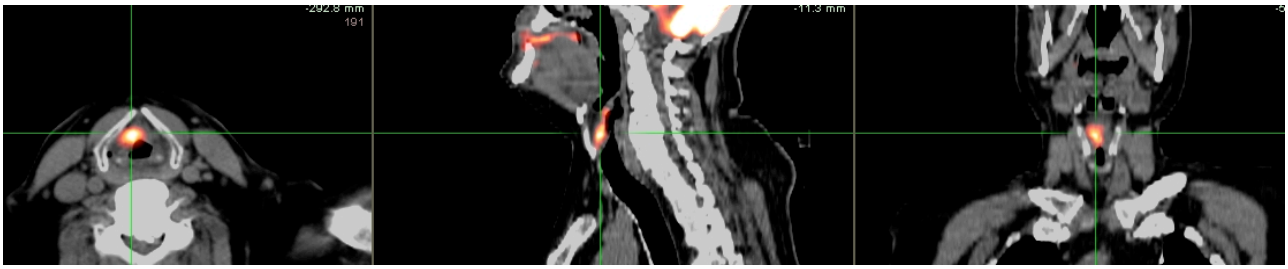
EXAM: PET/CT IMAGING FOR HEAD AND NECK CARCINOMA INITIAL STAGING

HISTORY: 70-year-old man with diagnosis of squamous cell carcinoma of epiglottis via biopsy 08/16/06.

FINDINGS

HEAD/NECK: There is hypermetabolic tumor activity involving epiglottis extending right paramidline. This extends inferiorly into the right aryepiglottic fold to larynx where there appears to be tumor activity involving anterior commissure and anterior aspect of right vocal cord. There is also hypermetabolic right Level II 20 mm metastatic node or nodal aggregate, subjacent to inferior aspect of right parotid gland, and overlying anterior aspect of strap muscle.



CHEST: There is normal physiologic, low-level tissue metabolic background activity present throughout the chest with no evidence of primary or metastatic malignancy. 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 normal physiologic, low-level tissue metabolic background activity present throughout the abdomen and pelvis with no evidence of primary or metastatic malignancy. 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. Fusiform infra-abdominal 47 mm abdominal aortic aneurysm just above bifurcation.

SKELETON: There is normal, physiologic, low-level skeletal background activity present without any evidence of bony metastatic disease.

CONCLUSION:

1. Hypermetabolic epiglottic malignancy extending inferiorly in right aryepiglottic fold to supraglottic space, and probably involving right vocal cord anteriorly.
2. Right Level II metastatic adenopathy.
3. No distant metastatic disease.
4. Abdominal aortic aneurysm.

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