From:	South Coast Radiology	Requested:	19/08/2025 Dr Stephen BOURNE 0024225W		
Patient:	Alain D'Hotmandevilliers	DOB:	03/08/1967	Collected:	19/08/2025

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PSMA PET WHOLE BODY

HISTORY
PSA 2.0. MRI right PZ. Gleason 3+4.

TECHNIQUE
Following intravenous infusion of 122.6MBq Gallium 68 PSMA radio-active tracer, emission tomographic images were acquired from vertex to thigh in arms up position. Low dose CT was performed for attenuation correction. This was followed by intravenous contrast enhanced CT of the head, neck, thorax, abdomen and pelvis for anatomic correlation.

FINDINGS

Primary Tumour:
There is a small focus of low grade PSMA uptake in the right posterolateral prostate mid gland with SUVmax of 2.5 probably reflective of the primary prostate malignancy.

Nodal Status:
There is no PSMA avid nodal disease.

Metastatic Status:
There is no PSMA avid metastatic deposit.

On Systemic Review:

Head:
No intracranial enhancing space occupying lesion.

Neck:
There is physiologic uptake by the lacrimal gland and the salivary gland. Thyroid gland is unremarkable. Small lymph nodes on both sides of the neck are not PSMA avid.

Thorax:
No suspicious lung nodule. There is a small perifissural nodule in the right upper lobe anteriorly measuring no more than 4mm. Small lymph nodes in the mediastinum and hilum are also not PSMA avid.

Abdomen and Pelvis:
There is physiological uptake by the urinary tract, kidneys, bladder, spleen and bowel wall and liver. There is renal cortical scarring and renal cortical cysts in the left kidney. Small 2mm calculus in the left mid to lower pole. No omental caking. No collection.

Musculoskeletal:
No PSMA avid lytic or sclerotic bony lesion.

CONCLUSION
The primary prostate malignancy demonstrates relatively low grade PSMA uptake. There is no PSMA avid nodal or metastatic disease.

Thank you for referring this patient.

Electronically Validated By
DR MOSES BEH

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