Syngo codes (general NM)

800 BDE

EXAMINATION: BRAIN SCINTIGRAPHY (PORTABLE)

DATE OF STUDY: [   ]([   ] hours)

RADIOPHARMACEUTICAL: [   ] mCi Tc-99m DTPA i.v.

HISTORY: [   ]

FINDINGS: The anterior cerebral radionuclide angiogram demonstrates good perfusion through the common carotid arteries and branches of the external carotid arteries, but there is no visualization of the internal carotid arteries, anterior or middle cerebral arteries, a cerebral capillary phase, or the superior sagittal sinus. The subsequent static images in anterior and [right/left/both] lateral projections demonstrate [no/faint] visualization of the dural sinuses. These findings indicate absence of effective cerebral perfusion.

IMPRESSION: No effective cerebral perfusion.

[< > The results of this study were communicated by Dr. (name) to Dr. (name) at (time) on (date).]

800 Bexar EXAMINATION: I-131ANTI-CD20 MONOCLONAL ANTIBODY SCINTIGRAPHY AND WHOLE-BODY RETENTION STUDY

DATE STARTED: [ ]

DATE COMPLETED: [ ]

RADIOPHARMACEUTICAL: [ ] mCi I-131 tositumomab (BEXXAR) i.v.

HISTORY: [ ] This study was requested to measure the whole-body retention time and to determine the biodistribution of BEXXAR before therapeutic administration of the radiopharmaceutical.

FINDINGS: Whole-body images were obtained on Day 0 (prior to voiding and [ ] minutes after the completion of the infusion of I-131 BEXXAR), Day [<2>] and Day [<6.>] In addition, images of an I-131 standard, as well as background counts, were obtained on each of these days. Counts from these images were used to estimate the whole-body retention time. The whole-body retention time was measured to be [ ] hours (acceptable values are between 50 and 150 hours).

The biodistribution of I-131 BEXXAR also was assessed. On Day 0, [<most of the tracer is in the blood pool and the activity in normal hepatic and splenic parenchyma is less than that in the cardiac blood pool>]. On Day [<2>] and [<6,>] [<the activity in the blood pool decreases significantly and there is decreased accumulation of activity in normal hepatic and splenic parenchyma.>] [<There is no evidence of retention of the tracer in the urinary tract to suggest obstruction, and there is no diffuse lung activity greater than that of blood pool at any time.>]

IMPRESSION:

1. Whole-body retention time is [ ] hours.

2. [<Expected> Altered] biodistribution of BEXXAR.

800 BSWBC

EXAMINATION: BONE SCINTIGRAPHY AND LEUKOCYTE SCINTIGRAPHY (LIMITED)

DATE STARTED: [ ]

DATE COMPLETED: [ ]

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m MDP i.v. and [ ] mCi In-111 labeled autologous leukocytes i.v.

HISTORY: [ ]

FINDINGS: A limited bone scintigraphy examination of the [ ] was performed, consisting of radionuclide angiography, immediate post-injection images, and delayed images. After completion of these initial bone scintigraphy images, In-111 leukocytes were injected. The patient returned the next day, and simultaneous dual-tracer imaging was performed approximately [ ] hours after injection of In-111 leukocytes and [ ] hours after injection of Tc-99m MDP. Images of [ ] were obtained in the [ ] projections.

[ ]

IMPRESSION: [ ]

800 DXA

EXAMINATION: BONE DENSITOMETRY OF THE SPINE AND HIP

HISTORY: [age]-year-old [<postmenopausal woman>] with [history]. [<She>] is being treated with [medications]. Evaluate bone mineral density.

FINDINGS (SPINE): The bone mineral density of L1-L4 was assessed by dual-energy x-ray absorptiometry. The average bone mineral density within this region is [value] gm/sq-cm. This is [value] standard deviations [above or below] the mean of the average bone mineral density for age- and gender-matched subjects (the Z-score). It is [value] standard deviations [above or below] the mean peak bone mineral density in young adults (the T-score).

FINDINGS (FEMORAL NECK): The bone mineral density of the left femoral neck was assessed by dual-energy x-ray absorptiometry. The average bone mineral density within the femoral neck region is [value] gm/sq-cm. This is [value] standard deviations [above or below] the mean of the average bone mineral density for age- and gender-matched subjects (the Z-score). It is [value] standard deviations [above or below] the mean peak bone mineral density in young adults (the T-score).

FINDINGS (TOTAL HIP): The bone mineral density of the left hip was assessed by dual-energy x-ray absorptiometry. The average bone mineral density within the total hip region is [value] gm/sq-cm. This is [value] standard deviations [above or below] the mean of the average bone mineral density for age- and gender-matched subjects (the Z-score). It is [value] standard deviations [above or below] the mean peak bone mineral density in young adults (the T-score).

SUMMARY OF CURRENT RESULTS:

Region	Exam Date	BMD	T-Score	Z-Score
AP Spine(L1-L4)	[date]	[value]	[value]	[value]
Femoral Neck(Left)	[date]	[value]	[value]	[value]
Total Hip(Left)	[date]	[value]	[value]	[value]

IMPRESSION:

1. The bone mineral density of the lumbar spine is [category]. There has been [no significant change / a statistically significant increase/decrease] in bone mineral density since the baseline examination of [date].

2. The bone mineral density of the left femoral neck is [category]. There has been [no significant change / a statistically significant increase/decrease] in bone mineral density since the baseline examination of [date].

3. The bone mineral density of the left total hip is [category]. There has been [no significant change / a statistically significant increase/decrease] in bone mineral density since the baseline examination of [date].

4. Overall, the above findings are [normal / indicative of osteopenia/osteoporosis] by WHO criteria.

General comments regarding interpretation of bone mineral density measurements:

a) In children, premenopausal women and males under age 50 not at increased risk for fractures only Z-scores, not T-scores are used to indicate risk. A Z-score above -2.0 is defined as "within the expected range for age" and Z-score at or less than -2.0 is "below the expected range for age". A Z-score below the expected range for age in a patient with recent fractures and/or chronic corticosteroid treatment is consistent with a diagnosis of osteoporosis.

b) In post menopausal women and males over 50, comparison of the measured bone mineral density with the average value in young normal subjects (the "T-score") has been found to be useful in assessing fracture risk. Fracture risk approximately doubles for each 1.0 standard deviation (SD) in individual's hip or spine bone mineral density is below the average value of young normal subjects. The World Health Organization (WHO) has defined T-scores of -1.0 to -2.5 as indicative of low bone mass (OSTEOPENIA), and T-scores of -2.5 or lower to be indicative of OSTEOPOROSIS, based on the site of lowest bone density.

Note that there will be a change in reporting format and reference databases as patients move from the younger population (group a) to the older population (group b)

The National Osteoporosis Foundation (www.nof.org) recommends adequate intake of calcium and vitamin D and regular weight-bearing exercise in all patients. In Caucasian postmenopausal women, the NOF recommends treatment with pharmacologic therapy if the T score is below -2.0. Treatment might also be considered if the T-score is between -1.5 and -2.0 in patients who are at higher risk (e.g., personal history of fracture as an adult, history of fragility fracture in a first-degree relative, low body weight (< about 127 lbs), current smoking, or use of oral corticosteroid therapy for more than 3 months). Guidelines for treatment of osteopenia alone in other racial groups, men, and premenopausal women are not available, but treatment should definitely be considered if the bone density reaches the level of osteoporosis (T-score below -2.5).

800 DXA pediatric

EXAMINATION: BONE DENSITOMETRY OF THE [<SPINE AND HIP>]

[< > This template to be used only with pediatric patients under age 21]

HISTORY: [ ]-year-old [male/female] with [ ]. [She/He] is being treated with [ ]. Evaluate bone mineral
density.

The bone mineral density of each site was assessed by dual-energy x-ray absorptiometry. Findings
are reported for each site as:

Z-Score (the number of standard deviations above or below the mean of the average bone mineral density
for age-and gender-matched subjects)

SPINE: [<L1-4>]
Z-Score: [ ]
[< > add comments about significant degenerative changes or excluded vertebral bodies if needed]

HIP: Femoral Neck
Z-Score: [ ]

HIP: Total Hip
Z-Score: [ ]

For bone mineral density values in gm/sq-cm and plots of trends since prior exams, see separate printout
(available with mailed reports and also on clindesk).

IMPRESSION:

1. The bone mineral density of the lumbar spine is [within/below-use a Z-score of -2.0 as the cutoff] the
expected range for age.

When compared to the baseline exam of [date] there [has or has not] been a statistically significant
[increase/decrease/change] in lumbar spine bone mineral density. Note that there should be an age-
related increase in bone mineral density in children as a result of normal bone growth. The rate of
increase of bone mineral density in this patient is[similar_to/greater_than/less_than] that of age-matched
normal children.

2. The bone mineral density of the left femoral neck [within/below--use a Z-score of -2.0 as the cutoff]
the expected range for age.

When compared to the baseline exam of [date] there [has or has not] been a statistically significant
[increase/decrease/change] in femoral neck bone mineral density. Note that there should be an age-
related increase in bone mineral density in children as a result of normal bone growth. The rate of
increase of bone mineral density in this patient is[similar_to/greater_than/less_than] that of age-matched
normal children.

3. The bone mineral density of the left total hip is [within/below--use a Z-score of -2.0 as the cutoff] the
expected range for age.

When compared to the baseline exam of [date] there [has or has not] been a statistically significant
[increase/decrease/change] in total hip bone mineral density. Note that there should be an age-related
increase in bone mineral density in children as a result of normal bone growth. The rate of increase of
bone mineral density in this patient is[similar_to/greater_than/less_than] that of age-matched normal
children.

[< > 4. If the patient is significantly growth delayed, as measured by percentile height and weight, add that
this may affect comparison to normal values above, since the normal values are derived from individuals
of standard bone maturation]

General comments regarding interpretation of bone mineral
density measurements:

a) In children, premenopausal women and males under age 50 not
at increased risk for fractures only Z-scores, not T-scores are
used to indicate risk. A Z-score above -2.0 is defined as
"within the expected range for age" and Z-score at or less than
-2.0 is "below the expected range for age". A Z-score below the
expected range for age in a patient with recent fractures and/or
chronic corticosteroid treatment is consistent with a diagnosis

of osteoporosis.

b) In post menopausal women and males over 50, comparison of the measured bone mineral density with the average value in young normal subjects (the "T-score") has been found to be useful in assessing fracture risk. Fracture risk approximately doubles for each 1.0 standard deviation (SD) in individual's hip or spine bone mineral density is below the average value of young normal subjects. The World Health Organization (WHO) has defined T-scores of -1.0 to -2.5 as indicative of low bone mass (OSTEOPENIA), and T-scores of -2.5 or lower to be indicative of OSTEOPOROSIS, based on the site of lowest bone density.

Note that there will be a change in reporting format and reference databases as patients move from the younger population (group a) to the older population (group b).

The National Osteoporosis Foundation (www.nof.org) recommends adequate intake of calcium and vitamin D and regular weight-bearing exercise in all patients. In Caucasian postmenopausal women, the NOF recommends treatment with pharmacologic therapy if the T score is below -2.0. Treatment might also be considered if the T-score is between -1.5 and -2.0 in patients who are at higher risk (e.g., personal history of fracture as an adult, history of fragility fracture in a first-degree relative, low body weight (< about 127 lbs), current smoking, or use of oral corticosteroid therapy for more than 3 months). Guidelines for treatment of osteopenia alone in other racial groups, men, and premenopausal women are not available, but treatment should definitely be considered if the bone density reaches the level of osteoporosis (T-score below -2.5).

800 DXA postmenopausal

EXAMINATION: BONE DENSITOMETRY OF THE [SPINE AND HIP]

[< > This template to be used only with postmenopausal women, and (with editing) in men over age 50]

HISTORY: [ ] -year-old [<postmenopausal woman>] with [ ]. [<She>] is being treated with [ ]. Evaluate
bone mineral density.

The bone mineral density of each site was assessed by dual-energy x-ray absorptiometry. Findings are

reported for each site as:

T-Score (the number of standard deviations above or below the mean of the average bone mineral density
in young adults)

Z-Score (the number of standard deviations above or below the mean of the average bone mineral density
for age-and- gender-matched subjects.

SPINE: [<L1-4>]
T-Score: [ ]
Z-Score: [ ]
[< > add comments about significant degenerative changes or excluded verterbral bodies if needed]

HIP: Femoral Neck
T-Score:[ ]
Z-Score:[ ]

HIP: Total Hip
T-Score:[ ]
Z-Score [ ]

For bone mineral density values in gm/sq-cm and plots of trends since prior exams, see separate printout
(available with mailed reports and also on clindesk).

IMPRESSION:

[< > Base you conclusions on the following table, using the T-score:
T-score greaterthan +2: increased.
T-score +2 to - 1 (inclusive): normal.
T-score - 1 to -2.5 (exclusive): mildly decreased.
T-score -2.5 to -3.5 (including - 2.5): moderately decreased.
T -score -3.5 or lower: markedly decreased.]

1. The bone mineral density of the lumbar spine is [increased/normal/mildly-moderately-markedly
decreased]. When compared to the baseline exam of [date] there [has or has not] been a statistically
significant [increase/decrease/change] in bone mineral density.

2. The bone mineral density of the left femoral neck is [increased/normal/mildly-moderately-markedly

decreased]. When compared to the baseline exam of [date] there [has or has not} been a statistically
significant [increase/decrease/change] in bone mineral density.

3. The bone mineral density of the left total hip is [increased/normal/mildly-moderately-marked
decreased]. When compared to the baseline exam of [date] there [has or has not] been a statistically
significant [increase/decrease/change] in bone mineral density.

[< > Base the overall WHO categorization below on the following table, using the worst (lowest) of the 3
sites:
normal or increased = normal
mildly decreased = low bone mass (osteopenia).
moderately or markedly decreased = osteoporosis.]

4. Overall, the above findings are categorized as [normal/low bone mass (osteopenia)/osteoporosis] by
WHO criteria.

General comments regarding interpretation of bone mineral density measurements:

a) In children, premenopausal women and males under 50 not at increased risk for fractures only Z-scores, not T-scores are used to indicate risk. A Z-score above -2.0 is defined as "within the expected range for age" and Z-score at or less than 2.0 is "below the expected range for age". A Z-score below the expected range for age in a patient with recent fractures and/or chronic corticosteroid treatment is consistent with a diagnosis of osteoporosis.

b) In post menopausal women and males over 50, comparison of the measured bone mineral density with the average value in young normal subjects (the "T-score") has been found to be useful in assessing fracture risk. Fracture risk approximately doubles for each 1.0 standard deviation (SD) in individual's hip or spine bone mineral density is below the average value of young normal subjects. The World Health Organization (WHO) has defined T-scores of -1.0 to -2.5 as indicative of low bone mass (OSTEOPENIA), and T-scores of -2.5 or lower to be indicative of OSTEOPOROSIS, based on the site of lowest bone density.

Note that there will be a change in reporting format and reference databases as patients move from the younger population (group a) to the older population (group b).

The National Osteoporosis Foundation (www.nof.org) recommends adequate intake of calcium and vitamin D and regular weight-bearing exercise in all patients. In Caucasian postmenopausal women, the NOF recommends treatment with pharmacologic therapy if the T score is below -2.0. Treatment might also be considered if the T-score is between -1.5 and -2.0 in patients who are higher risk (e.g., personal history of fracture as an adult, history of fragility fracture in a first-degree relative, low body weight (< about 127 lbs), current smoking, or use of oral corticosteroid therapy for more than 3 months). Guidelines for treatment of osteopenia alone in other racial groups, men, and premenopausal women are not available, but treatment should definitely be considered if the bone density reaches the leval of osteoporosis (T-score below -2.5).

800 DXA premenopausal

EXAMINATION: BONE DENSITOMETRY OF THE [<SPINE AND HIP>]

[< > This template to be used only with premenopausal women over age 21, and (with editing) in men age
21-49]

HISTORY: [ ] -year-old [<premenopausal woman> with [ ]. [<She> is being treated with [ ]. Evaluate
bone mineral density.

The bone mineral density of each site was assessed by dual-energy x-ray absorptiometry. Findings are
reported for each site as:

T-Score (the number of standard deviations above or below the mean of the average bone mineral density
in young adults.

Z-Score (the number of standard deviations above or below the mean of the average bone mineral density
for age-and gender-matched subjects)

SPINE: [<L-4>]
T-Score: [ ]

Z-Score: [ ]
[< > add comments about significant degenerative changes or excluded vertebral bodies if needed]

HIP: Femoral Neck
T-Score: [ ]
Z-Score: [ ]

HIP: Total HIP
T-Score: [ ]
Z-Score: [ ]

For bone mineral density values in gm/sq-cm and plots of trends since prior exams, see separate printout
(available with mailed reports and also on clindesk).

IMPRESSION:

1. The bone mineral density of the lumbar spine is [with/below - use a Z-score of -2.0 as the cutoff] the
expected range for age. When compared to the baseline exam of [date] there [has or has not] been a
statistically significant [increase/decrease/change] in bone mineral density.

2. The bone mineral density of the left femoral neck [with/below - use a Z score of -2.0 as the cutoff]
the expected range for age. When compared to the baseline exam of [date] there [has or has not] been a
statistically significant [increase/decrease/change] in bone mineral density.

3. The bone mineral density of the left total hip is [within/below - use a Z-score of -2.0 as the cutoff] the
expected range for age. When compared to the baseline exam of [date] there [has or has not] been a
statistically significant [increase/decrease/change] in bone mineral density.

General comments regarding interpretation of bone mineral
density measurements:

a) In children, premenopausal women and males under age 50 not at increased risk. A Z-score above -2.0 is defined as "within the expected range for age" and Z score at or less than -2.0 is "below the expected range for age". A Z-score below the expected range for age in a patient with recent fractures and /or chronic coriticosteroid treatment is consistent with a diagnosis

of osteoporosis.

b) In post memopausal women and males over 50, comparison of the measured bone mineral density with the average value in young normal subjects (the "T-score") has been found to be useful in assessing fracture risk. Fracture risk appoximately doubles for each 1.0 standard deviation (SD) in individual's hip or spine bone mineral density is below the average value of young normal subjects. The World Health Organization (WHO) has defined T-scores of -1.0 to -2.5 as indicative of low bone mass (OSTEOPENIA) and T -scores of -2.5 or lower to be indicative of OSTEOPOROSIS, based on the site of lowest bone density.

Note that there will be a change in reporting format and reference databases as patients move from the younger population (group a) to the older population (group b).

The National Osteoporosis Foundation (www.nof.org) recommends adequate intake of calcium and vitamin D and regular weight-bearing exercise in all patients. In Caucasian postmenopausal women, the NOF recommends treatment with pharmacologic therapy if the T score is below -2.0. Treatment might also be considered if the T-score is between -1.5 and -2.0 in patients who are at higher risk (e.g., personal history of fracture as an adult, history of fragility fracture in a first-degree relative, low body weight (<about 127 lbs), current smoking, or use of oral corticosteroid therapy for more than 3 months). Guidelines for treatment of osteopenia alone in other racial groups, men, and premenopausal women are not available, but treatment should definitely be considered if the bone density reaches the level of osteoporosis (T-score below -2.5).

800 GAL

EXAMINATION: GALLIUM SCINTIGRAPHY [< >LIMITED?]

DATE STARTED: [ ]

DATE COMPLETED: [ ]

RADIOPHARMACEUTICAL: [ ] mCi Ga-67 citrate, i.v.

HISTORY: [ ]

FINDINGS: [ ]

IMPRESSION: [ ]

800 GFR

EXAMINATION: GLOMERULAR FILTRATION RATE MEASUREMENT

RADIOPHARMACEUTICAL: [   ] uCi I-125 iothalamate i.v.and [   ] drops saturated potassium iodide solution p.o.

HISTORY: [   ]

FINDINGS: After the bolus intravenous administration of I-125 iothalamate, multiple timed blood samples were obtained over the next 4 hours. The glomerular filtration rate (GFR) was calculated by bi-exponential fitting of the plasma clearance curve. At the time of this study, the patient's height, weight, and body surface area were [   ] cm, [   ] kg, and [   ] sq-m, respectively. The calculated GFR is [   ] mL/min. The calculated GFR, adjusted for body surface area, is [   ] mL/min/1.73 sq-m (normal >90 mL/min/1.73 sq-m).

IMPRESSION: [   ]

800 HBP

EXAMINATION: HEPATIC BLOOD-POOL IMAGING (TOMOGRAPHIC)

RADOPHARMACEUTICAL: [   ] mCi Tc-99m [<in vitro labeled red cells.>modified in vivo labeled red cells i.v.]

HISTORY: [   ]

FINDINGS: Delayed SPECT images of the upper abdomen were obtained after injection of Tc-99m red cells. [describe]

IMPRESSION: [   ]

800 hepatic perfusion

EXAMINATION: HEPATIC PERFUSION SCINTIGRAPHY WITH TOMOGRAPHIC IMAGING (QUANTITATIVE)

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m MAA i.a.

HISTORY: [patient history] This examination is performed to assess hepatic arterial perfusion prior to intra-arterial infusion of [<Y-90 microspheres> chemotherapy].

FINDINGS: Tc-99m MAA was injected by the vascular/interventional radiology service into an arterial catheter positioned in [describe]. Initially, planar images of the chest and abdomen were obtained. In addition, tomographic (SPECT-CT) images of the chest and abdomen were obtained. (The noncontrast CT images are used for attenuation correction and localization, and are not of diagnostic quality. They are not used to diagnose disease independently of the SPECT images.)

The planar images show perfusion of the [right and/or left] lobe of the liver, confirmed by the SPECT-CT images. [describe liver distribution and any extrahepatic uptake]

There is also minimal activity in the stomach and kidneys most likely representing in vivo biodegradation of the tracer.

The anterior planar images were used to calculate relative lung perfusion (calculated as the ratio of lung activity to lung + liver activity); the relative lung perfusion is [%] (normal <10%, treatment contraindicated if >20%). [< > Note these limits apply to SIRsphere treatment only, not other liver therapies]

Additional non-contrast CT findings: [describe]

IMPRESSION:

1. Following intra-arterial infusion of Tc-99m MAA particles into the catheterized hepatic artery, there is perfusion of the [describe liver distribution].

2. [<No significant pulmonary or extrahepatic abdominal activity.>] The relative lung perfusion is [%] of the injected dose.

800 MIBG

EXAMINATION: MIBG SCINTIGRAPHY

DATE STARTED: [ ]

DATE COMPLETED: [ ]

RADIOPHARMACEUTICAL: [ ]mCi I-123 metaiodobenzylguanidine (MIBG) i.v. and [ ] drops SSKI solution p.o. once daily for 2 days beginning 30-60 minutes prior to tracer administration.

HISTORY: [ ]

FINDINGS: Images of the head, neck, trunk, and proximal extremities were obtained [ ] hours after administration of I-123 MIBG. [<There is expected I-123 MIBG activity in the salivary glands, myocardium, liver, and urinary bladder. No foci of abnormal I-123 MIBG accumulation are seen.>]

IMPRESSION: [<Normal I-123 MIBG scintigraphy.>]

800 octreo EXAMINATION: SOMATOSTATIN-RECEPTOR SCINTIGRAPHY (WITH TOMOGRAPHIC IMAGING)

DATE STARTED: [   ]

DATE COMPLETED: [   ]

RADIOPHARMACEUTICAL: [   ] mCi In-111 pentetreotide i.v.

HISTORY: [   ]

FINDINGS: Whole-body images were obtained [   ] hours and [   ] hours after injection of In-111 pentetreotide. Tomographic (SPECT) images of the [chest/abdomen/pelvis] were obtained at [   ] hours. [<There is expected In-111 pentetreotide activity in the spleen, kidneys, and liver. No foci of abnormal In-111 pentetreotide accumulation are seen.>]

IMPRESSION: [<No evidence for somatostatin-receptor-positive tumor.>]

800 peritoneal

EXAMINATION: PERITONEAL SCINTIGRAPHY

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m sulfur colloid via peritoneal catheter.

HISTORY : [patient history] This study is being done to evaluate the feasibility of intraperitoneal chemotherapy using the patient's previously placed peritoneal catheter.

FINDINGS : Tc-99m sulfur colloid was injected through the intraperitoneal catheter, followed by [<50>] mL of normal saline solution. The patient was rolled onto each side for 5 minutes to help disperse the tracer; anterior and posterior images were then obtained. [< >state if other images were obtained, or if more than one catheter was injected, state that the process was repeated with the second catheter]

[<There is free flow of injected tracer within the peritoneal cavity>]

IMPRESSION :

[< Free flow of fluid within the peritoneal cavity when injected via the peritoneal catheter>]

The results of this study were communicated by Dr [ ] to Dr [ ] at [time] on [date].

800 prost

EXAMINATION: PROSTATE TUMOR RADIOIMMUNOSCINTIGRAPHY (WITH TOMOGRAPHIC IMAGING)

DATE STARTED: [date]

DATE COMPLETED: [date]

RADIOPHARMACEUTICAL: [ ] mCi In-111 capromab pendetide i.v on [ ]

HISTORY: [age] year-old patient with prostate cancer. [additional history]

FINDINGS: In-111 capromab pendetide (Prostascint) was administered by slow intravenous infusion. The patient experienced no adverse effects. Anterior and posterior planar whole-body images were obtained [<4> change to 5 if needed] days post infusion.

In addition, tomographic (SPECT-CT) images of the [<abdomen and pelvis>] were obtained immediately following the whole body images. (The noncontrast CT images are used for attenuation correction and localization, and are not of diagnostic quality. They are not used to diagnose disease independently of the SPECT images.)

There is expected In--111 capromab pendetide activity in the blood pool, liver, bone marrow, and gastrointestinal tract. [<No foci of abnormal In-111 capromab pendetide are seen.> describe abnormal finding if present]

IMPRESSION: [<No evidence for antibody-avid sites of prostatic carcinoma.>]

800 wbc

EXAMINATION: LEUKOCYTE SCINTIGRAPHY [<LIMITED>]

DATE STARTED: [ ]

DATE COMPLETED: [ ]

RADIOPHARMACEUTICAL: [ ] [<mCi In-111>Tc-99m] labeled autologous leukocytes i.v.

HISTORY: [ ]

FINDINGS: [ ]

IMPRESSION: [ ]

800 wbcm

EXAMINATION: LEUKOCYTE SCINTIGRAPHY AND BONE MARROW SCINTIGRAPHY (LIMITED)

DATE STARTED: [ ]

DATE COMPLETED: [ ]

RADIOPHARMACEUTICAL: [ ] mCi In-111 labeled autologous leukocytes i.v. and [ ] mCi millipore-filtered Tc-99m sulfur colloid i.v.

HISTORY: [ ]

FINDINGS: Simultaneous dual-tracer imaging was performed approximately [ ] hours after injection of In-111 leukocytes and [ ] minutes after injection of Tc-99m sulfur colloid. Images of [ ] were obtained in the [ ] projections. The distribution of In-111 leukocytes was compared with that of Tc-99m sulfur colloid, which delineates the reticuloendothelial function of the bone marrow.

[ ]

IMPRESSION: [ ]

800 with ct

In addition, tomographic (SPECT-CT) images of the [<neck and superior chest> specify site as needed] were obtained at [specify time interval] following injection of tracer. (The noncontrast CT images are used for attenuation correction and localization, and are not of diagnostic quality. They are not used to diagnose disease independently of the SPECT images.)

801

EXAMINATION: THYROID SCINTIGRAPHY AND UPTAKE

DATE STARTED: [ ]

DATE COMPLETED: [ ]

RADIOPHARMACEUTICAL: [   ] mCi Tc-99m pertechnetate i.v. and [   ]uCi I-131 (sodium iodide) p.o.

HISTORY: [   ]

FINDINGS: The thyroid images demonstrate [<uniform activity in a gland of normal size and configuration.>] The 24-hour radioactive iodine uptake is [%] (normal range 10-30%).

IMPRESSION: [<Normal thyroid scintigraphy and uptake.>]

802

EXAMINATION: THYROID SCINTIGRAPHY

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [   ] mCi Tc-99m pertechnetate i.v.

HISTORY: [   ]

FINDINGS: The thyroid images [<demonstrate uniform activity in a gland of normal size and configuration.>]

IMPRESSION: [<Normal thyroid scan.>]

803

EXAMINATION: PARATHYROID SCINTIGRAPHY (WITH TOMOGRAPHIC IMAGING)

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [   ] mCi Tc-99m sestamibi i.v.

HISTORY: [   ]

FINDINGS: After the intravenous administration of Tc-99m sestamibi, planar images of the neck and mediastinum were obtained at approximately 10 minutes and 2 hours.

 [<Tomographic (SPECT) images of the neck and mediastinum were obtained immediately following the initial planar images.> If CT was done, replace this paragraph with "Powerscribe 800 with CT"]

[<There is physiologic distribution of the radiopharmaceutical. No focus of persistent activity consistent with an enlarged parathyroid gland is seen.>]

IMPRESSION: [<No scintigraphic evidence for enlarged parathyroid glands.>]

804

EXAMINATION: THYROID UPTAKE

DATE STARTED: [   ]

DATE COMPLETED: [   ]

RADIOPHARMACEUTICAL: [   ] uCi I-131 sodium iodide p.o.

HISTORY: [   ]

FINDINGS: The 24-hour thyroidal radioactive iodine uptake is [%] (normal range 10-30%).

IMPRESSION: [<Normal thyroid uptake>]

805

EXAMINATION: THYROID UPTAKE

DATE STARTED: [   ]

DATE COMPLETED: [   ]

RADIOPHARMACEUTICAL: [uptake dose in micro-curies, not therapy dose] uCi I-131 sodium iodide p.o.

FINDINGS: The 24 hour radioactive iodine uptake is [   ]% of the administered dose (normal range 10-30%).

CONSULTATION AND RADIOACTIVE IODINE THERAPY

DATE: [   ]

HISTORY: [   ]

PHYSICAL FINDINGS: [   ]

LABORATORY FINDINGS: [   ]
IMPRESSION: The history, physical findings and laboratory studies in this patient are most consistent with hyperthyroidism due to [<diffuse toxic goiter (Graves' disease)>]. There are no complicating medical problems. This patient was discussed with Dr. [

referring MD name] and it was agreed to proceed with I-131 therapy. In this patient with [<typical diffuse toxic goiter>] and [<mild to moderate>] symptoms of hyperthyroidism, the dose of [<100>] uCi/gm of thyroid tissue was selected. The calculated dose was [calculated dose] mCi, based on the thyroid weight of [ ] gm and 24 hour radioactive iodine uptake of [%].

TREATMENT: The risks and benefits of I-131 therapy and of alternate modes of therapy with antithyroid drugs and surgery were explained to the patient. The patient's written informed consent for treatment was obtained. The patient was given both written and oral instructions regarding radiation safety precautions intended to maintain exposure to other individuals as low as reasonably achievable. The patient received [actual dose, not calculated dose] mCi of I-131 sodium iodide p.o. at [ ] on [ ]. The patient will continue treatment with [ ] and will be followed by Dr. [ ]. The patient was informed of the need for lifetime medical follow-up to monitor thyroid function because of the high risk of eventual hypothyroidism.

Thank you for the referral of this patient.

806

EXAMINATION: SPLEEN IMAGING

DATE STARTED: [ ]

DATE COMPLETED: [ ]

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m heat-damaged in-vitro-labeled autologous red blood cells i.v.

HISTORY: [ ]

FINDINGS: Images of the abdomen obtained [ ] minutes after administration of Tc-99m heat-damaged red cells show [<normal uptake of tracer in the spleen, which is normal in size, shape, and location.>]

IMPRESSION: [<Normal spleen .>]

807b

EXAMINATION: BREAST LYMPHOSCINTIGRAPHY

DATE OF STUDY: [ ]

RADIOPHARMACEUTICAL: [ ] mCi millipore-filtered Tc-99m sulfur colloid injected intradermally in the periareolar region at the [ ] o'clock position of the [right/left] breast.

HISTORY: [ ]

FINDINGS: Images were obtained at [<20>] and [<45>] minutes after injection in anterior and [right/left] lateral projections. These demonstrate [ ]

Copies of the images were sent with the patient for use in the operating room.

IMPRESSION: [<Sentinel node identified for subsequent intraoperative removal with gamma probe guidance. >]

807g

EXAMINATION: LYMPHOSCINTIGRAPHY

DATE OF STUDY: [ ]

RADIOPHARMACEUTICAL: [ ] mCi millipore-filtered Tc-99m sulfur colloid injected [describe location and technique] by [whom].

HISTORY: [ ]

FINDINGS: [<Dynamic images were obtained for 30 minutes.>] Delayed images were obtained at [<60>] and [<90>] minutes after injection in [ ] projections. These demonstrate [ ].

Copies of the images were sent with the patient for use in the operating room.

IMPRESSION: [<Sentinel node identified for subsequent intraoperative removal with gamma probe guidance. >]

808

EXAMINATION: SCHILLING TEST

DATE STARTED: [ ]

DATE COMPLETED: [ ]

RADIOPHARMACEUTICAL: [ ] uCi Co-57 cyanocobalamin p.o. and separate 1 mg intramuscular injections of cyanocobalamin on [ ] and [ ].

HISTORY: [ ]

FINDINGS: The 48-hour urinary excretion of Co-57 cyanocobalamin is [%] of the administered dose. Normally over 9% of the orally administered dose should be excreted in the first 48 hours. This is a normal study.

IMPRESSION:

1. Normal Schilling test.

2. The findings indicate that there is no evidence of intrinsic factor deficiency and that there is normal absorption of cyanocobalamin in capsule form. If the patient has a low serum vitamin B12 level, it is possible that this may reflect difficulty absorbing vitamin B12 bound to food (e.g., as a result of atrophic gastritis). The results of this test indicate that vitamin B12 replacement in such a patient could be accomplished by oral supplementation, and that parenteral administration of vitamin B12 is not necessary.

808f

EXAMINATION: SCHILLING TEST WITH INTRINSIC FACTOR

DATE STARTED: [ ]

DATE COMPLETED: [ ]

RADIOPHARMACEUTICAL: [ ] uCi Co-57 cyanocobalamin p.o., I NF XI unit intrinsic factor p.o., and separate 1 mg intramuscular injections of cyanocobalamin on [ ] and [ ].

HISTORY: [ ]

FINDINGS: The 48-hour urinary excretion of Co-57 cyanocobalamin is [%] of the administered dose. Normally over 9% of the orally administered dose should be excreted in the first 48 hours. This is a normal study.

IMPRESSION: Normal Schilling test with intrinsic factor. Given the abnormal result of the Schilling test without intrinsic factor performed on [ ], the normalization of vitamin B12 absorption in this patient by intrinsic factor indicates that intrinsic factor deficiency (e.g., pernicious anemia) is the likely cause for this patient's vitamin B12 malabsorption.

812

EXAMINATION: SCHILLING TEST

DATE STARTED: [ ]

DATE COMPLETED: [ ]

RADIOPHARMACEUTICAL: [ ] uCi Co-57 cyanocobalamin p.o. and separate 1 mg intramuscular injections of cyanocobalamin on [ ] and [ ].

HISTORY: [   ]

FINDINGS: The 48-hour urinary excretion of Co-57 cyanocobalamin is [%] of the administered dose. Normally over 9% of the orally administered dose should be excreted in the first 48 hours. This is an abnormal study indicative of inadequate intestinal absorption of vitamin B12. If clinically indicated, a repeat examination with simultaneous administration of Co-57 cyanocobalamin and intrinsic factor would be useful to distinguish intrinsic factor deficiency (e.g., pernicious anemia) from primary intestinal malabsorption of vitamin B12.

IMPRESSION: Abnormal Schilling test. See above.

812f

EXAMINATION: SCHILLING TEST WITH INTRINSIC FACTOR

DATE STARTED: [   ]

DATE COMPLETED: [   ]

RADIOPHARMACEUTICAL: [   ] uCi Co-57 cyanocobalamin p.o. , I NF XI unit intrinsic factor p.o., and separate 1 mg intramuscular injections of cyanocobalamin on [   ] and [ ].

HISTORY: [   ]

FINDINGS: The 48-hour urinary excretion of Co-57 cyanocobalamin is [%] of the administered dose. Normally over 9% of the orally administered dose should be excreted in the first 48 hours.

IMPRESSION: Abnormal Schilling test with intrinsic factor. Given the abnormal result of the Schilling test without intrinsic factor performed on [   ], the failure of normalization of vitamin B12 absorption in this patient by intrinsic factor indicates that primary intestinal malabsorption (rather than intrinsic factor deficiency) is the most likely cause for this patient's vitamin B12 malabsorption.

815

EXAMINATION: WHOLE-BODY I-131 IMAGING

DATE OF STUDY: [   ]

HISTORY: [   ]

FINDINGS: A [ ]-mCi therapeutic dose of I-131 sodium iodide was administered orally on [ ] by the staff of the Division of Radiation Oncology. Images of the head, neck, trunk, and proximal extremities were obtained [ ] days later.

[<There is expected I-131 activity in the salivary glands, stomach, colon, and urinary bladder. No increased activity consistent with functioning thyroid tissue is seen.>]

IMPRESSION: [<No functioning thyroid tissue.>]

816

EXAMINATION: WHOLE-BODY I-131 IMAGING

DATE STARTED: [ ]

DATE COMPLETED: [ ]

RADIOPHARMACEUTICAL: [ ] mCi I-131 sodium iodide p.o.

HISTORY: [ ]

FINDINGS: I-131 sodium iodide was administered orally on [ ] [<after confirmation that the patient was not pregnant or breast-feeding>]. The patient was given both written and oral instructions regarding radiation safety precautions intended to maintain exposure to other individuals as low as reasonably achievable. Images of the head, neck, trunk, and proximal extremities were obtained [<2>] days later.

[<There is expected I-131 activity in the salivary glands, stomach, colon, and urinary bladder. No increased activity consistent with functioning thyroid tissue is seen.>]

IMPRESSION: [<No functioning thyroid tissue.>]

817

EXAMINATION: TESTICULAR SCINTIGRAPHY

DATE OF STUDY: [ ]

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m pertechnetate i.v.

HISTORY: [ ]

FINDINGS: [<The anterior radionuclide angiogram of the scrotal region demonstrates normal, symmetric perfusion of the scrotal contents. Static magnification images show a normal distribution of radiopharmaceutical.>]

IMPRESSION: [<Normal testicular scintigraphy.>]

818

EXAMINATION: BLOOD VOLUME

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [   ] uCi Cr-51 labeled autologous red blood cells i.v.; [   ] uCi I-125 human serum albumin i.v.; and [   ] drops SSKI solution p.o.

HISTORY: [   ]

FINDINGS: At the time of this study, the patient's body weight was [   ] kg and the peripheral venous hematocrit was [%.] The measured red cell volume was [   ] ml/kg (predicted normal range for this patient [   ] to [   ] ml/kg). The measured plasma volume was [   ] ml/kg (predicted normal [   ] to [   ] ml/kg). The whole-body hematocrit was [%] and the ratio of whole-body hematocrit to peripheral venous hematocrit was [   ].

IMPRESSION: [<Normal red blood cell volume and plasma volume.>]

832

EXAMINATION: CARDIAC BLOOD POOL IMAGING (REST)

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [   ] mCi Tc-99m in vivo labeled red cells i.v.

HISTORY: [   ]

FINDINGS: [No prior study   or   A prior study dated {date}] is available for comparison.

[<The atria and great vessels are of normal size and configuration.>] The right ventricle is [<of normal size and contracts normally.>] The left ventricle is [<of normal size and contracts normally.>] The left ventricular ejection fraction is [%] (normal > 50%).

IMPRESSION: [<Normal cardiac blood pool study.>]

833

EXAMINATION: CARDIAC BLOOD POOL IMAGING (REST)

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m in vivo labeled red cells i.v.

HISTORY: [ ]

FINDINGS: [No prior study or A prior study dated {date}] is available for comparison.

[<The atria and great vessels are of normal size and configuration.>] The right ventricle is [<of normal size and contracts normally.>] The left ventricle is [<of normal size and contracts normally.>] The right ventricular ejection fraction is [%] (normal > 40%). The left ventricular ejection fraction is [%] (normal > 50%).

IMPRESSION: [<Normal cardiac blood pool study.>]

834

EXAMINATION: BRAIN SCINTIGRAPHY

DATE OF STUDY: [ ]

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m DTPA i.v.

HISTORY: [ ]

FINDINGS: The [anterior/posterior] cerebral radionuclide angiogram demonstrates [<symmetric perfusion through the carotid arteries and of the cerebral hemispheres. Immediate and delayed static images show a normal distribution of activity.>]

IMPRESSION: [<Normal brain scintigraphy.>]

836

EXAMINATION: LIVER-SPLEEN SCINTIGRAPHY

DATE OF STUDY: [ ]

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m sulfur colloid i.v.

HISTORY: [ ]

FINDINGS: [<The liver and spleen are of normal size and configuration. There is uniform colloid uptake in both organs.>]

IMPRESSION: [<Normal liver-spleen scintigraphy.>]

837

EXAMINATION: BONE SCINTIGRAPHY (WHOLE-BODY)

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [   ] mCi Tc-99m MDP i.v.

HISTORY: [   ]

FINDINGS: Delayed whole-body scintigrams were obtained. [No prior study   or   A prior study dated {date}] is available for comparison.

The scintigraphic images were correlated with the following additional imaging studies: [Include exam type (radiographs, CT, MRI) and dates]

[<No other relevant imaging studies are available for comparison with the scintigrams.> Delete either this paragraph or the one above it]

 [<There is normal distribution of activity throughout the skeleton.>]

IMPRESSION: [<Normal bone scintigraphy.>]

[< > If metastatic lesions are present, add comment regarding presence or absence of orthopedically significant lesions]

838

EXAMINATION: BOWEL SCINTIGRAPHY

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [   ] mCi Tc-99m pertechnetate i.v.

HISTORY: [   ]

FINDINGS: [<Sequential abdominal images demonstrate no abnormal foci of Tc-99m pertechnetate uptake.>]

IMPRESSION: [<No evidence for ectopic gastric mucosa.>]

839

EXAMINATION: BONE SCINTIGRAPHY (LIMITED)

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [   ] mCi Tc-99m MDP i.v.

HISTORY: [ ]

FINDINGS: A limited examination of the hands and wrists was performed consisting of radionuclide angiography, immediate post-injection images, and delayed images. [<No abnormalities are demonstrated.>]

IMPRESSION: [<Normal limited examination of hands and wrists.>]

841

EXAMINATION: HEPATOBILIARY SCINTIGRAPHY (WITH SINCALIDE ADMINISTRATION)

DATE OF STUDY: [ ]

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m [<mebrofenin>disofenin] i.v. and [ ] ug sincalide i.v.

HISTORY: [ ] The most recently obtained serum total bilirubin was [value] mg/dL on [date].

FINDINGS: Following intravenous administration of Tc-99m [<mebrofenin>disofenin], sequential abdominal images were obtained. [<There is prompt, uniform accumulation of the tracer by the liver. There is normal filling of the intrahepatic ducts, common bile duct and gallbladder and normal excretion of the tracer into the duodenum.>]

In order to evaluate the contractile response of the gallbladder in response to cholecystokinin, [ ] ug sincalide (0.02 ug/kg) was administered by slow intravenous infusion approximately [<60>] minutes after the administration of the radiopharmaceutical. Sequential imaging was continued for [<30>] minutes after the start of the sincalide infusion. These images demonstrate [<prompt>] contraction of the gallbladder. The calculated gallbladder ejection fraction is [%] (normal greater than 35%).

The patient reported [<no symptoms>] during Sincalide administration.

IMPRESSION:

[<1. Normal biliary imaging study.

2. Normal contractile response of gallbladder to sincalide infusion.>]

848

EXAMINATION: VENTILATION-PERFUSION SCINTIGRAPHY (QUANTITATIVE)

DATE OF STUDY: [ ]

RADIOPHARMACEUTICAL: [ ] mCi Xe-133 gas by inhalation and [ ] mCi Tc-99m MAA i.v.

HISTORY: [ ]

FINDINGS: The comparison chest radiograph performed on [ ] demonstrates [<no pulmonary infiltrates or pleural fluid. The Xe-133 washin ventilation images show a uniform distribution of activity. There is no abnormal Xe-133 retention during the washout phase. The perfusion images show a physiologic distribution of pulmonary perfusion.>]

Based on the distribution of Xe-133 during the early washin phase, the right lung contributes [%] and the left lung contributes [%] of total pulmonary ventilation. The right lung receives [%] and the left lung receives [%] of total pulmonary perfusion.

IMPRESSION: [<Normal ventilation and perfusion images.>]

850

EXAMINATION: MYOCARDIAL INFARCT SCINTIGRAPHY [<(SPECT)>]

DATE OF STUDY: [ ]

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m pyrophosphate i.v.

HISTORY: [ ]

FINDINGS: [<There is no abnormal accumulation of Tc-99m pyrophosphate in the myocardium.>]

IMPRESSION: [<Normal myocardial infarct scintigraphy.>]

851

EXAMINATION: BONE SCINTIGRAPHY (LIMITED/SPECT)

DATE OF STUDY: [ ]

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m MDP i.v.

HISTORY: [ ]

FINDINGS: A limited examination of the [<lumbar spine and pelvis>modify if appropriate] was performed consisting of delayed planar images, as well as tomographic (SPECT) images of the [<lumbosacral spine>modify if appropriate]. [<No abnormalities are demonstrated.>]

IMPRESSION: [<Normal limited examination bone scintigraphy. >]

858

EXAMINATION: [<GASTRIC EMPTYING>GASTROESOPHAGEAL REFLUX/PULMONARY ASPIRATION] STUDY

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [   ] uCi Tc-99m sulfur colloid mixed with [   ] mL [water/milk/formula/orange juice] [p.o./via nasogastric tube/via gastrostomy tube].

HISTORY: [   ]

FINDINGS: Sequential [anterior/posterior] images of the abdomen were obtained for [ ] minutes after administration of the radiopharmaceutical. [< >comment on delayed views if appropriate] There is normal emptying of the gastric contents into the intestine. The residual activity at 60 minutes is [%] of peak activity. The mean normal value in children under age 2 is [%] and in older children is [%]. [<No gastroesophageal reflux is noted. >] [< >if appropriate, comment on pulmonary aspiration]

IMPRESSION: [<Normal gastric emptying study.>]

859

EXAMINATION: GASTRIC EMPTYING STUDY

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [   ] mCi Tc-99m sulfur colloid incorporated into 120 g egg substitute, along with 2 slices toast, 30 g strawberry jam, and 120 mL water p.o.

HISTORY: [   ]

FINDINGS: After oral ingestion of the radiolabeled meal, [<sequential anterior and posterior>/anterior/posterior] abdominal images were obtained through [<4>] hours. There is [<normal> delayed] emptying of gastric contents into the intestine. The residual gastric activity is [%] of peak activity at 30 minutes, [%] at 1 hour, [%] at 2 hours, and [%] at 4 hours.

The corresponding upper limit values in normal subjects are 100% at 30 minutes, 90% at 1 hour, 60% at 2 hours, and 10% at 4 hours.

IMPRESSION: [<Normal gastric emptying study.>]

871

EXAMINATION: [<RADIONUCLIDE CiSTERNOGRAPHY>]

DATE STARTED: [ ]

DATE COMPLETED: [ ]

RADIOPHARMACEUTICAL: [ ] mCi In-111 DTPA by lumbar subarachnoid injection

HISTORY: [ ]

FINDINGS: The radiopharmaceutical was injected into the lumbar subarachnoid space by staff of the Section of Neuroradiology. [describe].

IMPRESSION: [ ].

872

EXAMINATION: CSF SHUNT STUDY

DATE OF STUDY: [ ]

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m DTPA injected into the [valve/reservoir] of the shunt system.

HISTORY: [ ]

FINDINGS: The radiopharmaceutical was injected into the [valve/reservoir] of the shunt system by Dr. [ ] of the Department of Neurosurgery. [ ]

IMPRESSION: [ ]

873

EXAMINATION: PERFUSION BRAIN IMAGING (TOMOGRAPHIC)

DATE OF STUDY: [ ]

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m bicisate i.v.

HISTORY: [ ]

FINDINGS: [ ]

IMPRESSION: [ ]

874

EXAMINATION: RENAL SCINTIGRAPHY (AFTER ANGIOTENSIN-CONVERTING-ENZYME INHIBITION

DATE OF STUDY: [ ] The most recently obtained serum creatinine was [value] mg/dL on [date].

RADIOPHARMACEUTICAL: [ ] mg enalaprilat i.v. and [ ] mCi Tc-99m MAG3 i.v.

HISTORY: [ ]

FINDINGS: [ ]

IMPRESSION: [ ]

875

EXAMINATION: RENAL SCINTIGRAPHY (BEFORE AND AFTER ANGIOTENSIN-CONVERTING-ENZYME INHIBITION

DATE OF STUDY: [ ] The most recently obtained serum creatinine was [value] mg/dL on [date].

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m MAG3 i.v. and [ ] mg enalaprilat i.v. and [ ] mCi Tc-99m MAG3 i.v.

HISTORY: [ ]

FINDINGS: [ ]

IMPRESSION: [ ]

878

EXAMINATION: RADIONUCLIDE CYSTOGRAPHY

DATE OF STUDY: [ ]

RADIOPHARMACEUTICAL: [   ] mCi Tc-99m pertechnetate instilled via catheter into the urinary bladder

HISTORY: [   ]

FINDINGS: The patient's bladder was catheterized by the standard aseptic technique with a [   ] Fr Foley catheter. After drainage of residual bladder urine, Tc-99m pertechnetate was instilled via the catheter followed by instillation of [   ] ml of 0.9% sterile saline solution. Sequential scintillation images were obtained during filling of the bladder, when the bladder was full, during voiding after removal of the catheter, and after completion of voiding.

[<No vesicoureteral reflux was seen during any phase of the study.>] T

IMPRESSION: [<Normal radionuclide cystogram.>]
results of this examination.

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named reports

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aerosol lung scintigraphy

EXAMINATION: VENTILATION-PERFUSION SCINTIGRAPHY [< > add (PORTABLE) if appropriate]

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [< Less than 2> do NOT change this, regardless of what the dose sticker says] mCi Tc-99m DTPA aerosol by inhalation and [   ] mCi Tc-99 MAA i.v.

HISTORY: [   ]

FINDINGS: The comparison [portable?] chest radiograph performed on [   ] demonstrates [<no pulmonary infiltrates or pleural fluid. The Tc-99m DTPA aerosol images show uniform deposition of the aerosol. The perfusion images show a physiologic distribution of pulmonary perfusion.>]

IMPRESSION: [<Normal ventilation and perfusion images.>]

[< > The results of this study were communicated by Dr. (name) to Dr. (name) at (time) on (date).]

gastro-intestinal bleeding

EXAMINATION: GASTRO-INTESTINAL BLEEDING STUDY

DATE OF STUDY: [ ]

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m in vitro labeled red cells i.v.

HISTORY: [ ]

FINDINGS: Following intravenous administration of Tc-99m labeled red cells, sequential abdominal images were obtained through [<90>] minutes. [<No abnormal foci of labeled red cell extravasation are seen.>]

IMPRESSION: [<No evidence for active gastro-intestinal bleeding.>]

[< > The results of this study were communicated by Dr. (name) to Dr. (name) at (time) on (date).]

hepatobiliary scintigraphy

EXAMINATION: HEPATOBILIARY SCINTIGRAPHY

DATE OF STUDY: [ ]

RADIOPHARMACEUTICAL: [ ] mCi Tc-99m [disofenin/mebrofenin] i.v. [< >dose sincalide if pretreatment, dose morphine sulfate if administered, describe interventions]

HISTORY: [ ] The most recently obtained serum total bilirubin was [value] mg/dL on [date].

FINDINGS: Following intravenous administration of Tc-99m [disofenin/mebrofenin], sequential abdominal images were obtained through [ ] minutes. [<There is prompt, uniform accumulation of the tracer by the liver. There is normal filling of the intrahepatic ducts, common bile duct and gallbladder and normal excretion of the tracer into the duodenum.>]

IMPRESSION: [<Normal biliary imaging study.>]

lasix renal scintigraphy

EXAMINATION: DIURETIC RENAL SCINTIGRAPHY

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [   ] mCi Tc-99m [<MAG3 >DTPA] i.v. and [   ] mg furosemide i.v.

HISTORY: [   ] The most recently obtained serum creatinine was [value] mg/dL on [date].

FINDINGS: The patient was hydrated [orally (in adults) or intravenously (in infants and NPO patients)] before the examination was begun. [<The posterior abdominal radionuclide angiogram demonstrates normal, symmetrical perfusion of the kidneys. Sequential renal images show the kidneys to be of normal size and morphology. There is prompt uptake and excretion of the radiopharmaceutical by both kidneys.>]

There is [<only minimal>mild, moderate or marked] retained activity in the left collecting system, which appears [<of normal size.> moderately enlarged.] There is[<only minimal>mild, moderate or marked] retained activity in the right collecting system, which appears [<of normal size.> moderately enlarged.] The collecting system activity in [<both kidneys substantially cleared >] after erect positioning.

The left ureter [<appears normal.> appears dilated or is not visualized.] The right ureter [<appears normal.> appears dilated or is not visualized.] The bladder [<appears normal.>]

The estimated contribution of the right kidney to total renal function is [%] and that of the left kidney is [%.]

To evaluate for obstruction, the patient was given [<40>] mg furosemide via slow intravenous injection approximately [<30>] minutes after the start of the examination. Sequential images were obtained for an additional [<20>] minutes. There is [<prompt> moderately delayed] clearance of pelvicalyceal activity on the left after diuretic administration. On the right, there is [<prompt> moderately delayed] clearance of activity from the pelvicalyceal system. After diuretic administration, the half-time of tracer clearance from the right kidney is [ ] minutes and from the left kidney is [ ] minutes.

IMPRESSION:

1. [<Normal renal perfusion, function, and morphology.>]

2. [<No evidence of obstruction of either kidney.>]

lung perfusion only scintigraphy

EXAMINATION: PULMONARY PERFUSION SCINTIGRAPHY (QUANTITATIVE)

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [   ] mCi Tc-99m MAA i.v.

HISTORY: [   ]

FINDINGS: The comparison chest radiograph performed on [   ] demonstrates [<no pulmonary infiltrates or pleural fluid.>] The perfusion images show [<a physiologic distribution of pulmonary perfusion.>]

The right lung receives [%] and the left lung receives [%] of total pulmonary perfusion.

IMPRESSION: [<Normal pulmonary perfusion images.>]

NM standard

EXAMINATION: [ ]

RADIOPHARMACEUTICAL: [   ] mCi [ ]

HISTORY: [   ]

FINDINGS: [   ]

IMPRESSION: [   ]

renal scintigraphy

EXAMINATION: RENAL SCINTIGRAPHY

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [   ] mCi Tc-99m [<MAG3>DTPA] i.v.

HISTORY: [   ] The most recently obtained serum creatinine was [value] mg/dL on [date].

FINDINGS: [<The posterior abdominal radionuclide angiogram demonstrates normal, symmetrical perfusion of the kidneys. Sequential renal images show the kidneys to be of normal size and morphology. There is prompt uptake and excretion of the radiopharmaceutical by both kidneys.>]

The estimated contribution of the right kidney to total renal function is [%] and that of the left kidney is [%.] [<There are no abnormalities of the ureters or bladder.>]

IMPRESSION: [<Normal renal perfusion, function, and morphology.>]

renal transplant scintigraphy

EXAMINATION: RENAL TRANSPLANT SCINTIGRAPHY

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [   ] mCi Tc-99m [<MAG3 i.v. >DTPA]

HISTORY: [   ] The most recently obtained serum creatinine was [value] mg/dL on [date].

FINDINGS: The anterior pelvic radionuclide angiogram demonstrates [<normal>decreased] perfusion of the transplanted kidney in the [   ] iliac fossa. The initial images demonstrate [<normal transplant size, morphology, and tracer accumulation. The sequential images and renogram curve show prompt uptake and excretion of the radiopharmaceutical by the transplant. No abnormalities of the ureter or bladder are seen. There is no evidence for urine extravasation or perirenal mass.>]

IMPRESSION: [<Normal perfusion, morphology, and function of the renal transplant.>]

xenon lung scintigraphy

EXAMINATION: VENTILATION-PERFUSION SCINTIGRAPHY

DATE OF STUDY: [   ]

RADIOPHARMACEUTICAL: [   ] mCi Xe-133 gas by inhalation and [   ] mCi Tc-99m MAA i.v.
 [< > If appropriate, when 2-3 mCi of MAA was employed, add A reduced dosage of Tc-99m MAA was used for perfusion imaging in this pregnant patient.]

HISTORY: [ ]

FINDINGS: The comparison chest radiograph performed on [date] demonstrates [< no pulmonary infiltrates or pleural fluid. The Xe-133 ventilation images show a uniform distribution of activity on single-breath and washin images. There is no abnormal Xe-133 retention during the washout phase. The perfusion images show a physiologic distribution of pulmonary perfusion.>]

IMPRESSION: [<Normal ventilation and perfusion images.>]

[< > The results of this study were communicated by Dr. (name) to Dr. (name) at (time) on (date).]