ศูนย์การแพทย์โรงพยาบาลกรุงเทพ
BANGKOK HOSPITAL MEDICAL CENTER

**Name :** MR. NARENDRA JANA **Room :** D628
**HN :** 01-16-010503
**Birth Date :** 27/10/1984 **Age :** 33Y5M14D **Sex :** ชาย (Male)
**Ordering Clinician :** YOTIN CHINVARUN,M.D./ดร.นพ. โยธิน ชินวลัญช์
**Order Date/Time :** 10/04/2018 09:36:00
**Department :** Ward 6D2 / Brain Center (Neurology)
**Accession no :** 23821580/166 **Execute Date/Time :** 10/04/2018 12:17:35
**Report By :** YOTIN CHINVARUN,M.D./ดร.นพ. โยธิน ชินวลัญช์
**Report Date/Time :** 10/04/2018 18:03:41
**Receving Location :** Oncology Imaging Center

## Radiology Report

Patient Order PET Brain scan result

History : Multiple sclerosis

Indication :

Radiopharmaceutical : $^{18}$F-FDG Total activity : 11.611 mCi

Blood Sugar : 94 mg/dL

Finding of CT Scan :

PET/CT Impression :

PROCEDURE

Following intravenous administration of 11.611 mCi of F-18 FDG, emission tomographic images of the brain were acquired. The blood glucose level is Glucose = 94 mg/dl

REPORT

The PET reveals decreased metabolic region over bilateral parietal lobes posteriorly and mild decreased metabolic activity of both antero-mesial temporal lobes. The posterior cingulate gyrus activity and precuneus activity are also shows reduced.

The subcortical grey matter maintains normal metabolic activity. Metabolic activity in the frontal and occipital cortices is maintained.

CONCLUSION

Similarily, the FDG PET study shows evidence of hypometabolic activity of bilateral posterior parietal lobes, temporal lobes, precuneus and posterior cingulate gyrus suggesting neurodegenerative of these regions. Please correlate clinically.

Report Doctor : DR.YOTIN CHINVARUN M.D. Ph.D.

DISCLAIMER : This report is professional opinion not for the final diagnosis. The final diagnosis should be based on clinical findings, clinical opinion, other investigation or tissue diagnosis.



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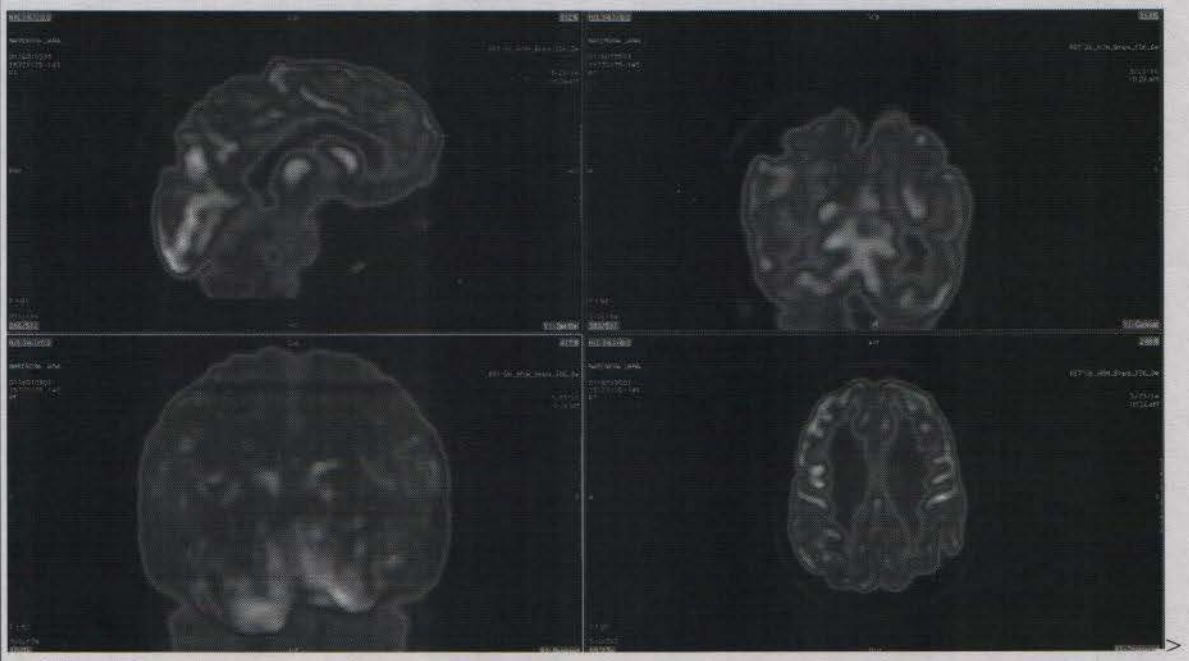

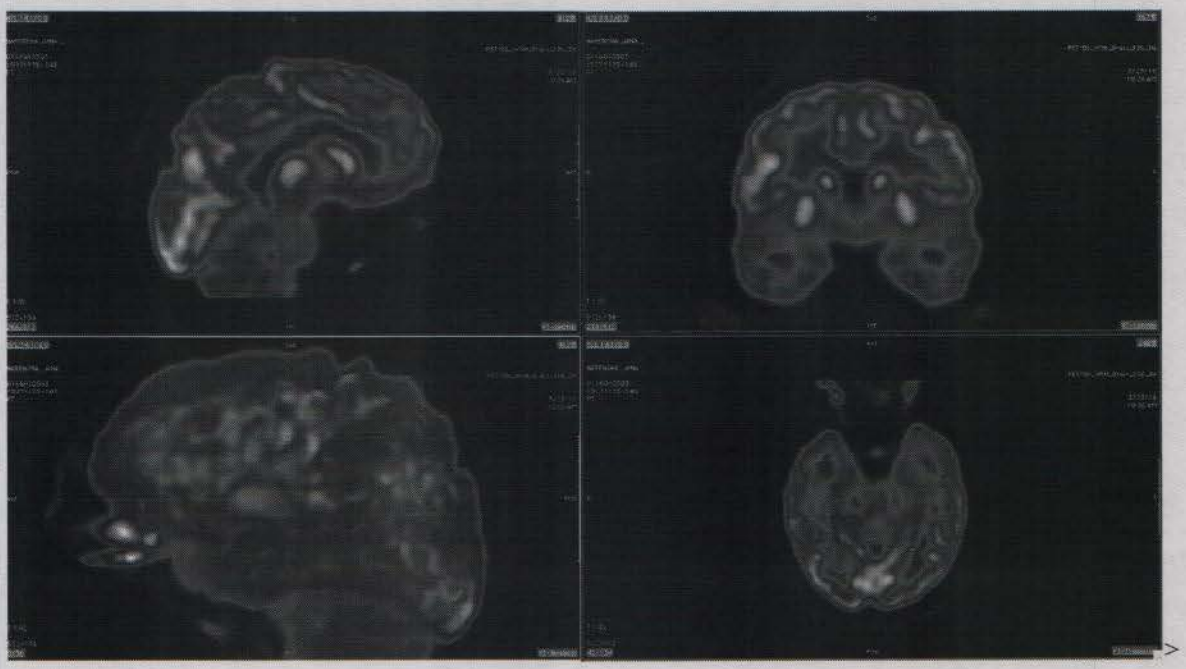

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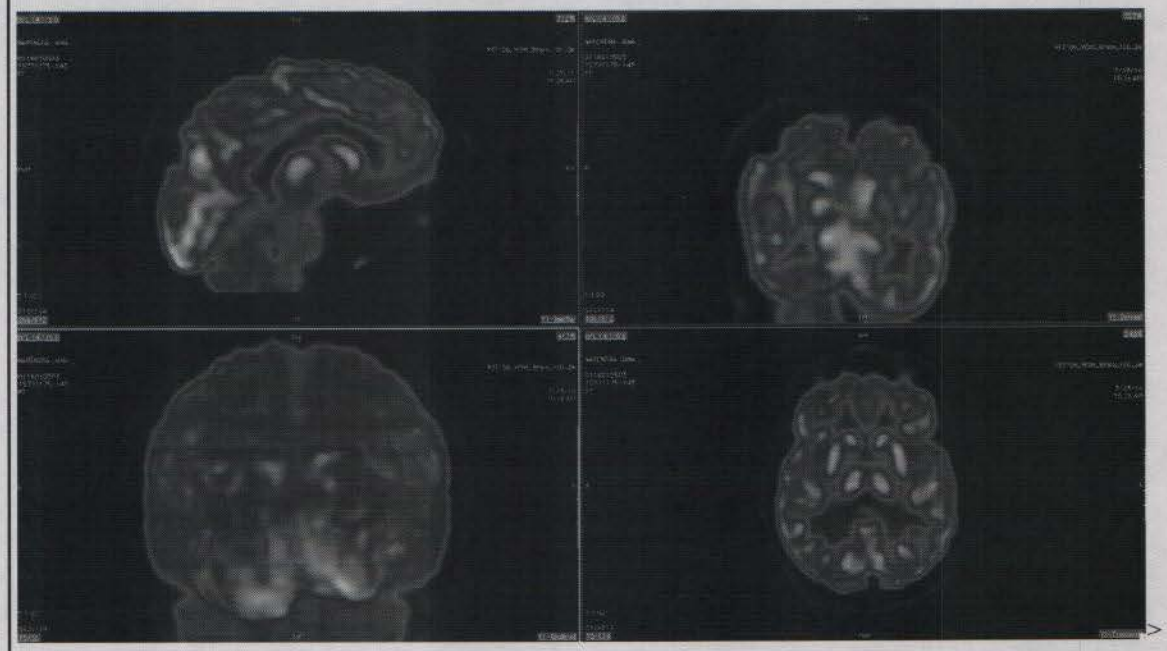

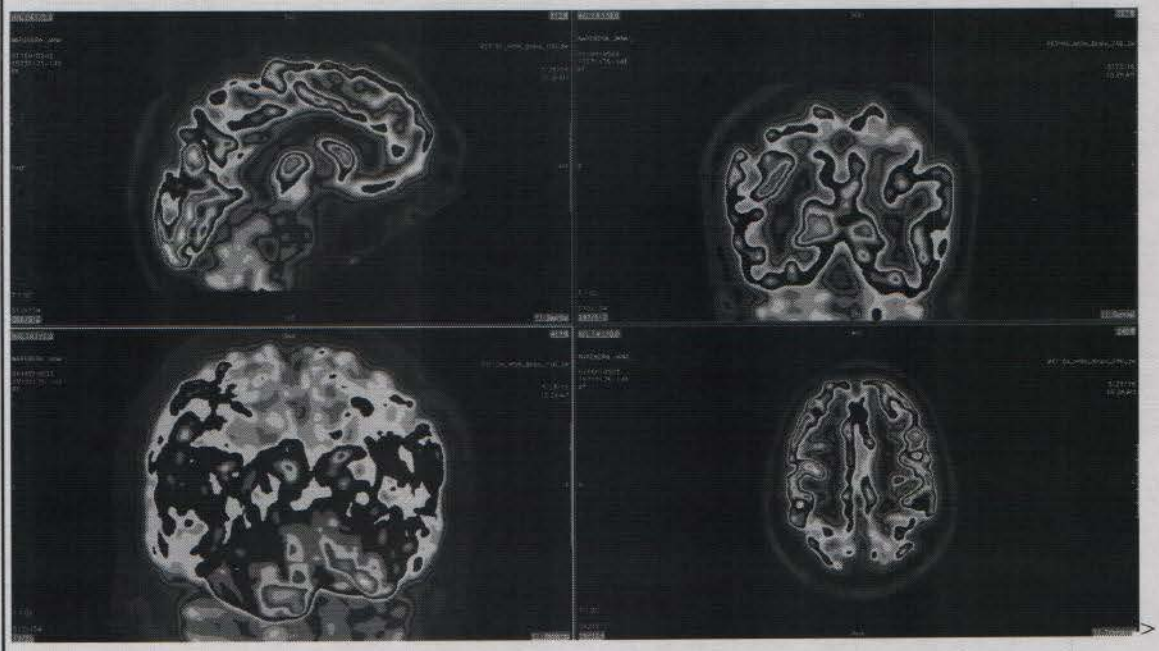

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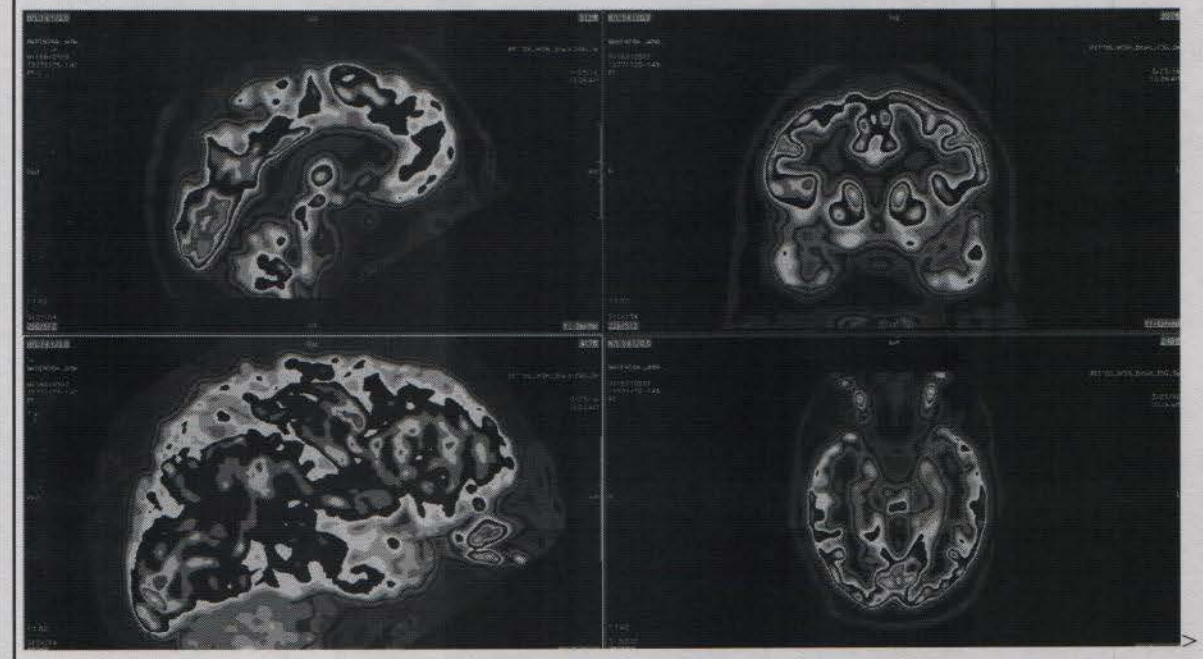

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