

Patient Name:	Hamblin, Judith	Accession Number:	2024MK0001591-PT
Patient ID:	1606939	Requested Dates:	January 23, 2024 16:15
Gender:	Female	Report Status:	Final
Date of Birth:	October 1, 1971	Requested Procedure:	1
Home Phone:	CP 0429626776 NET Internet jeffjud	Procedure Description:	FDG PET Breast
		Modality:	PT
Referring Physicians:	Vaughan, Kerrie Vaughan, Kerrie		
Organization:	MAC		

Findings

Reporting MD: Singh, Dalveer
Dictation Time:
Transcriptionist: Not available
Transcription Date:

F18-FDG PET-CT SCAN

CLINICAL DETAILS:

Recurrent right breast cancer, right lower neck, right axillary nodal metastases. Mastectomy surgical bed recurrence. Restaging.

TECHNIQUE:

Patient consultation. PET and CTAC were acquired 60 minutes after I.V administration of 186MBq F-18 FDG. BSL was 4.1mmol/L. Diagnostic CT Head, Chest, Abdomen, Pelvis

FINDINGS:

Comparison 17/10/2023.

Head, neck and chest

Multiple intensely FDG-avid recurrent right lower neck, infraclavicular and right axillary lymph nodes are again demonstrated. These nodes are stable or slightly increased in size for example the right supraclavicular node measures 15 x 17 mm compared to 12 x 16 mm (SUV max 8). Significant

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progression of the right internal mammary lymph node, now showing intense FDG uptake (10 mm). The foci of FDG uptake in the right mastectomy bed and right axilla have become more discrete.

New focus of FDG uptake in the right pleura deep to the right 10th rib.

No FDG-avid lung nodule.

Abdomen and Pelvis

New small volume mild FDG uptake in the left adrenal gland. FDG distribution elsewhere throughout the abdomen and pelvis remains physiological. The other viscera are unremarkable. No lymphadenopathy.

Musculoskeletal

Active degenerative arthropathy at the L3-4 facet joints bilaterally. No suspicious FDG-avid bone lesion.

IMPRESSION:

Stable or mildly progressed right lower neck, supraclavicular, axillary, and internal mammary nodal disease. New small volume foci of mild FDG uptake in the right posterior lung pleura and left adrenal gland suggestive of new distant metastases.

Dr. Dalveer Singh

Thank you for referring Mrs Judith Hamblin
