



Gender:

#### Grossman Imaging Centers

Patient: ABRAMS, ROXANN LYNN
Exam Date: Mar 01, 2024 09:00

Patient Tel: 0

MRN:

Ordering Physician:

cc Physician:

#### PROCEDURE:

# PET/CT- SKULL TO THIGH

COMPARISON: PET-CT 11/8/2023 and 12/30/2022 MRI breast with without contrast 10/30/2023 MRI pelvis without contrast 9/11/2023. MRI sternum with and without contrast 12/5/2023.

TECHNIQUE: Following 14.5 mCi FDG IV right antecubital vein and an appropriate wait, PET and localizing CT images were obtained from the vertex of the skull to the mid thighs (with arms above the patient"s head is). Blood glucose: 94 mg/dL.

INDICATIONS: Bilateral breast cancer status post bilateral mastectomies in November 2022. The patient has been on hormonal replacement followed by breast reconstruction. MRI breast 10/30/2023 showed multiple enhancing masses overlying the left breast implant. Left breast biopsies in the 7 and 4:30 o"clock positions showed recurrent tumor which has been resected with removal of breast implant followed by placement of left breast expander. Small subtle focus of FDG uptake within the sternum correlating with a small enhancing focus on MRI breast 10/30/2023. Possible 2nd enhancing focus within the sternum. Restaging.

# FINDINGS:

HEAD/NECK:

No hypermetabolic abnormality.

# CHEST:

\* Metabolic activity along the posterior sides of the left breast expander with max SUV 2.2 consistent with postsurgical reactive changes.

\* Mild metabolic activity overlying the anterior surfaces of the right breast implant and left breast expander consistent with mild inflammation.

\* Regression of abnormal metabolic activity overlying the inferior lateral side of the left breast implant which correlated with recurrent breast cancer, subsequently resected.

\* No metabolic activity to suggest recurrent tumor.

ABDOMEN/PELVIS: No hypermetabolic abnormality. No suspicious pulmonary nodules.

#### **BONES:**

\* Subtle focus of metabolic activity within the mid sternum max SUV 2.1 compared to 2.4 on the prior study. No associated lytic or blastic lesion on CT imaging.

ARMS: No hypermetabolic abnormality.

OTHER: None.

# CONCLUSION:

1. Interval resection of recurrent breast cancer left breast with removal of left breast implant and placement of a left

Create Date: 2024-3-1

Patient: ABRAMS, ROXANN - Continued

breast expander.

- 2. Metabolic activity around the posterior sides of the left breast expander consistent with postsurgical reactive changes.
- 3. Mild metabolic activity anterior sides of the host capsules of both breast implants consistent with mild inflammation.
- 4. Small subtle focus of metabolic activity within mid sternum with max SUV 2.1 compared to 2.4 on the prior study. No associated lytic or blastic lesion.

Interpreted by: Electronically signed by:

on 3/04/2024 at 10:15

on 3/04/2024 at 10:40

Thank you for the consultation.

ABRAMS, ROXANN LYNN

Create Date: 2024-3-1