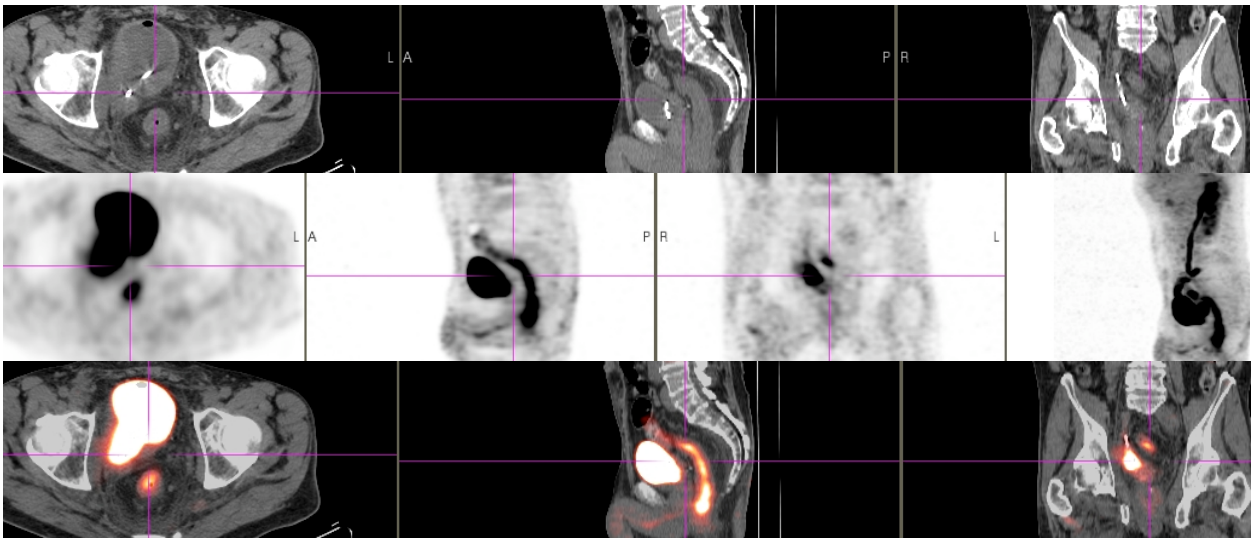
Specialty Teleradiology Inc

EXAM: PET-CT IMAGING FOR RESTAGING BLADDER CANCER

HISTORY: 57-year-old man with T4 transitional cell carcinoma of the bladder, locally resected 08/17/06. Completed neoadjuvant chemo 07/06. Presents now with new retrogastric retroperitoneal nodes and increased retrovesical soft tissue substance on CT. Has completed adjuvant radiation.

FINDINGS
NECK/CHEST: There is normal physiologic, low-level tissue metabolic background activity present throughout the neck and chest. On fused CT, the lungs are clear with no pulmonary nodule, mass or infiltrate. There is no pleural effusion present. There is no aggregate hilar or mediastinal adenopathy.

ABDOMEN/PELVIS: There is marked asymmetric right posterior bladder wall thickening involving involving trigone. Abnormal, hypermetabolic bladder tumor extends posteriorly to the right pelvic sidewall. Ureteral stent extends through this region into the bladder, and is normally positioned. SUV varies from 16 to 34 in this region, indicating likely presence of tracer-labeled urine. Intravesical urine exhibits SUV of 34.1. There is thickening of sigmoid colon adjacent to right aspect of bladder dome, extending distally to the anus. There is intense tracer activity within this segement of rectosigmoid. Additionally, there is air collection in nondependent aspect of the bladder. Combination of findings suggests fistulous connection between bladder and rectum with perifistulous inflammatory tissue and tumor. No definite pelvic or retroperitoneal metastatic adenopathy.



SKELETON: There is normal, physiologic, low-level skeletal background activity present.

CONCLUSION:

1. Hypermetabolic tumor extension from posterolateral right margin of bladder to pelvic sidewall.
2. A portion of this posterolateral extravesical tissue exhibits SUV comparable to that expressed by tracer-labeled urine.
3. Intense tracer activity within rectosigmoid colon beginning at superior margin of bladder.
4. Free air within bladder.

COMMENT:
Combination of findings is suspicious for fistulization through bladder tumor into adjacent sigmoid colon.
No definite regional nodal, or distant metastatic disease.

Contact Specialty Teleradiology at 888.671.1076 with any questions or comments about this report.