

SYNGO PET codes

870 CT

EXAMINATION: TUMOR FDG-PET/CT IMAGING

DATE OF STUDY: []

PET ID: [<P4T> However, if sheet says PCT, then old scanner was used , change to PCT] [number]

RADIOPHARMACEUTICAL: [] mCi F-18 Fluorodeoxyglucose (FDG) i.v.

HISTORY: [] The study is requested for [insert and, if necessary amplify one of the following: diagnosis / initial staging / treatment monitoring during (type of therapy) / restaging after completion of (type of therapy) / detection of suspected recurrence / follow-up (marked as surveillance on form) -- see MD order form and history for this information].

[Do not delete this paragraph. Indicate either: Initial or Subsequent] treatment strategy.

TECHNIQUE: The patient's fasting blood glucose level, measured by glucometer before injection of FDG, was [] mg/dL. After [<oral administration of MD-Gastroview and>] intravenous administration of FDG, noncontrast CT images were obtained for attenuation correction and for fusion with emission PET images. (The noncontrast CT images are not of diagnostic quality and are not used to diagnose disease independently of the PET images.) A series of overlapping emission PET images was then obtained beginning [minutes of uptake] minutes after injection of FDG. The area imaged spanned the region from the [<skull base>skull vertex] to the [<proximal thighs> toes].

[<Before administration of FDG, intravenous access was established for patient hydration. In addition, a ___-French Foley catheter was inserted into the urinary bladder using standard aseptic technique. Furosemide, 20 mg, was administered by slow intravenous injection approximately 20 minutes after the injection of FDG. At the conclusion of the procedure, the intravenous line and Foley catheter were removed without incident. The patient tolerated the procedure well, without apparent complications. >]

COMPARISON: [None or Prior PET/CT dated _____, Prior CT of the ____ dated ____]

FINDINGS: []

IMPRESSION: []

800 acetate

EXAMINATION: C-11 ACETATE TUMOR PET/CT IMAGING

PET ID NUMBER: []

RADIOPHARMACEUTICAL: [] mCi C-11 acetate i.v.

HISTORY: []

FINDINGS: After intravenous administration of C-11 acetate, noncontrast CT images were obtained for attenuation correction and for fusion with emission PET images. (The noncontrast CT images are not of diagnostic quality and are not used to diagnose disease independently of the PET images.) A series of overlapping emission PET images was then obtained. The area imaged spanned the region from the [] to the [].

[]

IMPRESSION: []

866CT

EXAMINATION: TUMOR FDG-PET/CT IMAGING (WITH SEDATION)

DATE OF STUDY: []

PET ID: [P4T or PCT] [number]

RADIOPHARMACEUTICAL: [] mCi F-18 Fluorodeoxyglucose (FDG) i.v.

HISTORY: [] The study is requested for [diagnosis / initial staging / treatment monitoring / restaging / evaluation of suspected recurrence / follow-up (marked as surveillance on form) -- see MD order form for this information].

TECHNIQUE: The patient's fasting blood glucose level, measured by glucometer before injection of FDG, was [] mg/dL. Approximately 45 minutes after intravenous injection of FDG, sedation was induced by the staff of the St. Louis Children's Hospital Ambulatory and Diagnostic Services Procedure Center. Noncontrast CT images were obtained for attenuation correction and for fusion with emission PET images. (The noncontrast CT images are not of diagnostic quality and are not used to diagnose disease independently of the PET images.) A series of overlapping emission PET

images was then obtained beginning [minutes of uptake] minutes after injection of FDG. The area imaged spanned the region from the [<skull base> skull vertex] to the [<proximal thighs> toes].

[<Before administration of FDG, intravenous access was established for patient hydration. In addition, a ___-French Foley catheter was inserted into the urinary bladder using standard aseptic technique. Furosemide, 20 mg, was administered by slow intravenous injection approximately 20 minutes after the injection of FDG. At the conclusion of the procedure, the intravenous line and Foley catheter were removed without incident. The patient tolerated the procedure well, without apparent complications. >]

Following the examination, the patient left the PET facility in the care of the sedation nurse. The patient was in good condition, with no apparent complications.

COMPARISON: [None or Prior PET/CT dated _____, Prior CT of the ____ dated ____]

FINDINGS: []

IMPRESSION: []

867CT

EXAMINATION: BRAIN AND BODY FDG-PET/CT IMAGING

DATE OF STUDY: []

PET ID: [P4T or PCT] [brain number] and [P4T or PCT] [body number]

RADIOPHARMACEUTICAL: [] mCi F-18 Fluorodeoxyglucose (FDG) i.v.

HISTORY: [] The study is requested for [diagnosis / initial staging / treatment monitoring / restaging / evaluation of suspected recurrence / follow-up (marked as surveillance on form) -- see MD order form for this information].

TECHNIQUE: The patient's fasting blood glucose level, measured by glucometer before injection of FDG, was [] mg/dL. After [<oral administration of MD-Gastroview and>] intravenous administration of FDG with the patient in a quiet, darkened room, imaging of the brain was begun [minutes of uptake] minutes later. After positioning of the patient's head, noncontrast CT images were obtained for attenuation correction and for fusion with emission PET images. Standard emission PET imaging of the brain was then performed.

After completion of the brain PET, body imaging was begun [minutes of uptake] minutes after injection of FDG. Noncontrast CT images were obtained for attenuation correction and for fusion with emission PET images. (The noncontrast CT images are not of diagnostic quality and are not used to diagnose disease independently of the PET images.) A series of overlapping emission PET images was then obtained. The area imaged spanned the region from the[<skull base>] to the [<proximal thighs> toes].

[<Before administration of FDG, intravenous access was established for patient hydration. In addition, a ___-French Foley catheter was inserted into the urinary bladder using standard aseptic technique. Furosemide, 20 mg, was administered by slow intravenous injection approximately 20 minutes after the injection of FDG. At the conclusion of the procedure, the intravenous line and Foley catheter were removed without incident. The patient tolerated the procedure well, without apparent complications. >]

COMPARISON: The brain PET images were compared with [and fused with] the images from the [CT/MRI] examination dated [].

The body PET images were compared with []

FINDINGS:

Brain: []

Body: []

IMPRESSION: []

868CT

EXAMINATION: BRAIN FDG-PET/CT IMAGING

DATE OF STUDY: []

PET ID: [P4T or PCT] [number]

RADIOPHARMACEUTICAL: [] mCi F-18 Fluorodeoxyglucose (FDG) i.v.

HISTORY: []

TECHNIQUE: The patient's fasting blood glucose level, measured by glucometer before injection of FDG, was [] mg/dL. FDG was administered intravenously with the patient in a quiet, darkened room, and [minutes of uptake] minutes later, after positioning of the patient's head, noncontrast CT images were obtained for attenuation

correction and for fusion with emission PET images. (The noncontrast CT images are not of diagnostic quality and are not used to diagnose disease independently of the PET images.) Standard emission PET imaging was then performed.

COMPARISON: The PET images were compared with [and fused with] the images from the [CT/MRI] examination dated [].

FINDINGS:

[]

IMPRESSION: []

869CT

EXAMINATION: BRAIN FDG-PET/CT IMAGING (WITH SEDATION)

DATE OF STUDY: []

PET ID: [P4T or PCT] [number]

RADIOPHARMACEUTICAL: [] mCi F-18 Fluorodeoxyglucose (FDG) i.v.

HISTORY: []

TECHNIQUE: The patient's fasting blood glucose level, measured by glucometer before injection of FDG, was [] mg/dL. FDG was administered intravenously with the patient in a quiet, darkened room. Approximately 30 minutes later, after the FDG-uptake phase, sedation was induced by the staff of the St. Louis Children's Hospital Ambulatory and Diagnostic Services Procedure Center. Beginning [minutes of uptake] minutes after tracer injection, after positioning of the patient's head, noncontrast CT images were obtained for attenuation correction and for fusion with emission PET images. (The noncontrast CT images are not of diagnostic quality and are not used to diagnose disease independently of the PET images.) Standard emission PET imaging was then performed. Following the examination, the patient left the PET facility in the care of the sedation nurse. The patient was in good condition, with no apparent complications.

COMPARISON: The PET images were compared with [and fused with] the images from the [CT/MRI] examination dated [].

FINDINGS: []

IMPRESSION: []

