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PET MR F-18 FDG MID BODY

Collected on Jul 21, 2026 9:35 AM

Results

Addendum

ADDENDUM:

Epic is an electronic system that healthcare organizations like UW Medicine and Fred Hutch Cancer Center use to manage patient care records. Epic experienced a technical issue that resulted in some notes by care team members not saving in some patients' charts.

Care team members are rapidly evaluating potentially affected charts to ensure that all chart notes are accurate. During this evaluation, the following small update was made to your chart. This addition was minor; you do not need to take any follow-up action and your care plan is not impacted. Please feel free to reach out to your care team if you have questions.

On review the following modifications or additional findings/impression text are needed:

IUD has been removed.

I have personally reviewed the images and agree with the report (or as edited).

Signed by Angela Castellanos R on 07/23/2026 10:21 AM

Impression

* Mild to moderately FDG-avid lesion in the left lateral breast, concerning for a primary breast neoplasm.
* No left axillary lymphadenopathy or abnormal FDG uptake within the left axillary lymph nodes.
* Moderately FDG-avid right axillary lymph node, suspicious for metastatic involvement.
* Innumerable markedly intense FDG-avid osseous lesions throughout the axial and appendicular skeleton, with associated compression fractures involving several vertebral bodies, consistent with widespread metastatic disease.
* Given the markedly greater extent and intensity of skeletal FDG uptake relative to the left breast lesion, along with the absence of ipsilateral axillary nodal involvement, the pattern of metastatic disease is atypical for a breast primary, and an alternative primary malignancy should be considered.

* Mild to moderately avid left lateral breast lesion, possible neoplastic involvement. No left axillary lymphadenopathy or abnormal FDG uptake within the lymph nodes.

* Moderately avid right axillary lymph node, concerning for metastatic.
* Innumerable foci of intense FDG uptake involving axial and appendicular skeleton, with compression fractures of few vertebrae, likely metastatic. The intensity of the FDG uptake in the bone metastatic disease in comparison to the breast lesion and negative left lymph node involvement make it less likely to be originaria from the breast. Additional differential diagnosis include multiple myeloma, and lung adenocarcinoma.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
PET MR F-18 FDG MID BODY

CLINICAL INDICATION:
cancer of unknown primary , metatatic to bone, assess for primary.
47-year-old woman with diffuse lytic osseous lesions involving thoracic spine and pelvis with multiple pathologic vertebral compression fractures and rib fracture, highly concerning for metastatic malignancy of unknown primary. No clear primary identified on CT chest/abdomen/pelvis. Diagnostic mammogram from 7/15/2026 depicts BI-RADS 4 suspicious lesion in bilateral breasts. CEA is elevated at 28.6 ng/mL.

Imaging requested for diagnosis.

Initial treatment strategy.

RADIOPHARMACEUTICAL:
FLUORODEOXYGLUCOSE F-18 FDG UWM UWM INJECTION,9.89 millicurie Intravenous,07/21/2026 0757
Injection site: Right antecubital fossa

TECHNIQUE:
Extent: Skull vertex to proximal thighs.
Uptake time: 60 minutes.
Fasting blood glucose level prior to FDG injection: 100 mg/dL.

After radiopharmaceutical injection, nondiagnostic, noncontrast, nonbreathhold MR images (3D T1 Dixon, axial T2) were obtained for attenuation correction and fusion with emission PET images for anatomical localization.

Images were interpreted on Visage PACS.

COMPARISON:
CT chest, abdomen and pelvis 07/13/2026, mammography dated 07/15/2026

FINDINGS:
Mediastinal blood pool mean SUV: 1.1
Mediastinal blood pool maximum SUV: 1.3
Liver mean SUV: 1.6.

Head and neck:
* Unremarkable.

Chest:
* Mild-to-moderate tracer uptake involving left lateral breast lesion measuring approximately 3.3 x 2.4 cm, with max SUV of 1.9 (9/277, 12/207).
* No focal uptake above the right breast background.
* Subcentimeter left axillary lymph nodes with faint FDG uptake. Non specific.
* Moderately avid right axillary lymph node measuring 9 x 8 mm, with max SUV of 2.0 (9/290, 12/188).

Abdomen and Pelvis:
* Linear FDG uptake in the rectum that limits the evaluation for focal lesions. However not clear focal

Osseous structures:
Innumerable foci of intense FDG uptake in the axial and appendicular skeleton involving left condylar process of mandible, bilateral ribs, bilateral clavicles, left humerus, sternum, sacrum, bilateral pelvic bones, and bilateral femurs and multiple vertebral levels, with compression fractures of T4, T8 and L5 vertebrae. A few representative lesions are as follows:
* Right lamina of T5 vertebra, with max SUV of 9.7 (9/302, 2/171).
* Medial end of right clavicle, with max SUV of 9.7 (9/306, 2/166).
* Right iliac bone with max SUV of 11.3 (9/158, 12/373)
* Left posterolateral ninth rib with max SUV of 7.3, with associated soft tissue component (9/260, 12/230).

Extremities:
* Unremarkable.

Additional noncontrast MRI findings:
* Indeterminate right maxillary sinus T1 and T2 hyperintense lesion, without tracer uptake, likely representing a polyp or mucous retention cyst with proteinaceous contents.
* Dental amalgam is seen, with resultant artifacts.
* IUD in place.
* Small nabothian cysts seen.
* Small volume pelvic ascites, likely physiologic.

Ordering provider: Keith D Eaton
Reading physician: Angela Castellanos R
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