PET / CT scan:

Comparison Study: CT scan of the chest, 11/20/06.

Clinical findings: Right lower lobe lung nodule/suspect carcinoma.

Radiotracer: 15.3 mCi of F-18 FDG injected into the antecubital fossa. No complications encountered.

CT scan of the chest report:

*In the anterior segment of the right lower lobe there is a 1.2 x 2.4 cm nodular density identified on image 177. This could represent focal scarring but it does appear as a nodule. Surrounding this nodular density, fibrotic changes are evident. Mildly prominent right hilar lymph nodes are present measuring up to 1.1 cm.*

PET scan:

There is a normal expected radiotracer uptake present within the myocardium. FDG uptake is present within the normally vascularized structures of the mediastinum. Within the right lower lobe, there is no abnormal glucose metabolism/increased FDG uptake. Within the rest of the chest, the left lung is clear. There is no abnormal uptake present within the left lung parenchyma. The mediastinum and pleura demonstrate no abnormality. The hilar regions demonstrates no gross abnormality without abnormal radiotracer uptake. Evaluation of the abdomen demonstrates no abnormal uptake within the liver, spleen, pancreas, adrenals or the gallbladder fossa. Normal uptake is present within the retroperitoneum, as well as the bowel. Normal uptake is present within the kidneys as well of the bladder. No hypermetabolic areas are identified. No abnormal areas of glucose metabolism.

CT scan of the chest/abdomen/pelvis:

Severe COPD with chronic interstitial lung disease and interlobar emphysema. No evidence of pneumothorax. There is diffuse interlobular apical scarring with a deviated thickening of the pleura diffusely. This likely represent sequelae of chronic interstitial lung disease. Early honeycombing is present within the apices bilaterally. No definite lung mass is identified on the CT scan. Evaluation of the abdomen demonstrates the noncontrast abdominal viscera to be unremarkable. No evidence of lymphadenopathy is identified. No evidence of bowel obstruction.

Conclusion:

PET/CT chest abdomen and pelvis conclusion: The previously described abnormal right lower lobe lung nodule likely represents an area of chronic interstitial lung scarring. No abnormal uptake is present in this area. The likelihood of neoplasm is less likely. No abnormal FDG uptake is present within the abdomen or pelvis.