MEDİPOL MEGA HASTANELER KOMPLEKSİ

Tetkik Raporu

Hasta No :	**: 1478051**	İşlem Tarihi	: 30.11.2017 09:03:00
Doğum Tarihi	**: 31.07.1945**	Rapor Tarihi	: 05.12.2017 11:28:00
Adı Soyadı :	**: TAMAR MAMALADZE**	Bölüm	: Nükleer Tıp
Yaşı	: 72	Doktor	: Prof.Dr. TAMER ATASEVER
Protokol No :	: 4913011		

Name &Surname / Year Of Birth	: TAMAR MAMALADZE	/	1945
Patient No. / Protocol No.	: 1478051	/	4913011
Exam Date	: 30.11.2017		

Clinical history	: Endometrium ca. Surgical operation 3 montha ago.
ICD Code	: C54

Radiopharmaceutical	:	0,1 mCi/kg ^{18}F- FDG	Injection side	:	
Time of scanning	:	60 to 90 minutes after injection.	Glucose level	:	90 mg/dL
Device	:	Philips Gemini TF	Pharmacological intervention	:	None
Scanning options	:	TOF 3D imaging, Astonish iteration, 144 matrixes, 2mm slices thickness.	Scanning area	:	From vertex to mid-thigh, Supine

** SUVmax: maximum standard uptake value. When the images were compared, images above belong to the new study.*

Comparison study: None

Findings:

Brain:
Thyroid gland is higly hypermetabolic. Right thyroid lobe is hyperplasic including nodules(hyperthyroidism?). Ultrasonography and clinical evaluation is recommended.
No pathologic FDG uptake is observed in other sides of head and region.

The FDG uptake of cerebral cortex, subcortical structures and cerebellum is within the expected levels and symmetrical.

Head & Neck:
FDG distribution of head and neck region is normal. No pathological increased FDG uptake is seen.

Thorax:
There is no FDG avid lymphadenopathy in mediastinum, supraclavicular or axillary region.
There are nonspecific milimetric nodules witin the left lung. No pathologic FDG uptake is observed within the lung

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parenchyma.

Abdomen & Pelvis:
Liver is showing heterogenous metabolic activity. Two foci of pathologically increased FDG uptake is observed in the capsular area of the liver dome, one is located in medial border and the other in costal side (SUVmax: 7,4). MR imaging is recommended.
Peritoneal soft tissue lesions with mild metabolic activity (SUVmax: 3,9) is observed in the neighborhood of distal liver level adjacent to segment 5 and segment 6, the largest measuring 11 mm diameter.
There are subcentimetric lymph nodes with mild-moderate FDG accumulation (SUVmax:4) in left lower paraaortic aortic region.
Multiple hypermetabolic (SUVmax:9,4) lymph nodes, largest measuring 11,5 is observed in left internal iliac and obturator lymph node stations.
There is history of previous descendant colon operation. There is operation materials in the sigmoid anastomosis side. There is moderately increased FDG accumulation in the anterior middle wall of the abdomen and right rectus muscle due to recent abdominal surgery.
Uterus and ovaries is not observed (operated)
There is no pathologic FDG uptake in kidneys, adrenal glands, pancreas, spleen.

Musculoskeletal system:
Normal distribution of FDG activity is seen in the musculoskeletal system.
No sclerotic or lytic lesion is noted on skeletal system.

Conclusion:

Uterus and ovaries is not observed (operated)

Liver is showing heterogenous metabolic activity. Two foci of pathologically increased FDG uptake is observed in the capsular area of the liver dome, one is located in medial border and the other in costal side (capsular implants?). MR imaging is recommended.

Peritoneal soft tissue lesions with mild metabolic activity is observed in the neighborhood of distal liver level adjacent to segment 5 and segment 6, the largest measaured 11 mm diameter (peritoneal implants?).

There are subcentimetric lymph nodes with mild-moderate FDG accumulation in left lower paraaortic aortic region.

Multiple hypermetabolic lymph nodes, largest measuring 11,5 is observed in left internal iliac and obturator lymph

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node stations. (metastatic lymph nodes?)

Thyroid gland is higly hypermetabolic. Right thyroid lobe is hyperplasic including nodules(hyperthyroidism?). Ultrasonography and clinical evaluation is recommended.

Medipol Mega Hastaneler Kompleksi
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Diploma No: 35945
SGK Tesis Kodu 11349940