
Satilla Regional Outpatient Imaging Center

410 Zachary St.
Waycross, Ga. 31501
RESULTS REPORT

NAME: SHIELDS,DAVID B **10/13/1939 72 M**

MR #: M001506917

ACCT #: V00033278268

ORDER DR: SRIDHAR SRINIVASAN, MD

ORD FOR: 10/26/11 0928

ORDER NO: 1026-0005

NS/ROOM: OIC

ATT DR: SRIDHAR SRINIVASAN, MD

PT CLASS: REG CLI

PRIVATE DOCTOR: PAULINE BELLECCI, MD

OTHER DR :

HISTORY/REASON: LUNG CA

COMMENTS:

DATE OF SERVICE: 10/26/11 0928

REPORT #: 1026-0217

STATUS: Signed 10/27/11

1333

READING DATE: 10/26/11 1312

READING DR: ONSY A BESTAWROS, MD

PROCEDURE: 10/26/11 PET&CT SKULL BASE TO MID THIGH **78815**

FULL RESULT:

The study was performed because of metastatic bronchogenic carcinoma.

Technique: The study is performed following intravenous injection of 12.3 mCi of FDG. Axial, coronal and sagittal PET images were performed and were correlated with concomitant CT scan of the neck, chest, abdomen and pelvis. The patient received chemotherapy in September 28, 2011 and radiation therapy in February and March 2011.

Findings: There are again multiple bilateral hypermetabolic pulmonary metastases. There has been overall decrease in the size of the metastases in comparison with the last study. The largest of these metastases is at the left lower lobe. In the last study it measured 5.2 x 2 cm. In the current examination it measures 4.8 x 1.9 cm indicating a response to therapy. The previously described hypermetabolic areas at the right pedicle of L4 and the posterior os of L3 are not seen in the current study indicating again response to therapy. There is a fusiform aneurysm of the distal abdominal aorta. This is unchanged. There is no evidence of hilar or mediastinal lymphadenopathy. No axillary or supraclavicular lymphadenopathy can be identified. The liver and the spleen are of normal size. There is no evidence of space occupying lesion or dilatation of the bile duct. Gallbladder is normal. Pancreas is unremarkable. Adrenal glands and both kidneys are normal. No pelvic masses can be identified. There is no evidence of iliac or inguinal lymphadenopathy.

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