHER: None.

CHEST

CHEST WALL: No FDG-avid lesion.

EFFUSION: Small bilateral pleural effusions.

LYMPH NODES: Scattered mediastinal periesophageal lymph nodes demonstrating increased FDG uptake, suspicious for malignant involvement/metastases. Refer below for index lesions.

HEART AND VASCULATURE: Limited evaluation without IV contrast. Aortic atherosclerosis and coronary artery calcifications.

LUNGS: No FDG-avid nodule or mass. Small amount of dependent/subsegmental atelectasis within the lower lobes, probably related to bilateral pleural effusions previously noted.

OTHER: Moderate to large hiatal hernia. There is some fluid within the mid-distal esophagus, as well as some diffuse/nonfocal mild to moderate FDG uptake along the course of the mid-distal esophagus; favored as most likely inflammation/esophagitis.

ABDOMEN/PELVIS

LIVER: No overtly FDG-avid liver parenchymal lesion, although extensive hypermetabolic disease along the liver capsule and/or right hemidiaphragm in addition to other liver capsular or closely adjacent lesions and/or lymphadenopathy such as in the porta hepatis. Refer below for index lesions.

GALLBLADDER: Absent.

SPLEEN: Normal in size and metabolic activity. There is some multifocal/heterogeneous activity seen along portions of the splenic periphery, likely splenic capsular lesions as no clear correlate splenic parenchymal lesions definitively seen on CT from 07/25/2021. Refer below for index lesions.

PANCREAS: No FDG-avid lesion.

ADRENALS: No FDG-avid lesion.

KIDNEYS/BLADDER: Physiologic FDG excretion without hydronephrosis.

GI TRACT: In addition to other abdominopelvic lesions described below, intense FDG uptake associated with asymmetric and irregular wall thickening along scattered bowel segments, best appreciated and most pronounced along portions of the ascending colon and cecum; highly suspicious for at least bowel serosal disease involvement. Refer below for index lesions.

LYMPH NODES: In addition to multifocal hypermetabolic abdominopelvic intraperitoneal lesions and tumor implants including multifocal and conglomerate peritoneal lesions including within the pelvis, multifocal hypermetabolic mesenteric soft tissue nodules and masses and/or mesenteric lymphadenopathy. There are also hypermetabolic retroperitoneal lymph nodes/lymphadenopathy including along bilateral common and external iliac chains as well as right pelvic/obturator node. Refer below for index lesions.

VASCULATURE: Limited evaluation absent IV contrast. Normal abdominal aortic diameter (<3cm). Aortic atherosclerosis.

PELVIC ORGANS: In addition to other abdominopelvic lesions described above, specific note is made of hypermetabolic mass or implant within the right low pelvis not clearly confluent with other

pelvic lesions and closely adjacent to or associated with the lower uterine segment and vagina; although whether this represents primary lesion as opposed to tumor implants is uncertain. Refer below for index lesions.

ASCITES/PERITONEUM: Moderate intraperitoneal fluid/ascites, corresponding to known malignant ascites in the setting of peritoneal carcinomatosis.

OTHER: None.

MUSCULOSKELETAL

BONES: No suspicious FDG-avid or destructive osseous lesion. Multilevel spinal degenerative changes in addition to lower thoracolumbar rotatory dextroscoliosis.

SOFT TISSUES: No significant abnormality.

INDEX LESIONS:

A: Mediastinal paraesophageal node, axial image 77, 0.9 x 0.8 cm, SUVmax 4

B: Mediastinal paraesophageal node, axial image 98, 0.7 x 0.7 cm, SUVmax 5.3

C: Periaortic node, axial image 135, 1.2 x 1.1 cm, SUVmax 9.8

D: Right pelvic node, axial image 191, 0.8 x 0.7 cm, SUVmax 4.7

E: Mesenteric conglomerate mass or lymphadenopathy, axial image 157, 6.9 x 2.9 cm, SUVmax 14.1

F: Right low pelvic mass, axial image 208, approximately 3.8 x 3.5 cm, SUVmax 20

Some test results or notes may be difficult to interpret. We recommend allowing your care team time to contact you regarding follow-up.