| Patient Name | Date of Birth | Facility |
| :--- | :--- | :--- |
| JANE DOE | XX/XX/XXXX | TEST FACILITY |
| Referring Physician |  | Faxed To |
| SMITH | 1.877 .267 .2348 |  |
| Exam Requested |  |  |
| Whole Body PET/CT | Date |  |
| Indication | $5 / 14 / 2012$ |  |
| Evaluate for solitary pulmonary nodule | Report Date |  |
| Exam Date | $5 / 14 / 2012$ |  |
| $5 / 14 / 2012$ |  |  |

Accession: 89219
Clinical History: Evaluate for solitary pulmonary nodule.

## Examination: Whole Body PET/CT

Comparison: Multiple prior chest radiographs with the most current dating 1 week prior to this exam.
Technique: Following intravenous administration of F-18 FDG, multiplanar PET images were obtained in addition to multiplanar whole body non-contrast CT images followed by fused images per protocol.

Findings: There is an area of hypermetabolism involving a 2.3 cms nodule $/ \mathrm{mass}$ at the posterior right lower lobe of the right lung. The SUV measurement of this region is 8.8 .

There are no other abnormal foci or abnormal FDG hypermetabolic or decreased activity elsewhere.
CT portion of the exam demonstrates no enlarged lymph nodes, inflammatory infiltration, cardiomegaly or pleural effusion. Osseous structures are intact without focal lytic or blastic destructive lesion. Visualized thyroid gland, esophagus, trachea, bronchi, liver, spleen, adrenal glands, pancreas, kidneys, urinary bladder, prostate gland, bowel, gastric region, vasculature and lymph node regions all demonstrate a normal CT appearance. The superficial soft tissues also appear within normal limits. A non-calcified 2.3 cms nodule is seen at the posterior right lower lobe.

## Impression:

1. Abnormal hypermetabolic nodule at the posterior right lower lobe of the right lung consistent with malignancy.
2. No other abnormality is detected.

| Expert Physician, MD | Transcribed by: VS |
| :--- | :--- |
| ELECTRONICALLY SIGNED | Reviewed by: HR |

Final : || 18772672348 : 5/14/2012 10:00:11 PM

