

Member name: Ray P Scott
Date of birth: 9/19/1961
Gender: M
Primary care physician: MADHAVI ABHAY RISBUD MD, M.D.
Date printed: 12/13/2022

For general information about a test procedure, click the "About this test" link above.

To see more information about a test result, select the "Details" tab. To compare test results over time, click "Past results" or "Graph of past results."

Minor abnormalities of test results are not unusual and may not be significant. They are subject to the interpretation of your health care practitioner.

Study result

Narrative

ASAP Outside order PET/CT Mid skull/Mid thigh Alan Dickey Cartmell MD
6501 Truxtun Ave, Bakersfield, CA 93309 Phone: 661-322-2206 Fax: 661-862-8556 macedo

Transcriptions

Kaiser MRN: 000012612698

Patient: RAYMOND SCOTT 09/19/1961
Account: 13140902
Date of service: 11/11/2022 12:30
Date result signed: 11/15/2022 09:34

Referring Physician:
ALAN CARTMELL
6501 TRUXTUN AVE
STE 180
BAKERSFIELD CA 93309

EXAMINATION: PET CT TUMOR IMAGING SKULL BASE TO MID THIGH

CLINICAL INDICATION: Personal history of other malignant neoplasm of large intestine.

PET/CT REQUESTED FOR: Subsequent treatment strategy.

TECHNIQUE: After obtaining the patient's consent, F-18 FDG was administered intravenously. PET/CT imaging was performed from skull to thigh with multi-planar imaging without oral or intravenous contrast material, using a dedicated integrated PET/CT scanner.

PHARMACEUTICAL: 11.78 mCi F-18 FDG.

PATIENT BLOOD GLUCOSE: 73 mg/dl.

The total DLP was 1746 mGy-cm and the CTDI was 16.37 mGy. Low dose protocols were performed.

One or more of the following dose reduction techniques were used: automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique.

CORRELATIVE STUDIES: CT chest from 1/30/2022 and CT chest, abdomen, and pelvis from 9/4/2021.

FINDINGS:

HEAD/NECK: No mass or lymphadenopathy. No pathologic FDG activity.

LUNGS: Stable 4 mm nodules in the posterior and lateral left lower lobe without significant FDG activity, but too small to accurately characterize on PET. No new suspicious nodule or consolidation is identified.

MEDIASTINUM/HILA: No mass or lymphadenopathy. No pathologic FDG activity. Stable ectatic ascending thoracic aorta measuring 4.1 cm in maximum diameter. Mediastinal blood pool activity is at SUV max of 2.7 and mean of 1.8.

CHEST WALL/AXILLA: No mass or lymphadenopathy. No pathologic FDG activity.

ABDOMEN/PELVIS: No mass or lymphadenopathy. No pathologic FDG activity. Liver activity is at SUV max of 3.3 and mean of 2.4. Stable severe right hydronephrosis with right renal cortical thinning likely chronic in nature. Stable proximal right ureteral and left renal calculi. Stable postoperative changes compatible with right hemicolectomy. Stable enlarged prostate. Unchanged diastasis and atrophy of the right rectus abdominis muscle. Stable small fat-containing left inguinal hernia.

BONES: No suspicious lesions on CT Imaging. No pathologic FDG activity. Multilevel degenerative changes most prominent at the cervical spine.

OTHER: Negative.

IMPRESSION:

1. Stable 4 mm left lower lobe nodules without significant hypermetabolic activity, but too small to accurately characterize on PET.
2. No other evidence for recurrent or metastatic disease.
3. Stable chronic findings as detailed above.

Electronically signed by Dr. John Fan from RADNET on 11/15/2022
09:34

ReportKey: 929342558

Component results

There is no component information for this result.

General information

Ordered by: AFFILIATE CONTRACT PROV KC

Collected: 11/11/2022 12:30 PM

Resulted: 11/11/2022 12:30 PM

Result status: Final result

This test result has been released by an automatic process.