

ANDERSON, TIFFANY
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Date of Service: 08-28-2018

Ordered By

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EXAM: NUCLEAR MEDICINE WHOLE BODY BONE SCAN

HISTORY: TIFFANY ANDERSON (Female, age: 48 years) is referred for evaluation of multifocal musculoskeletal joint pains with multiple ovarian, abdominal, and pituitary issues, who reports a history of environmental toxic exposure, evaluation for osteoblastic disease.

TECHNIQUE: 24.7 millicuries of Technetium-99m methylene diphosphonate (MDP) right antecubital intravenous administration was followed by about 4-hour uptake time per protocol. Whole-body planar images were acquired in the anterior and posterior projections using the GE Millennium gamma camera.

COMPARISON: 1/11/2016

FINDINGS:

HEAD/NECK: Cervical vertebral irregularly mild radiotracer uptake remains without definite focal intense abnormality. There is no definite new focal intense radiotracer uptake within the calvarium, mandible, or maxilla.

CHEST: Thoracic vertebral radiotracer uptake remains irregularly mild without discrete focal intense abnormality. No focal new increased radiotracer uptake is identified within the bilateral ribs, scapulae, clavicles, or sternum.

LUMBAR/PELVIS: Lumbosacral vertebral irregularly mild radiotracer uptake remain without focal intense abnormality. Sacroiliac, anterior iliac, and acetabular radiotracer uptake are symmetric without definite focal intense abnormality. There is no new focal increased radiotracer uptake within the remaining pelvic bones or hip joints, although physiologic radiotracer collection within the urinary bladder prevents optimal evaluation of the coccyx. Renal physiologic radiotracer activity remains symmetric.

EXTREMITIES: There is no new focal intense radiotracer uptake or abnormality within the diaphyses the bilateral lower and partially visualized upper extremities. Periarticular irregularly mild radiotracer uptake is commonly due to mild arthritic changes, only irregularly very mildly increased within the lateral right knee proximal tibial condylar region and again noted within the medial left knee proximal tibial condylar region.

IMPRESSION:

There is *no* definite new abnormal accumulation of radiotracer within the skeleton to suggest a pattern of

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osteoblastic disease, trauma, or significant arthropathy. Knee periarticular radiotracer uptake is commonly due to minimal arthritic changes, with only slight interval increase in intensity within the lateral right knee proximal tibial condylar region. There is otherwise *no* significant change compared with 1/11/2016.

COMMENTS:

Thank you for allowing us to participate in the health care of MS. TIFFANY ANDERSON.

THE REFERRING PHYSICIAN CAN CONTACT THE INTERPRETING NUCLEAR MEDICINE PHYSICIAN, DR. FRANCIS ISIDORO, AT 209-466-2000.

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