NM PET/CT SKULL-THIGH INITIAL

# Results

# **Impression**

- 1. FDG avid right lung nodule is suspicious for primary malignancy.
- 2. FDG avid left lung tubular nodule versus focal atelectasis.
- 3. FDG avid left axillary nodes are likely reactive in etiology.
- 4. FDG uptake within the sigmoid colon, attention on follow-up.

### **Narrative**

NM PET/CT SKULL TO THIGH INITIAL, December 18, 2025 8:41 AM

**INDICATIONS:** 

lung nodule

**COMPARISON:** 

CT lung screen 12/03/2025

RADIOPHARMACEUTICAL:

F-18 FDG 12.4 mCi IV

Fingerstick BLOOD GLUCOSE by glucometer: 93 mg/dL

IMAGING RANGE: Vertex to mid thigh

SCAN DELAY post FDG injection: 60 minutes

CONTRAST utilized: None

FINDINGS:

In the head and neck, physiologic tracer distribution within the visualized head and neck parenchyma for characterization of intracranial structures consider MRI brain..

In the chest, right lung nodule has corresponding FDG uptake (4:110) with max SUV of 6.9 suspicious for primary malignancy. FDG avid focus along the left lung in a tubular configuration seen on MIP images (4:106) has max SUV of 2.7 likely representing an additional nodule versus focal atelectasis also seen on recent CT. No pneumothorax or focal consolidation or pleural effusion. No cardiomegaly or pericardial effusion. FDG avid left axillary nodes are likely reactive in etiology due to same side injection versus reactive uptake due to recent vaccination if any with max SUV of 3.2. No FDG avid hilar or mediastinal nodes..

In the abdomen and pelvis, heterogeneous tracer distribution within the liver and spleen parenchyma with no focality. Splenic hypodensity. Physiologic uptake within bilateral adrenal glands and genitourinary system. No gross abnormalities in the visualized pancreas. No FDG avid mesenteric, retroperitoneal, inguinal or pelvic lymph nodes. FDG uptake within the sigmoid colon (4:201), attention on follow-up. FDG uptake along the left groin (4:230) has max SUV of 5.2 likely inflammatory in etiology.. In the visualized musculoskeletal structures, no suspicious FDG avid osseous lesions.

## **General Information**

Ordered By Dr. M Balaan, MD Resulted On 12/26/2025 8:55 AM Result Status: Final result

Reading Physician: Jitesh Dhingra, MD

# **Study Result**

Narrative & Impression

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