



**NATIONALRad**  
SPECIALISTS IN DIAGNOSTIC IMAGING

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PATIENT: JOHN SMITH  
DOB: 5/5/1955  
FILE #: 12345  
PHYSICIAN: REFERRING  
EXAM: NM PET W/CT FULL BODY  
DATE: 1/1/2011

#### CLINICAL INFORMATION

Lung cancer restaging; remote history of breast cancer.

#### COMPARISON

None.

#### TECHNIQUE

Following IV injection of 15 mCi of F-18-FDG, PET tumor imaging was acquired from the base of the skull to the mid thighs. Computed tomography was used only for the sole purposes of attenuation correction and anatomic localization. The glucose level equals 150 mg/dl.

#### FINDINGS

Head and Neck: There are no metabolically active lymph nodes in the neck.

Chest: There is a left upper lobe 1.9 x 1.3 cm metabolically active lesion with a maximum SUV of 2.7. There is nonmetabolically active pleural thickening lateral to this lesion. There is a left apical 5 mm pulmonary nodule which is not metabolically active but may be too small for resolution limits for method. There are no metabolically active mediastinal or hilar lymph nodes.

There is no evidence of abnormal metabolic uptake in the breast parenchyma. There is no pericardial effusion. There are no pleural effusions. There is no pneumothorax. There are coronary artery calcifications.

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Abdomen and Pelvis: There is no evidence of abnormal metabolic uptake in the liver or adrenal glands. The right kidney is slightly smaller than the left. There is no free fluid. There is physiologic uptake in the urinary system and bowel. There are vascular calcifications. There are scattered diverticuli.

Musculoskeletal: There is no evidence of abnormal metabolic activity in the bones. There are degenerative changes throughout the spine.

#### IMPRESSION

1. Left upper lobe metabolically active lesion measuring 1.9 x 1.3 cm which likely represents the patient's known primary lung carcinoma.
2. No evidence of metastatic disease.
3. Left apical 5 mm pulmonary nodule which is not metabolically active but may be too small for the resolution limits for method. Recommend correlation with prior CT chest to evaluate if this is a stable nodule or new lesion.
4. Coronary artery calcifications.
5. Diverticulosis.
6. Asymmetrically smaller right kidney.

[NationalRad Radiologist]  
Board Certified Radiology and Nuclear Medicine

THIS REPORT WAS ELECTRONICALLY SIGNED

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