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Scanning Department
(CT, MR, NM, PET Scan, Bone Densitometry)

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REPORT FOR MRI/CT/NM/PET SCANNING EXAMINATION

OUR REF. :

PET

3650W 03

EXAM. DATE

: Wed, 19 Nov, 2003

NAME ID No. Wan Chin Ho

AGE / SEX :

D477747-7

HOSPITAL

STH 605-6 #20031102758

DATE

37 M

Wed, 19 Nov, 2003

REF. DOCTOR:

CHIN K H JAMES

EXAM.

PET of FDG - Whole Body Trunk

Time Report Leaves Department

Wed, 19 Nov, 2003 PM OK

CLINICAL HISTORY:

Presented with cough for 3 months. Chest X-ray showed left lung mass. CT guided biopsy at KWH confirmed carcinoma. CT thorax on 27-Oct-2003 showed a 37 x 31 mm soft tissue mass in the apical segment of left upper lobe and multiple metastatic lymph nodes in the prevascular, precarina and AP window regions. PET scan for systemic survey before treatment.

Blood glucose level is 5.5 mmol/l.

RADIOLOGICAL REPORT:

RADIOPHARMACEUTICAL:

5.8 mCi F-18 deoxyglucose.

FINDINGS:

Whole body trunk PET scan was performed from the base of skull to the upper thighs. Serial tomographic images of the whole body trunk were presented in transaxial, coronal and sagittal projections.

Complimentary image fusion is performed with a contrast-CT thorax dated 27-Oct-2003 from our department. The soft tissue mass in the left lung apex demonstrates intensely increased metabolic activity on PET. SUV max = 6.9. A couple hypermetabolic lymph nodes are present in the prevascular and AP window regions with SUV max ranging from 1.8 to 2.5. These are suspicious of metastatic diseases. The suspicious lymph nodes in the precarina are not hypermetabolic on PET. These are probably reactive in nature. There is no suspicious lesion in the contralateral mediastinum. Bilateral hila are clear. No additional hypermetabolic nodules are present in both lungs. The tiny lung nodules reported on CT are too small for characterization with PET and CT.

The liver shows uniform physiological activity. Bilateral adrenals are normal. No positive finding is noted in the abdomen and pelvis. There is no evidence of bone metastasis in the axial skeleton.

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FHKCR, FHKAM (Radiology)

REPORT FOR MRI/CT/NM/PET SCANNING EXAMINATION

OUR REF. :

PFT

3650W 03

EXAM. DATE

: Wed, 19 Nov, 2003

NAME

Wan Chin Ho

ID No.

D477747-7

(SUV = Standardized Glucose Uptake Value.)

IMPRESSION:

This patient has a primary lung cancer in the left lung apex. A couple hypermetabolic lymph nodes are present in the left-sided mediastinum involving AP window and prevascular region, highly suspicious of nodal metastases. The suspicious lymph node in the precarina is not hypermetabolic and is probably reactive in nature. There is no evidence of nodal metastasis in the contralateral mediastinum. No convincing evidence of intrapulmonary metastasis is noted on the PET scan. There is no evidence of distant metastasis in the abdomen, pelvis and axial bony skeleton.

Thank you for your referral.

(This examination does not include the brain.)

NO. OF FILMS:

12

/jw

SIGNED:

DR REPORT Kevin K M Tse M.B., B.S. (HK);

FHKAM; FHKCR;

Dip American Board Of Nuclear Medicine

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REPORT FOR MRI/CT/NM/PET SCANNING EXAMINATION

OUR REF. :

PET

3695BW 03

EXAM. DATE

: Tue, 2 Dec, 2003

NAME

Wan Chin Ho

ID No. :

D477747-7

37 M

HOSPITAL

: STH 605-6 #20031102758

DATE

3/ IVI

Tue, 2 Dec, 2003

EXAM. :

PET of FDG - Whole Body Trunk

REF. DOCTOR:

CHIN K H JAMES

Time Report Leaves Department

Tue, 02 Dec, 2003 PM OK

CLINICAL HISTORY:

Ca left lung with mediastinal lymph node metastases confirmed with PET scan on 19-Nov-2003. Received treatment for two weeks. PET scan to assess the treatment response.

Blood glucose level is 5.9 mmol/l.

RADIOLOGICAL REPORT:

RADIOPHARMACEUTICAL:

5.8 mCi F-18 deoxyglucose.

FINDINGS:

Whole body trunk PET scan was performed from the base of skull to the upper thighs. Serial tomographic images of the whole body trunk were presented in transaxial, coronal and sagittal projections.

Comparison is made with the last study dated 19-Nov-2003. Markedly increased metabolic activity is again demonstrated in the primary lung cancer in the left lung apex. SUV max = 5.1, that is slightly decreased from the previous measurement at 6.9. This is consistent with partial response. A drop of at least 50% in SUV would imply good clinical response. Mild focal uptake is again demonstrated in a couple mediastinal lymph nodes in the AP window and prevascular area, with no significant improvement when compared with the last study. No new lesion is identified in the mediastinum and hila. New focal activity is present in the right lower lobe. The lesion has an ill-defined patchy appearance and is most consistent with focal pneumonitis. Similar change is also present in the left lower lobe. There is no definite evidence of intrapulmonary metastasis bilaterally.

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REPORT FOR MRI/CT/NM/PET SCANNING EXAMINATION

OUR REF. :

PET

3695BW 03

EXAM. DATE

: Tue, 2 Dec, 2003

NAME

Wan Chin Ho

ID No.

D477747-7

The liver shows uniform physiological activity. Bilateral adrenals are normal. No significant positive finding is present in the abdomen and pelvis. There is no new lesion in the axial bony skeleton and other areas in the whole body trunk.

(SUV = Standardized Glucose Uptake Value.)

IMPRESSION:

Partial response is demonstrated in the primary tumour in left lung apex. The SUV measurement has decreased from 6.9 to 5.1. (A decrease of at least 50% in SUV is indicative of good clinical response.) No significant interval change is noted in a couple lymph nodes in the prevascular and AP window areas. There is no evidence of progressive metastasis in the mediastinum, lungs and other organs of the whole body trunk.

Thank you for your referral.

(This examination does not include the brain.)

NO. OF FILMS:

12

/jw

SIGNED:

DR REPORT Kevin K M Tse M.B., B.S. (HK);

FHKAM; FHKCR;

Dip American Board Of Nuclear Medicine



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REPORT FOR MRI/CT/NM/PET SCANNING EXAMINATION

OUR REF. :

PET

3752CW 03

EXAM. DATE

: Mon, 15 Dec, 2003

NAME :

Wan Chin Ho

ID No.

D477747-7

AGE / SEX :

37 M

Mon, 15 Dec, 2003

EXAM.

PET of FDG - Whole Body Trunk

HOSPITAL

: STH 605-6 #20031102758

REF. DOCTOR :

CHIN K H JAMES

Time Report Leaves Department

Mon, 15 Dec, 2003 PM OK

CLINICAL HISTORY:

Known case of carcinoma of left lung with mediastinal nodal involvement. PET scan to assess treatment response.

Blood glucose level is 5.4 mmol/l

RADIOLOGICAL REPORT:

RADIOPHARMACEUTICAL:

5.0 mCi F-18 deoxyglucose.

FINDINGS:

Whole body trunk PET scan was performed from the base of skull to the upper thighs. Serial tomographic images of the whole body trunk were presented in transaxial, coronal and sagittal projections.

Comparison is made with previous studies dated 19 Nov and 2 Dec. Increased activity is again demonstrated in the primary tumour in left lung apex. SUV max = 5.2, that is similar to the measurement on 2 Dec and slightly decreased from the pretreatment value at 6.9. Mild focal uptake is again demonstrated in the lymph node located in left anterior mediastinum (prevascular region). SUV max = 2.2. The suspicious lymph node near the AP window has resolved with no significant residual uptake. No new lesion is identified in the mediastinum. Ill defined patchy activity in both lungs on the last study has resolved. The findings confirm our previous impression of pneumonitis. There is no evidence of intrapulmonary metastasis bilaterally.

No focal lesion is identified in the liver. Bilateral adrenals are normal. No significant positive finding is present in the abdomen and pelvis. There is no evidence of metastatic involvement in the axial bony skeleton.

(SUV = Standardized Glucose Uptake Value.)

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REPORT FOR MRI/CT/NM/PET SCANNING EXAMINATION

OUR REF. :

PET

3752CW 03

EXAM. DATE

: Mon, 15 Dec, 2003

NAME

Wan Chin Ho

ID No.

D477747-7

IMPRESSION:

When compared with the last study on 2 Dec 2003, the metabolic activity in the left lung cancer remains stable. The suspicious lymph node in AP window has resolved with no significant activity. Mild persistent activity is noted in the left prevascular lymph node. There is no evidence of progressive metastasis in the mediastinum and both lungs. No distant metastasis is noted in the abdomen, pelvis and axial bony skeleton.

Thank you for your referral.

(This examination does not include the brain.)

NO. OF FILMS:

/cc

SIGNED:

DR REPORT Kevin K M Tse M.B., B.S. (HK);

FHKAM; FHKCR;

Dip American Board Of Nuclear Medicine

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REPORT FOR MRI/CT/NM/PET SCANNING EXAMINATION

OUR REF. :

PET

3995DW 04

EXAM. DATE

: Fri, 27 Feb, 2004

NAME

Wan Chin Ho

ID No.

D477747-7

AGE / SEX : DATE

37 M

EXAM.

Fri, 27 Feb, 2004

PET of FDG - Whole Body Trunk

HOSPITAL

: OUT-PATIENT

REF. DOCTOR:

CHIN K H JAMES

Time Report Leaves Department

Fri, 27 Feb, 2004

PM DHL

CLINICAL HISTORY:

CA left lung diagnosed in October 2003. CT and PET scan showed a tumour in the left upper lobe and multiple metastatic lymph nodes in the mediastinum. Serial PET scans showed partial response in the primary tumour. PET scan for reassessment.

Blood glucose level is 6.3 mmol/l.

RADIOLOGICAL REPORT:

RADIOPHARMACEUTICAL:

4.9 mCi F-18 deoxyglucose.

FINDINGS:

Whole body trunk PET scan was performed from the base of skull to the upper thighs. Serial tomographic images of the whole body trunk were presented in transaxial, coronal and sagittal projections.

Comparison is made with the last study dated 15 December 2003. A hypermetabolic tumour is again present in the left lung upper lobe that appears slightly smaller and less active than the pervious study. SUV max. has decreased from 5.2 to 4.7. No definite abnormal focal activity is noted in the mediastinum. There is no evidence of progressive metastasis in the thorax. No intrapulmonary metastasis is noted bilaterally.

The liver shows uniform physiological activity. Bilateral adrenals are normal. There is no significant positive finding in the abdomen and pelvis. No bony metastasis is noted in the axial skeleton.

(SUV = Standardized Glucose Uptake Value.)

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REPORT FOR MRI/CT/NM/PET SCANNING EXAMINATION

OUR REF. :

PET

3995DW 04

EXAM. DATE : Fri, 27 Feb. 2004

NAME

Wan Chin Ho

ID No.

D477747-7

IMPRESSION:

When compared with the last study on December 2003, the metabolic activity in the left lung tumour has decreased slightly (SUV max. from 5.2 to 4.7). This is consistent with partial response. No residual active lymph node is identified in the mediastinum. No new lesion is identified in the thorax, abdomen and pelvis to suggest progressive metastasis.

Thank you for your referral.

(This examination does not include the brain.)

NO. OF FILMS:

/sk

SIGNED:

DR REPORT

Kevin K M Tse



OPUS MAGNETIC

IMAGING

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[OPERATED BY POLYRAY TECHNOLOGY LTD.]

G/F., Ultragrace Commercial Building, 5 Jordan Road, Kowloon. 九龍佐敦道5號並秀商業大廈地下 Tel: 2783 9325 Fax: 2783 9415

TO : Dr Chin K H 陳子康醫生

: 3 MAY 2004

NAME : Wan Chin Ho 溫展豪

EXAM DATE: 30 APR 2004

SEX/AGE: M/37

OUR REF NO: MR040400201

MRI OF THE BRAIN AND NASOPHARYNX (WITH CONTRAST)

Clinical information: Carcinoma of lung diagnose in October 2003.

Recent

haemorrhage and dizziness.

TECHNIQUE & IMAGE CONTENTS:

Sheet 1. Axial T2

Sheet 8. Coronal T2/FS (NP)

Sheet 2. Axial FLAIR

Sheet 9. Axial T1/FS (NP) (post-gad)

Sheet 3. Sagittal T1

Sheet 10. Coronal T1/FS (NP) (post-gad)

Sheet 4. Axial T2*GRE

Sheet 11. Axial T1 (Brain) (post-gad)

Sheet 5. Axial T1 (NP)

Sheet 12. Coronal T1 (Brain) (post-gad)

Sheet 6. Axial T2/FS (NP)

Sheet 13. Sagittal T1 (Brian) (post-gad)

Sheet 7. Coronal T1 (NP)

MRI OF THE NASOPHARYNX:

The soft tissue of the naso- and oro-pharynx are normal.

The mucosal layer and lateral recesses are well preserved.

The fat-plane between the muscles of deglutition is maintained.

The parapharyngeal fat-plane is well preserved.

No mass lesion is seen in the masticator, parotid and retropharyngeal spaces.

The parotid and submandibular glands are normal.

No cervical lymphadenopathy is detected.

The bones at the skull base also appeared normal.

COMMENT:

Normal examination.

In particular, no abnormality is seen in the nasopharynx.

Dr Sunny K Y Li

MBBS FRANZCR FHKCR FHKAM(Radiology)

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OPUS MAGNETIC

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: Dr Chin K H 陳子康醫生

DATE : 3 MAY 2004

NAME : Wan Chin Ho 溫展豪

EXAM DATE: 30 APR 2004

SEX/AGE : M / 37

OUR REF NO: MR040400201

MRI OF THE BRAIN

Multiple enhancing metastases of various size and shape are seen through the brain, with surrounding vasogenic white matter edema and mass effect.

The larger metastasis also shows central necrosis.

In the cerebrum, at least thirteen metastases are seen at the left, and twenty-four at the right, with the more prominent ones in the right temporal parietal lobe, with mass effect compressing the occipital horn of the right lateral ventricle.

In the cerebellum, at least three are seen at the right side and four at the left side. In the basal ganglion, this consists of a prominent metastasis involving the left caudate nucleus with some mass effect onto the left frontal horn, and a smaller one in the left thalamus.

A single metastasis is also seen at the left side of the pons.

There is no evidence of haemorrhage seen on the gradient sequence.

The CSF space is otherwise normal and shows no evidence of leptomeningeal enhancement excluding CSF spread of tumour.

There is no surface collection.

The major blood vessels show normal flow-void.

The visualized cranial nerves, pituitary gland and mastoid air-cells are normal. No calvarium metastasis is demonstrated.

COMMENT:

Multiple brain metastases, with the largest ones in the right temporal parietal region deforming the occipital horn of the right lateral ventricle, and at the left caudate nucleus deforming the left frontal horn.

Thank you for referring this patient.

J.

李家義醫生 Dr Sunnv K Y Li

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