

Alfred Nuclear Medicine

Alfred Hospital – a member of Alfred Health
Commercial Road, Melbourne, VIC 3004
Tel: (03) 9076 2432 Fax: (03) 9076 2599
www.alfred.org.au/services/hp/nuclear-medicine

Outpatient Bookings:

Ph: (03) 9076 2432

Results:

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Hennessy Clinic
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Baryshnikova, Anastasia

U 1 32 Barnett St,
Hampton, 3188

DOB: 17-APR-1984

Sex: F

Unit/Ward: OP Medical Oncology

Admission Type: OutPatient

Alert

Alfred Nuclear Medicine Study performed on 27-AUG-2024 at 08:45 AM

PET Breast Restaging & CT

Procedure:

Radiotracer: F-18 FDG.

Activity: 161 MBq administered intravenously.

Radiotracer uptake time: 75 min.

Blood sugar level prescan: 5.6 mmol/L.

Preparation: At least 6 hours of fasting.

Scan Length: Vertex to upper thighs.

Scanner: Siemens Biograph Vision 600 PET/CT.

Clinical history: 40 year old female, with oligometastatic breast cancer treated with high dose RTx.
Response assessment

Report:

Direct comparison is made with the multiple prior FDG PET/CT studies, most recently dated 18/06/2024.

Breasts:

Increase in the size and FDG uptake of the nodular, multifocal, right upper inner breast mass measuring up to 1.9 cm in size, previously 0.9 cm. New mild focus of FDG uptake adjacent to surgical

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clips deeper in the right upper inner breast (adjacent to the chest wall) likely represents a new focus of disease recurrence.

Regional Nodal:

Prior right axillary nodal dissection. No FDG avid right axillary or internal mammary lymph nodes.

Non-Regional Nodal:

Increase in the size and FDG uptake of the prior mildly avid left para-aortic lymph node which is now intensely avid in consistent with a metastasis. Two, additional, small, mildly FDG avid, upper para-aortic lymph nodes are also keeping with metastases.

Other Findings:

Unchanged treated sclerotic L4 vertebral body metastasis without FDG avid. No new region of abnormal osseous uptake.

Radiotracer injection artefact in the left sided Port-A-Cath. Bibasal dependent, subsegmental atelectasis. No suspicious FDG avid pulmonary nodules.

Bilateral mild ovarian FDG avidity with a mixed density, cystic structure on the right. Mild left greater trochanteric FDG uptake in keeping with bursitis.

Conclusion:

Progressive metabolic disease with new multifocal right breast lesions and new non-regional upper para-aortic nodal metastases.

Mild bilateral ovarian FDG uptake is non-specific and may be physiological however, consider further evaluation with US if clinically indicated.

Reported by:

Dr Andrew McFetridge

Approved by:

Dr Andrew McFetridge

Approval Time:

27-AUG-2024 02:45 PM

Original Recipient:

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