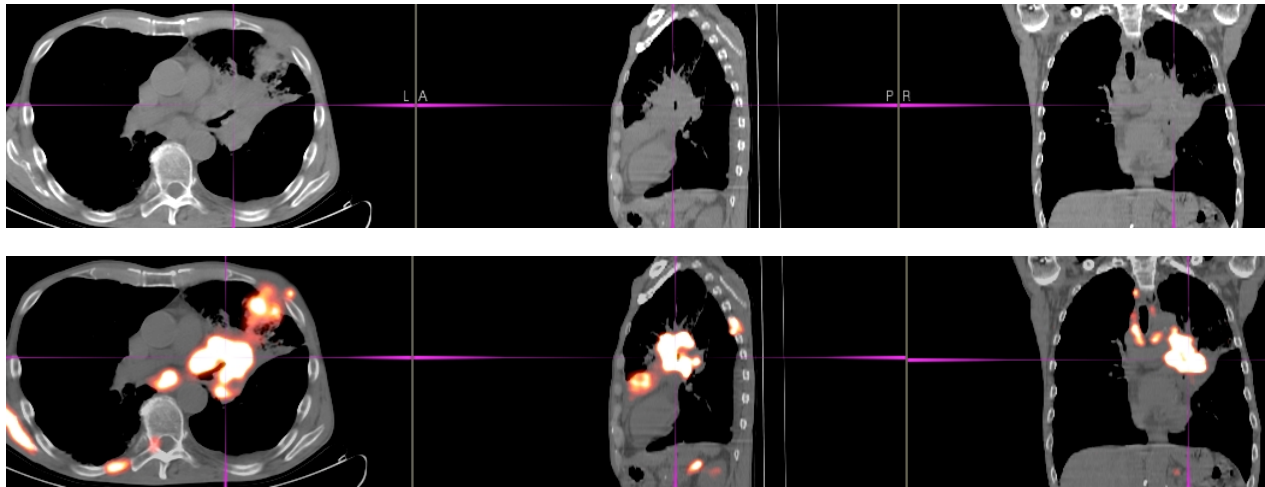


EXAM: PET/CT IMAGING FOR NSCLC INITIAL STAGING

HISTORY: 71-year-old man with biopsy-confirmed non-small cell carcinoma of the lingula, 10/23/06.

FINDINGS

NECK/CHEST: Large hypermetabolic lingular malignancy approximating 100 mm extending anteriorly through the left chest wall bulging anteriorly with incorporated rib destruction. SUV of 20.6 reflects very metabolically aggressive tumor. There is considerable internal necrosis. There is bulky left hilar metastatic adenopathy approximating 69 mm transversely. There is partial compromise of LUL bronchus with obstructive atelectasis. There is also extensive mediastinal metastatic adenopathy in the sub- and precarinal space extending superiorly in right pretracheal space, and to the left into AP window and prevascular mediastinum. There is also small volume bilateral supraclavicular metastatic adenopathy, as well as metastatic nodes in left axilla and subpectoral space. There are also smaller metastatic nodes in lower aspect of posterior triangle, left neck. There is tumor tracking into the atelectatic LUL segment.



Extensive bullous emphysema is present with pulmonary hyperexpansion. Small mildly metabolic malignant left pleural effusion.

ABDOMEN/PELVIS: Hypermetabolic left adrenal metastasis measuring 32 mm.

SKELETON: Multiple skeletal metastases with underlying lytic destruction on fused CT, including right scapula, iliac bone bilaterally, left margin of L5. There is also metastasis to a posterolateral left upper rib.

CONCLUSION:

1. Large hypermetabolic lingular malignancy extending through left anterior chest wall with extensive rib destruction.
2. Bulky left hilar metastatic adenopathy.
3. Extensive mediastinal metastatic adenopathy with smaller volume bilateral axillary, supraclavicular and left cervical metastatic adenopathy.
4. Malignant left pleural effusion.
5. Left adrenal metastasis.
6. Multiple bone metastases.
7. SUV of 20.6 reflects very metabolically aggressive tumor.

Pet Stage IV T4 N3 M1.

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