Acıbadem Hosp. Ataşehir Nuclear Medicine Results Report
Report No: 4805774399

ACIBADEM

Patient Name	BRANKICA HADZOVIC	Patient No	42510554
Gender	Female	Imaging Date	13.07.2026 07:56
Date of Birth	18.03.1981	Approval Date	13.07.2026 11:01
LOINC Code	44139-4	Ordering Department	Nuclear Medicine
Contact No	WIK4251055493	Ordering Physician	EVRİM ABAMOR
		Order Date	13.07.2026 07:56:00

Clinical Data

Diagnosis	C50.9-Malignant neoplasm of breast, unspecified-
Indication	Restaging

Method

Examination	PET-CT Whole Body (FDG) examination
Device / Brand / Model	Siemens Biograph Horizon
Location	Acıbadem Ataşehir Hospital Nuclear Medicine
Radiopharmaceutical Information	Flor-18 Fluorodeoxyglucose (F18-FDG)
Other Applications	Oral contrast agent, IV diuretic (20 mg.)
Indication Evaluation	Good
Imaging Quality	Good
Imaging Method	FBG level: 98 mg/dL, Injection Site: IV - right arm, Injection time: 08:40, Imaging time: 09:54, RF dose (0.05 - 0.1 mCi/kg): 9.80 mCi, Emission time: 90 sec / bed, Imaging coverage area: Vertex - between the knee. PET/BT settings: Ultra HD, 3D mode / Non-diagnostic, oral contrast, low mAs, 16 slices, slice thickness 1.5 CT scans are low-dose and produced without the use of intravenous contrast; these scans are used in PET imaging for attenuation correction and lesion localization. The SUVmax value stated in the report is a semi-quantitative parameter indicating the level of F18-FDG uptake in the lesion.

Findings and Comparison

This was compared with FDG-PET/CT taken at another hospital on 27.11.2025.

Head – neck:

At PET/CT resolution limits, FDG distribution in the cerebral and cerebellar cortex and subcortical structures is within physiological limits.

Increased FDG uptake (SUVmax: 4.7) is observed in both palatine tonsils (inflammation).

Several reactive lymph nodes with low-intensity FDG uptake (SUVmax: 2.0), the largest measuring 7.5x12 mm, are observed bilaterally at the 2B level of the cervical imaging.

No pathological FDG uptake areas are observed in other head and neck structures and other areas of the cervical lymphatic chain.

Breast and Axilla:

- Both breasts show dense glandular tissue densities with symmetrical, low-intensity FDG uptake within physiological limits (SUVmax: 1.8); No pathologically increased FDG uptake foci are observed.
- Two hypermetabolic lymph nodes in the left axilla, observed in the previously examination, have regressed to subcentimeter-sized dimensions in the current examination. Calcified foci have developed within them, and one shows complete or near-complete significant metabolic regression (SUVmax: 0.8 - 2.0 / previous 4.5). Several other nonmetabolic lymph nodes in the left axilla, observed in the previously examination, have regressed to subcentimeter-sized dimensions in the current examination.
- No lymph nodes/LAP with pathological FDG uptake are observed in the right axillary region and either internal mammary line.

Thorax:

Millimeter-sized, ametabolic, calcified sequela nodule is stable in the lateral subpleural space, basal to the apicoposterior segment of the upper lobe of the left lung.
No nodular-space-occupying lesions or pathologically increased FDG uptake are observed in other parenchymal areas of either lung.
No lymph nodes/LAP with pathological FDG uptake are observed in the mediastinum or either supraclavicular area.
No pleural or pericardial effusion is observed.

Abdomen and Pelvis:

- In the current examination, hepatomegaly has become more pronounced (approximately 20 cm / approximately 15 cm in the previous examination). Multiple widespread hypodense nodular-mass lesions, approximately 7x4.5 cm in size, with the largest being in the left lobe and medially conglomerated, are observed in both lobes of the liver. Some show no significant FDG uptake, while others show heterogeneous mild to moderately increased FDG uptake (SUVmax: 3.7 - 5.7), and these lesions show significant progression in the current examination.
- Physiological FDG uptake is observed in the spleen; No pathological hypermetabolism is observed.
- In the current examination, multiple lymph nodes and lymphadenopathies, the largest of which is approximately 17x8.5 mm in size (left paraaortic) and showed varying levels of increased FDG uptake (SUVmax: 2.6 - 3.8), progressively developed along the portocaval area and paraartocaval line, starting from the level of the superior poles of the kidney.
- Physiological FDG excretion is observed in the kidneys and bladder.
- No pathologically increased FDG uptake is observed in other abdominopelvic organ structures, other lymphatic stations, or serosal-peritoneal surfaces.

Musculoskeletal System:

No pathologically increased FDG uptake is observed in the musculoskeletal structures or bone marrow within the examination area.

Impressions and Recommendations

When the findings are compared with the FDG-PET/CT taken at another hospital on 27.11.2025;

-Neither breast shows dense glandular tissue density; no pathologically increased FDG uptake foci are observed.

- In the left axilla, compared to the previous examination, two residual lymph nodes are observed to be reduced to centimeter-subcentimeter sizes, with calcified foci developing within them and showing near-complete metabolic regression, while several other lymph nodes that were nonmetabolic in the previous examination showed regression to subcentimeter-millimeter sizes.

- Multiple hypodense nodular-mass lesions, widespread in both lobes of the liver on a background of hepatomegaly, some showing no significant FDG uptake and others showing heterogeneous mild to moderately increased FDG uptake, are evaluated as consistent with metastasis; Significant progress is observed in the current examination.

- Multiple lymph nodes and lymphadenopathies showing varying levels of mild to moderately increased FDG uptake along the portocaval area and paraartocaval line, starting from the level of the superior poles of the kidney, are evaluated as consistent with metastasis; It has progressed in the current examination.

- No findings in favor of F18-FDG affinity malignancy/metastasis are observed in other body parts within the examination area.

Diploma No/e-Signature: 84295 /
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