

EXAM: PET/CT IMAGING FOR COLON CANCER INITIAL STAGING

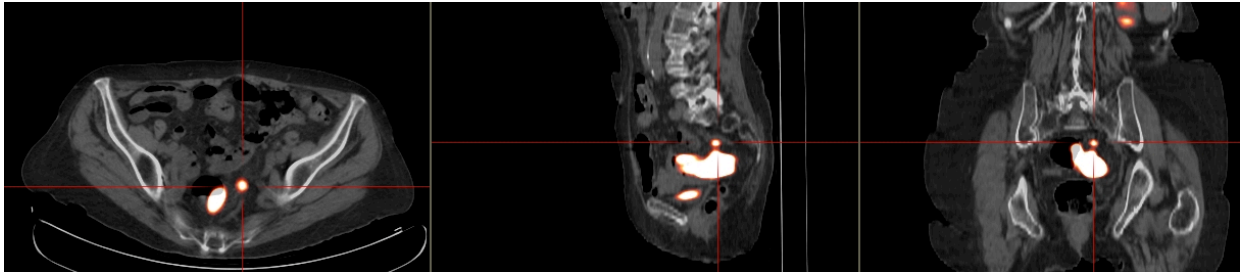
HISTORY: 79-year-old lady with biopsy-confirmed adenocarcinoma of rectosigmoid colon 04/03/07.

COMPARISON: Report of CT examination 03/30/07.

FINDINGS

NECK/CHEST: There is normal physiologic, low-level tissue metabolic background activity present throughout the neck and chest. There are several subcentimeter reactive-appearing mediastinal and right hilar nodes. There appears to be granulomatous calcification in right hilum, there is mild low-level inflammatory activity slightly above mediastinal background.

ABDOMEN/PELVIS: Hypermetabolic right hepatic peripheral subcapsular 26 mm metastasis presenting as ill-defined low-density mass on fused CT. There is an ametabolic 11 mm cyst just superiorly. No retroperitoneal or mesenteric nodal metastases. No ascites. In the pelvis, there is hypermetabolic 93 mm long axis tumor in rectosigmoid colon. SUV of 21.3 reflects very metabolically aggressive tumor. There are several small juxtacolic nodes which are below limits of PET resolution. However, there is one hypermetabolic 11 mm node within mesenteric fat just superior to primary tumor, slightly left paramidline.



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

CONCLUSION:

1. Hypermetabolic rectosigmoid malignancy.
2. SUV of 21.3 reflects very metabolically aggressive tumor.
3. At least one hypermetabolic metastatic juxtacolic node, with additional subcentimeter nodes presumably metastatic, but below limits of PET resolution.
4. Right hepatic lobe metastasis.
5. Ametabolic right hepatic lobe cyst.

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