

## **Sample Nukes Dictations**

### **Normal Myocardial Perfusion Study:**

REASON FOR EXAM: ABNORMAL EKG

ORIGINAL REPORT: CLINICAL INFORMATION: HIGH BLOOD PRESSURE, PASSING OUT SPELLS, CHEST PAIN.

EXAMINATION: MYOCARDIAL PERFUSION SPECT, 06/19/2008

EXAMINATION: MYOCARDIAL PERFUSION WITH WALL MOTION, 06/19/2008

EXAMINATION: MYOCARDIAL PERFUSION WITH EJECTION FRACTION, 06/19/2008

TECHNICAL: 4.26 MCI THALLOUS 201 CHLORIDE IV AT REST. 35.7 MCI TECHNETIUM-99M MYOVUE IV AT STRESS.

PATIENT WAS STRESSED USING THE BRUCE PROTOCOL AND ACHIEVED 86% OF MAXIMUM-PREDICTED HEART RATE.

FINDINGS: PERFUSION IMAGING DEMONSTRATES NO FIXED OR REVERSIBLE PERFUSION DEFECTS. GATED IMAGING DEMONSTRATES NORMAL WALL THICKENING. LEFT VENTRICULAR VOLUME IS NORMAL. THE LEFT VENTRICULAR EJECTION FRACTION IS NORMAL AT GREATER THAN 50%.

### **IMPRESSION**

1. NO EVIDENCE OF ISCHEMIA.
2. EJECTION FRACTION GREATER THAN 50%.

### **Normal Hepatobiliary Study:**

REASON FOR EXAM: NAUSEA AND VOMITING

ORIGINAL REPORT: CLINICAL INFORMATION: NAUSEA AND VOMITING, ABDOMINAL PAIN.

EXAMINATION: HEPATOBILIARY SCAN

FINDINGS: PATIENT WAS INJECTED WITH 10 MCI TECHNETIUM-99M CHOLETEC. THERE IS PROMPT HEPATIC EXTRACTION OF RADIOPHARMACEUTICAL IDENTIFIED WITH PROMPT VISUALIZATION OF THE COMMON BILE DUCT AND SMALL BOWEL. IMAGING CARRIED OUT THROUGH 60 MINUTES DEMONSTRATES NO EVIDENCE OF GALLBLADDER FILLING.

AT 60 MINUTES, 2 MG IV MORPHINE SULFATE WAS ADMINISTERED. FOLLOWING MORPHINE ADMINISTRATION, THERE IS PROMPT VISUALIZATION OF THE GALLBLADDER.

OPINION: PATENT CYSTIC AND COMMON DUCTS.

**Normal V/Q Scan:**

REASON FOR EXAM: DIAGNOSIS OF PULMONARY EMBOLI

ORIGINAL REPORT: CLINICAL INFORMATION: CHEST PAIN, SHORTNESS OF BREATH.

EXAMINATION: NUCLEAR MEDICINE VQ SCAN, 06/06/2008 (NM-08-0018657)

RADIOPHARMACEUTICAL: 6.2 MCI TECHNETIUM-99M-LABELED MAA INTRAVENOUSLY FOR PERFUSION IMAGING AND 16 MCI XENON 133 FOR VENTILATION IMAGING.

FINDINGS: COMPARISON IS MADE TO CHEST X-RAY OF THE SAME DAY.

VENTILATION IMAGES SHOW SYMMETRIC VENTILATION TO THE LUNGS. THERE IS NO AIR TRAPPING.  
PERFUSION IMAGES SHOW NO SEGMENTAL OR SUBSEGMENTAL PERFUSION ABNORMALITIES.

IMPRESSION: NEGATIVE FOR PULMONARY EMBOLUS.

**Normal Single Phase Bone Scan:**

REASON FOR EXAM: EVAL FOR METS

ORIGINAL REPORT: CLINICAL INFORMATION: BREAST CANCER, EVALUATE FOR METS.

EXAMINATION: NUCLEAR MEDICINE BONE SCAN, 06/03/2008

RADIOPHARMACEUTICAL: 35.6 MCI TECHNETIUM-99M MDP INTRAVENOUSLY.

FINDINGS: THERE IS EVIDENCE OF PRIOR LEFT HIP ARTHROPLASTY. OTHERWISE, NORMAL PHYSIOLOGIC DISTRIBUTION OF RADIOTRACER IS SEEN. NO EVIDENCE OF OSTEOLASTIC METASTATIC DISEASE.

IMPRESSION: NO EVIDENCE OF METASTATIC DISEASE.

**Abnormal Three-Phase Bone Scan:**

REASON FOR EXAM: BONE PAIN

ORIGINAL REPORT: CLINICAL INFORMATION: LEFT HEEL PAIN.

EXAMINATION: NUCLEAR MEDICINE BONE/JOINT IMAGING, 3-PHASE STUDY, 06/14/2008

FINDINGS: 3-PHASE BONE SCAN OF THE FEET WAS PERFORMED ON JUNE 14, 2008, AFTER THE INTRAVENOUS ADMINISTRATION OF 32.8 MCI OF TECHNETIUM-99M MDP IV.

BLOOD FLOW IMAGES TO BOTH FEET DEMONSTRATE INCREASED BLOOD FLOW TO THE LEFT CALCANEAL TUBEROSITY. BLOOD FLOW ON THE RIGHT IS NORMAL.

BLOOD POOL IMAGING DEMONSTRATES INCREASED BLOOD POOL ACTIVITY INVOLVING THE LEFT HIND FOOT. RIGHT FOOT UPTAKE IS NORMAL.

24-HOUR DELAYED IMAGES DEMONSTRATE INTENSE INCREASED UPTAKE INVOLVING THE CALCANEAL TUBEROSITY ON THE LEFT. UPTAKE ON THE RIGHT IS NORMAL.

IMPRESSION: FINDINGS MOST COMPATIBLE WITH OSTEOMYELITIS INVOLVING THE CALCANEAL TUBEROSITY ON THE LEFT.

**Parathyroid Scan:**

REASON FOR EXAM: SYMPTOMS OF HYPERPARATHYROIDISM

ORIGINAL REPORT: CLINICAL INFORMATION: ABNORMAL PTH.

EXAMINATION: PARATHYROID SCAN

RADIOPHARMACEUTICAL: EXAMINATION IS PERFORMED AFTER IV 30 MCI TECHNETIUM-99M SESTAMIBI.

FINDINGS: THERE IS ASYMMETRIC UPTAKE IN THE ENLARGED LEFT LOBE OF THE THYROID. BY HISTORY, THE RIGHT LOBE HAS BEEN RESECTED. THERE IS A SMALL FOCUS OF ACTIVITY INFERIORLY ON THE RIGHT.

ON DELAYED 3-HOUR WASHOUT, A SUBTLE PERSISTENT FOCUS OF ACTIVITY IS SEEN INFERIORLY ON THE RIGHT. THIS IS SEPARATE FROM THE INFERIOR ASPECT OF THE LEFT LOBE WHICH EXTENDS SLIGHTLY ACROSS MIDLINE.

#### IMPRESSION

1. SUBTLE FOCUS OF PERSISTENT SESTAMIBI UPTAKE IN THE INFERIOR ASPECT OF WHAT WOULD BE RIGHT THYROID LOBE BED.
2. HYPERTROPHIC LEFT LOBE OF THE THYROID.

#### **Thyroid Scan/Uptake:**

REASON FOR EXAM: HYPERTHYROIDISM

ORIGINAL REPORT: CLINICAL INFORMATION: ABNORMAL THYROID FUNCTION.

EXAMINATION: THYROID UPTAKE AND SCAN.

TECHNICAL: EXAMINATION PERFORMED AFTER 590 UCI I-123 ORALLY.

FINDINGS: 24-HOUR UPTAKE IS NORMAL AT 23%.

THYROID SCAN IS NORMAL WITH PHYSIOLOGIC UPTAKE BILATERALLY. NO FOCAL HOT OR COLD LESIONS ARE SEEN.

#### IMPRESSION

1. NORMAL THYROID UPTAKE AND SCAN. PLEASE NOTE THAT THIS FINDING CAN BE SEEN IN PATIENT'S WITH LOW-END GRAVES DISEASE.
2. 24-HOUR UPTAKE WITHIN NORMAL LIMITS AT 23%.

#### **PET/CT Study:**

REASON FOR EXAM: LYMPHOMA

ORIGINAL REPORT: CLINICAL INFORMATION: LYMPHOMA.

EXAMINATION: PET/CT EXAM, 06/02/2008

RADIOPHARMACEUTICAL: 15.1 MCI F-18 GLUCOSE INTRAVENOUSLY.

TECHNICAL: 2D ACQUISITION PROTOCOL WAS UTILIZED FOR PET IMAGING FROM THE SKULL BASE THROUGH THE UPPER THIGH. CONCURRENT HELICAL CT WAS PERFORMED FOR ANATOMIC LOCALIZATION AND ATTENUATION CORRECTION.

COMPARISON: CT EXAM FROM JANUARY 28, 2008.

FINDINGS: THERE ARE ENLARGED AND MILDLY METABOLIC LYMPH NODES SEEN THROUGHOUT THE POSTERIOR TRIANGLE OF THE NECK AND BILATERAL AXILLAE. ADDITIONAL ENLARGED LYMPH NODES ARE SEEN IN THE CARDIOPHRENIC SPACE, CELIAC AXIS, AS WELL AS PARAAORTIC RETROPHARYNGEAL NODES AND AT LEAST 2 ENLARGED INGUINAL NODES. THE DEGREE OF METABOLISM IS LESS IN THE INFRADIAPHRAGMATIC NODES COMPARED WITH THE AXILLARY AND NECK NODES. ADDITIONALLY, THERE IS A 1.5-CM FOCUS OF INCREASED METABOLIC ACTIVITY WITHIN THE POSTERIOR LEFT LOBE OF THE THYROID. THE REMAINDER OF THE EXAM EXHIBITS NORMAL PHYSIOLOGIC METABOLISM. CT IMAGES SHOWS NO ADDITIONAL ABNORMALITIES TO THE ABOVE MENTIONED LYMPHADENOPATHY AND LEFT THYROID NODULE.

#### IMPRESSION

1. MULTIPLE AREAS OF LYMPHADENOPATHY AS DESCRIBED WITH INCREASED METABOLISM SEEN PRIMARILY IN THE NECK AND AXILLARY NODES. LYMPHOMA IS PRIMARY CONSIDERATION.
2. FOCUS OF INCREASED METABOLISM WITHIN THE LEFT LOBE OF THE THYROID. RECOMMEND CORRELATION WITH ULTRASOUND. BIOPSY OF THIS LESION MAY BE NECESSARY AS A PRIMARY MALIGNANCY OF THE THYROID SHOULD BE CONSIDERED

#### **Renal Scan:.**

ORIGINAL REPORT: CLINICAL INFORMATION: ACUTE RENAL FAILURE.

EXAMINATION: NUCLEAR MEDICINE RENAL SCAN, 05/27/2008.

RADIOPHARMACEUTICAL: 10.2 MCI TECHNETIUM-99M MAG III IV.

FINDINGS: THERE IS PROMPT PERFUSION TO BOTH KIDNEYS. PROMPT EXCRETION IS NOTED BILATERALLY. RETAINED CORTICAL ACTIVITY IS NOTED AT THE END OF THE EXAMINATION. LEFT KIDNEY

PROVIDES 48% OF TOTAL RENAL FUNCTION. RIGHT KIDNEY PROVIDES 52%.

#### IMPRESSION

1. NEGATIVE FOR URETERAL OBSTRUCTION OR ABNORMAL ARTERIAL PERFUSION TO THE KIDNEYS.
2. RETAINED CORTICAL ACTIVITY. THIS FINDING IS SUGGESTIVE OF ATN, BUT OTHER ETIOLOGIES, SUCH AS MEDICAL RENAL DISEASE CANNOT BE EXCLUDED.

REASON FOR EXAM: OTHER, ENTER IN COMMENTS

ORIGINAL REPORT: CLINICAL INFORMATION: CHRONIC KIDNEY DISEASE, ECTOPIC KIDNEY.

EXAMINATION: NUCLEAR MEDICINE RENAL PERFUSION STUDY

TECHNICAL: ANGIOGRAPHIC AND SEQUENTIAL POSTERIOR IMAGES WERE OBTAINED AFTER THE ADMINISTRATION OF 10.5 MCI OF TECHNETIUM-99M MAG-3. 40 MG LASIX IV 35 MINUTES AFTER INJECTION OF RADIONUCLIDE.

FINDINGS: THE LEFT KIDNEY IS ECTOPIC AND IS LOCATED LOW WITHIN THE PELVIS. THERE IS NO OBSTRUCTIVE UROPATHY. THERE IS POOR CLEARANCE OF RADIONUCLIDE FROM BOTH KIDNEYS SUGGESTING BILATERAL RENAL DYSFUNCTION. SPLIT RENAL FUNCTIONS WERE DETERMINED TO BE 72.5% ON THE RIGHT AND 27.5% ON THE LEFT, HOWEVER, AS THE LEFT KIDNEY LIES LOW WITHIN THE PELVIS, SOME ACTIVITY WAS LIKELY ATTENUATED BY OVERLYING BONE AND THIS ESTIMATION OF LEFT RENAL FUNCTION IS LIKELY SPURIOUSLY LOW.

#### IMPRESSION

1. POORLY FUNCTIONING KIDNEYS BILATERALLY.
2. NO OBSTRUCTIVE UROPATHY.

#### **GI Bleeding Study:**

REASON FOR EXAM: OTHER, ENTER IN COMMENTS

ORIGINAL REPORT: CLINICAL INFORMATION: BRIGHT RED BLOOD PER RECTUM, GASTROINTESTINAL BLEED.

EXAMINATION: NUCLEAR MEDICINE GI ACUTE BLOOD LOSS IMAGING  
SCAN, 05/01/2008

TECHNICAL: 28.7 MCI TECHNETIUM-99M-LABELED RED BLOOD CELLS  
WAS GIVEN INTRAVENOUSLY FOLLOWED BY SEQUENTIAL  
ANTERIOR IMAGING OF THE ABDOMEN 1 HOUR.

FINDINGS: THERE IS NORMAL ACCUMULATION OF TRACER WITHIN  
THE VASCULAR SYSTEM. NO EVIDENCE OF ACUTE/ACTIVE  
GASTROINTESTINAL BLEED IS SEEN. PHYSIOLOGIC ACTIVITY IS  
PRESENT WITHIN THE BLADDER, LIKELY FROM A SMALL  
AMOUNT OF FREE TECHNETIUM.

OPINION: NO EVIDENCE OF ACTIVE GASTROINTESTINAL BLEEDING.

**Tagged White Cell Study:**

REASON FOR EXAM: OTHER, ENTER IN COMMENTS

ORIGINAL REPORT: CLINICAL INFORMATION: FEVER; UNKNOWN  
ORIGIN, INCREASED WHITE BLOOD CELL COUNT, ABSCESS.

EXAMINATION: NUCLEAR MEDICINE ABSCESS LOCAL INFLAMMATORY  
IMAGING, 05/01/2008

RADIOPHARMACEUTICAL: NUCLEAR MEDICINE WHITE BLOOD CELL  
STUDY WAS PERFORMED ON MAY 1, 2008, AFTER THE  
INTRAVENOUS ADMINISTRATION OF 563 UCI INDIUM-111-LABELLED  
WHITE BLOOD CELLS. WHOLE BODY, ANTERIOR AND POSTERIOR  
IMAGES WERE OBTAINED AS WELL AS MULTIPLE SPOT IMAGES.

FINDINGS: THERE IS PHYSIOLOGIC UPTAKE OF THE  
RADIOPHARMACEUTICAL WITHIN THE LIVER, SPLEEN, AND SKELETON.  
NO ABNORMAL SOFT TISSUE UPTAKE, OR ABNORMAL BONY UPTAKE  
IS APPRECIATED. NO LOCALIZED INFLAMMATORY PROCESS  
IS IDENTIFIED.

IMPRESSION: NO ACUTE FINDINGS.

**MUGA Blood Pool Study:**

ORIGINAL REPORT: CLINICAL INFORMATION: PRERENAL TRANSPLANT EVALUATION.

EXAMINATION: NUCLEAR MEDICINE CARDIAC BLOOD POOL IMAGING/MUGA

TECHNICAL: 28.5 MCI OF TECHNETIUM-99M LABELED RED BLOOD CELLS WERE INJECTED INTRAVENOUSLY.

GATED IMAGES OF THE HEART WERE ACQUIRED IN ANTERIOR, 45 DEGREE LAO, AND 70 DEGREE LAO PROJECTION WITH CALCULATION OF EJECTION FRACTION.

FINDINGS: THE VENTRICULAR WALLS ARE NORMAL IN SIZE AND DEMONSTRATE NORMAL WALL MOTION. VENTRICULAR CAVITY IS NORMAL. EJECTION FRACTION IS CALCULATED AT 55%. THIS REPRESENTS AN INCREASE FROM THE 39% SEEN ON PRIOR MYOCARDIAL PERFUSION STUDY.

OPINION: EJECTION FRACTION CALCULATED AT 55%.

**Gastric Emptying Study:**

ORIGINAL REPORT: CLINICAL INFORMATION: NAUSEA, VOMITING.

EXAMINATION: GASTRIC EMPTYING STUDY

THE PATIENT WAS GIVEN 3.3 MCI TECHNETIUM-99M SULFUR COLLOID IN EGG.

FINDINGS: BY 60 MINUTES, 90% OF THE RADIOLABELED EGG IS SEEN TO LEAVE THE STOMACH AND ENTER THE SMALL BOWEL. THIS VALUE IS WITHIN NORMAL LIMITS.

OPINION: NORMAL GASTRIC EMPTYING STUDY.