



MEMORIAL BAHÇELİEVLER HOSPITAL

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Radiology Report

Report No:[3400].[2].[268806400].[(AN)-268806400].[2020]

Patient Name and Surname:	VLAD ALEXANDRU CIRCIU	Protocol Number	5250386
Gender	Male	Date	05.03.2020 09:35
Date of Birth	04.04.2012	Approved on	06.03.2020 15:47
LOINC Code	44139-4	Requesting Service	: Pol.Bahçelievler - Pediatric Hematology
Access Number		Requesting physician	ARIA FOROUZ, MD

Clinical Information:

Diagnosis
Reason for Request

Method

Name of the Scan	Tumor FDG PET	Material Administered
Device Name/Brand/Model	Not specified	Amount of Medium
Dosage Administered		Route of Administration
Place of Test		

PET/CT REPORT

Medical Device: Siemens Biograph mCT 20 Ultra HD
Radiopharmaceutical: F-18 FDG
Imaging Protocol: Whole body imaging Pharmacological
Intervention: IV contrast + IV lasix
ICD-10 Code: C74.9

CLINICAL INFORMATION: Neuroblastoma. PET / CT was performed to evaluate the response to treatment. Evaluated in comparison with the PET / CT examination dated 06.01.2020.

HEAD - NECK

Head-neck sections reveal a diffusely increased hypermetabolism related to physiological brown fat uptake in the bilateral, cervical, axillary, paravertebral, intercostal spaces. Metabolic activity of lesions related to this uptake could not be clearly evaluated.

There is a hypermetabolic lymph node measuring 13 mm at its widest point (SUVmax: 4.9), extending to left lower cervical, supraclavicular area, and containing calcified foci. The metabolic evaluation in this area could not be clearly performed due to brown fat uptake. The sizes of the lesion is similar to those in the previous scan.

THORAX

In the posteromedial aspect of the left hemithorax, pleura and ribs, there is a hypermetabolic mass measuring 4x12 mm at its widest point, causing periosteal reaction. When visually compared to the previous scan, there is a decrease in the size and metabolic uptake of the mass (SUVmax:2.8).

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No lymph node of pathological size or metabolic activity is observed in the mediastinum. Pulmonary parenchymal areas are normal, no pathological or metabolically active area is observed. No pleural fluid or thickening is observed.

ABDOMEN

Liver, spleen, adrenal glands, and pancreas exhibit normal size and metabolic activity; no space-occupying or hypermetabolic lesion is observed. The bilateral kidneys display normal appearance; no calculus or space-occupying formation is observed. The diameters and wall thicknesses of the colonic and intestinal segments are normal; their metabolic activities are within physiological limits. No free or loculated fluid is detected in the abdomen.

There is a mass localized in the right upper quadrant of the abdomen, measuring approximately 75x52 mm at its widest point, filling the right adrenal area, displacing the right kidney and liver, and containing wide necrosis and calcified foci, with heterogeneous hypermetabolic areas observed in its peripheral area. The metabolic uptake of the mass could not be clearly evaluated due to physiological brown fat uptake. In comparison to the previous scan, there is decrease in the size of the identified lesion; no prominent change is detected in its metabolic activity when visually compared.

In the abdomen, there are multiple necrotized hypo- mildly hypermetabolic lymph nodes in paraaortic, aortacaval, bilateral common and internal iliac areas, largest measuring 10 mm on short axis, partly conglomerated, with unclear margins, and partly containing calcified foci. The findings are similar to the previous scan.

The dense hypermetabolic mass observed in pelvis at L5-sacrum level in the previous scan and extending to the spinal canal neural foraminal area has regressed in the current scan and gained a sclerotic character; no finding indicative of malignancy is found in this area. These findings are similar to the previous scan.

MUSCOSKELETAL SYSTEM

The mildly increased heterogeneous hypermetabolism in the bone marrow is primarily evaluated to be of reactive character.

Diffuse hypermetabolic foci observed in the bone marrow in the second before the last scan are not found in the current scan. This finding is similar to the previous scan.

RESULT:

- When compared to the previous scan, there is no prominent change in the sizes of the left lower cervical, supraclavicular, conglomerated hypermetabolic lymph node; yet, the metabolic uptake of the lesion could not be clearly evaluated due to physiological brown fat uptake.
- A hypermetabolic mass causing periosteal reaction in the left hemithorax, posterior medial, pleura and ribs, with decrease in size and metabolic activity as compared to the previous scan.
- Wide necrotized peripheral heterogeneous hypermetabolic mass containing multiple calcified foci, filling the adrenal area in the right upper quadrant of the abdomen. While the mass has



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decreased in size as compared to the previous scan, its metabolic activity could not be clearly evaluated due to physiological brown fat uptake.

- Multiple necrotized hypo- mildly hypermetabolic lymph nodes in the abdomen, partially containing calcified foci. When compared to the previous scan, no prominent change is noted in the size and metabolic activity of the lesions.

- When compared to the PET CT scan dated 06.01.2020, all the evaluated findings are considered consistent with stable disease.


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