



radiology SA

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Patient Name: WATKINS, Sharon
Patient ID: 80.294317
Gender: Female
Date of Birth: May 20, 1971
Home Phone:
Referring Physician: Joshi, Rohit
Organization: Playford - Radiology SA

Accession Number: 80.2295599
Requested Date: April 2, 2025 09:00
Report Status: Not available
Requested Procedure: 80.2295599_1
Procedure Description: PET BREAST STAGING
Modality: PET

Findings

Reporting MD: CHEW, G
Dictation Time:
Transcriptionist: Not available
Transcription Date:

2 April 2025
Dr Rohit Joshi
Adelaide Oncology & Haematology
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Exam Date: 2 April 2025
GC

cc: Dr Sam Rice - ELIZABETH VALE

Re: Mrs Sharon WATKINS
13 Orchard Drive EVANSTON SA 5116

DOB: 20/05/1971
Folio: 80.294317
Accession: 80.2295599

FDG PET/CT

CONCLUSION:

1. There are scan findings of extensive nodal, hepatic, pleural and bony metastatic disease.
2. Incidental finding of FDG uptake in the thyroid (see comments below).

Clinical Details: Breast cancer.? Liver and bony metastases.

Report:

Technique:

Images were acquired from the vertex to the thighs and fused with a low energy (non diagnostic) CT for anatomical localisation and attenuation correction.

Radiopharmaceutical: 229 MBq F18 FDG.

Blood glucose level: 4.2 mmol/litre.

Imaging for Comparison: Bilateral mammogram dated 20/11/2024

FINDINGS:

PRIMARY:

Effects of past surgery in the right breast noted on low-dose CT. These areas are associated with only low-grade radiotracer uptake favouring post treatment reactive process.

No sinister FDG uptake noted in the rest of the right breast and in the left breast.

NODES:

There are FDG avid nodal metastases which include:

- Right axillary nodes
- Right paratracheal node
- Para aortic (arch) nodes
- Subcarinal nodes
- Bilateral pulmonary hilar nodes



- Retroperitoneal para-aortic and paracaval nodes

METASTASIS:

LIVER:

There are innumerable large FDG avid metastatic deposits scattered throughout the liver.

PULMONARY:

A focal pleurally based deposit is noted in the right hemithorax anteromedially, in the region of the medial segment of right middle lobe.

SKELETON:

There are numerous FDG avid bony metastases which include:

- Vertebra, from the cervical spine to the sacrum
- Left scapula
- Right humerus
- Ribs
- Pelvic skeleton bilaterally

OTHER FINDINGS:

There is diffuse prominence radiotracer uptake in the thyroid more pronounced in the left lobe. This is non-specific and could be reactive in nature. Thyroiditis may have a similar scan appearance. Correlation with thyroid function test to assess for hyperthyroidism is suggested.

Radiotracer uptake in the alimentary tract is likely due to peristalsis.

Thank you for referring Mrs Sharon WATKINS.

Dr G CHEW

Electronically signed by Dr Ghee Chew at 6:15 PM Wed, 2 Apr 2025