From:	CAS and IRG Imaging Apollo	Requested:	22/05/2024	DR UPUL I	LIYANAGE
Patient:	MARK MUSCAT	DOB:	18/10/1962	Collected:	18/06/2024

Report

PET scan - FDG PET Brain - Alzheimers, CT with SPECT or PET -

FDG PET/CT

Clinical History:

Progressive memory decline. B/G posterior fossa haemorrhage. MRI â atrophy.

Technique:

F-18 FDG 200.2 MBq. BSL 5.9 mmol/L. Uptake time 45 minutes. PET/CT brain. Semiquantitative analysis.

Comparison:

MRI brain 8/5/2024

Findings:

There is no significant regional reduction of the cortical FDG activity particularly in the precuneus and temporal lobes.

CONCLUSION:

No evidence of Alzheimer's disease or other type of dementia. Thank you for referring this patient

Dr Khimling Tew

Click here to view patient images online Click Here to View

We are telehealth ready - visit <u>Click Here to View</u> for referrer guide and telehealth forms.

Dr Upul Liyanage MBBS MD MRCP (UK) FRACP Specialist Geriatrician & General Physician

Provider No

Phone

Fax

: 2907966H

: 02 4748 9090

: 02 4746 9090

Parkview Professional Centre 34 Hawkesbury Valley Way

Windsor NSW 2756

Wednesday, 26 June 2024

Dr Enoka Guneratne Shop 5 23 Bells Line Of Rd NORTH RICHMOND NSW 2754

Dear Dr Guneratne

RE: Mark MUSCAT DOB: 18/10/1962

Thank you for your ongoing care of Mark. I am writing to update you on his progress.

Mark presented with concerns about his memory, specifically instances of forgetfulness, such as losing his keys. His cognitive deficits were apparent following intracranial haemorrhage after his cervical spinal surgery.

During his assessment, Mark's cognitive score on SMMSE was 28/30. We performed an MRI of the Brain, which showed mils mall vessel disease and diffuse atrophic changes. It also showed features of previous subarachnoid hemorrhage in the posterior fossa. He subsequently underwent an FDG PET scan showing no evidence of Alzheimer's disease.

Based on these findings, the assessment is that Mark's mild cognitive impairment is likely due to small vessel disease rather than Alzheimer's disease. The plan moving forward is to manage his cognitive impairment non-pharmacologically. I have scheduled a follow-up assessment in 12 months' time to monitor his progression.

Yours sincerely

Electronically signed
Dr Upul Liyanage MBBS MD MRCP (UK) FRACP
Specialist Geriatrician & General Physician