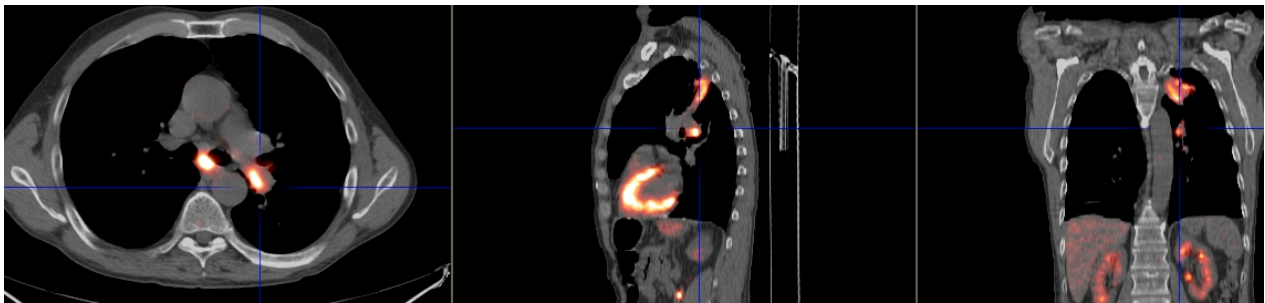


**EXAM: PET/CT IMAGING FOR LUNG CANCER DIAGNOSIS**

**HISTORY:** 63-year-old man with abnormal recent CT 04/20/2007 from Advanced Imaging Center demonstrating left upper lobe consolidation and mediastinal adenopathy.

**FINDINGS**

**NECK/CHEST:** Hypermetabolic area of consolidation posterior left upper lobe pleural-based, as well as along anterior aspect of major fissure approximating 45 x 22 mm, SUV 7.2. There are air bronchograms present. There is no extension of PET tumor activity along adjacent pleura. PET-positive consolidation extends inferiorly to level suprahilar region. Findings consistent with obstructing malignancy and tumor tracking into atelectatic segment. There is small volume hypermetabolic left hilar metastatic adenopathy. In the mediastinum, there is 10 mm hypermetabolic metastatic left precarinal node, and a larger PET-positive 47 mm subcarinal metastatic nodal aggregate. No contralateral mediastinal metastatic adenopathy. Right lung anatomically and metabolically clear. No pleural effusion.



**ABDOMEN/PELVIS:** There is normal physiologic, low-level tissue metabolic background activity present throughout the abdomen and pelvis. On fused CT, the liver is normal with no evidence of metastatic disease or dilated bile ducts. Pancreas, adrenals and kidneys are normal. There is no retroperitoneal adenopathy or intraperitoneal mass identified. Ametabolic prostatic enlargement with bladder distention and bladder wall thickening.

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

**CONCLUSION:**

1. Hypermetabolic LUL malignancy with obstructive atelectasis and tumor tracking into atelectatic segment.
2. Hypermetabolic left hilar and ipsilateral mediastinal metastatic adenopathy, not bulky.
3. No distant metastatic disease.
4. PET Stage IIIA T<sub>2</sub> N<sub>2</sub> M<sub>0</sub>.
5. Ametabolic prostatic enlargement with partial bladder outlet obstruction.

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