

NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

Dr [REDACTED]
[REDACTED]
[REDACTED]

Location: Nuclear Medicine
Examined: 13 August 2021
Reported: 13 August 2021
Acc No: 88.1166161

cc: Dr M [REDACTED] S [REDACTED]

Dear Dr [REDACTED]

Re: Mr Michael [REDACTED] - Folio No: 26.00712251
DOB: [REDACTED]

WHOLE BODY BONE SCAN

History:

New diagnosis right superior pubic ramus fracture. Rheumatoid arthritis, on Methotrexate.
Prior prostate cancer.
? Fractures versus metastases.

Comparison:

Bone scan from North Shore Radiology 31/10/2016 and MRI right hip 10/8/2021.

Findings:

In the early views, there is normal vascularity in the hips and pelvis.

In the delayed whole body study, the areas of uptake seen in the prior scan in the right third rib anteriorly, the T9/10 junction and the right tenth rib posteriorly have all resolved.

There are, however, new areas of uptake in the right fifth rib anterolaterally, the left seventh rib anterolaterally, the right seventh and eighth ribs posteriorly and the right eighth and ninth ribs laterally in a linear pattern. There is also increased uptake in the right superior pubic ramus and both inferior pubic rami.

On SPECT CT imaging, there is uptake in the right inferior pubic ramus, the left pubic symphysis and the right pubic symphysis extending into the superior pubic ramus. Increased uptake is seen in the left SI joint anteriorly associated with some sclerosis, probably degenerative or ? osteitis condensans. There is discovertebral disease on the right side of L5/S1. SPECT CT confirms the focal uptake in the ribs as described (right eighth and ninth ribs laterally) associated with some sclerosis as well as the left seventh rib laterally, also associated with sclerosis. Mild uptake is seen in the left T11/12 junction just outside of the SPECT CT field of view, possibly related to discovertebral change.

Elsewhere, there are arthritic changes in the knees and prominent uptake in the tibial tuberosities, likely related to the patellofemoral ligament insertion. Mild degenerative changes are seen in the mid tarsal regions and toes. Uptake in the right humeral head may be

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[REDACTED] Mr Michael

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ligamentous/degenerative.

Note that the low dose CT done in conjunction with this study is non-diagnostic and is done solely for attenuation correction and/or anatomical localisation.

INTERPRETATION:

- While the focal areas of uptake seen in the prior study of 2016 have resolved, there are new areas of uptake at the sites described, particularly in the pelvis and in several ribs. While the uptake in the pelvis appears to correspond with the MRI-demonstrated fractures, the appearances of the ribs are less specific. The areas visualised within the SPECT CT correspond with sclerosis and no definite fracture line is convincingly demonstrated. This raises the potential that they are metastatic. If clinical differentiation is considered important, a fine cut CT of the rib lesions is recommended to assess for metastasis versus trauma.
- Degenerative changes at the sites described.

A/Prof Paul Roach FRACP FAANMS

Electronically signed by A/Prof Paul Roach FRACP FAANMS at 3:00 PM Fri, 13 Aug 2021

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Mr Michael