GROSSMONT HOSPITAL - SHARP HEALTHCARE
LA MESA, CALIFORNIA 91942
(619) 740-4005

R A D I O L O G Y C O N S U L T A T I O N

NAME: GRAVES, JESECA COMPLETED: 08/01/2006 1000 GHIC
MRN: 001011831 DOB: 01/21/1972 PRINTED: 08/11/2006 0819
VISIT #: 80559041 SHC#:102421149 ADM MD: ROBERT P BROUILLARD
ACC #: 302619729 SITE: GR ORD MD: ROBERT P BROUILLARD
EXAM: PETCT HEAD/NECK 78815

A d d e n d e d R e p o r t

CONTRAST: PETFDG DOSE: 12.9 mci

CPT-4 CODE(S): 78815
HISTORY: PRIMARY LEFT TONSIL CA W/ METS TO NECK NODES,EYELID,LIVER, MEDIASTINUM
PREGNANCY? N

REASON FOR EXAM: Head and neck restaging cancer.

TECHNIQUE: The patient was injected with 12.9 mCi of F-18 FDG when her serum glucose was 78 mg% and a total body PET CT fusion study was performed with corrected and non-corrected PET imaging. The images are reviewed on a dedicated workstation and the PET scans are reviewed with SPECT and cine analysis. Correlation is made with the report of a PET CT from Green Hospital dated 01/18/06. I will try to obtain the images for direct comparison with today's study. If I am successful, an addendum will follow.

FINDINGS: The patient is again noted to be status post right neck dissection. No evidence of abnormal activity is seen in the area of the tonsils at the site of the patient's primary tumor. No oral or nasopharyngeal activity is seen that is pathologic. There is a focus of abnormal activity adjacent to the right parotid gland consistent with a periparotid lymph node. This was approximately a 1-cm node seen on the CT scan. This was reported previously.

No other abnormal pathologic activity is seen in the head and neck.

There is a left axillary lymph node that takes up the glucose and this is consistent with metastasis. This was not reported on the patient's prior PET scan.

There are three right lung nodules that take up the radiopharmaceutical consistent with metastases. There are multiple foci of abnormal activity in the mediastinum consistent with residual lymphadenopathy. There are enlarged nodes seen in the right hilum and mediastinum and subcarinal region. There is mild abnormal activity residua consistent with some residual active disease in the mediastinum.

There is avid abnormal activity in a large mass in the right lobe of the liver and at least two other masses in the right lobe of the liver more inferiorly. These avidly take up the radiopharmaceutical. There is again a conglomeration of abnormal activity in the right periportal nodes. This was reported previously. No other abnormal activity is seen in the abdomen or pelvis.

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In review of the report of the prior study, only one nodule was reported in the right lung suggesting this has progressed. As discussed above, the left axillary node is new. Hopefully, we will be able to compare with the prior images directly so I can compare the extent of liver involvement currently seen.

IMPRESSION:

1. Evidence of metastatic disease most markedly to the liver and also periportal lymph nodes, three lung nodules, residual mediastinal activity, left axillary lymph node and a right periparotid node. By report, this would seem to have progressed from prior study, but I will try to obtain the prior images for direct comparison.

2. The CT shows extensive mediastinal and right hilar mass. Most of this mass does not metabolize the radiopharmaceutical.

Addendum # 1 by Harry Ellison on 08/11/2006 0648

I now have the patient's prior PET CTs available via CD from January 18, 2006 from Scripps Green and a PET scan from Scripps Memorial Hospital dated 3/11/05 as well as two prior PET scans. There has been progression of disease since 3/11/05. The liver has especially progressed and the right periportal lymph nodal mass is new.

Since January 2006 the mediastinal and hilar mass is about the same on CT. It appears more markedly involved on PET scan, however.

IMPRESSION:

Comparison with the prior study demonstrates progression of disease, especially to the liver.

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