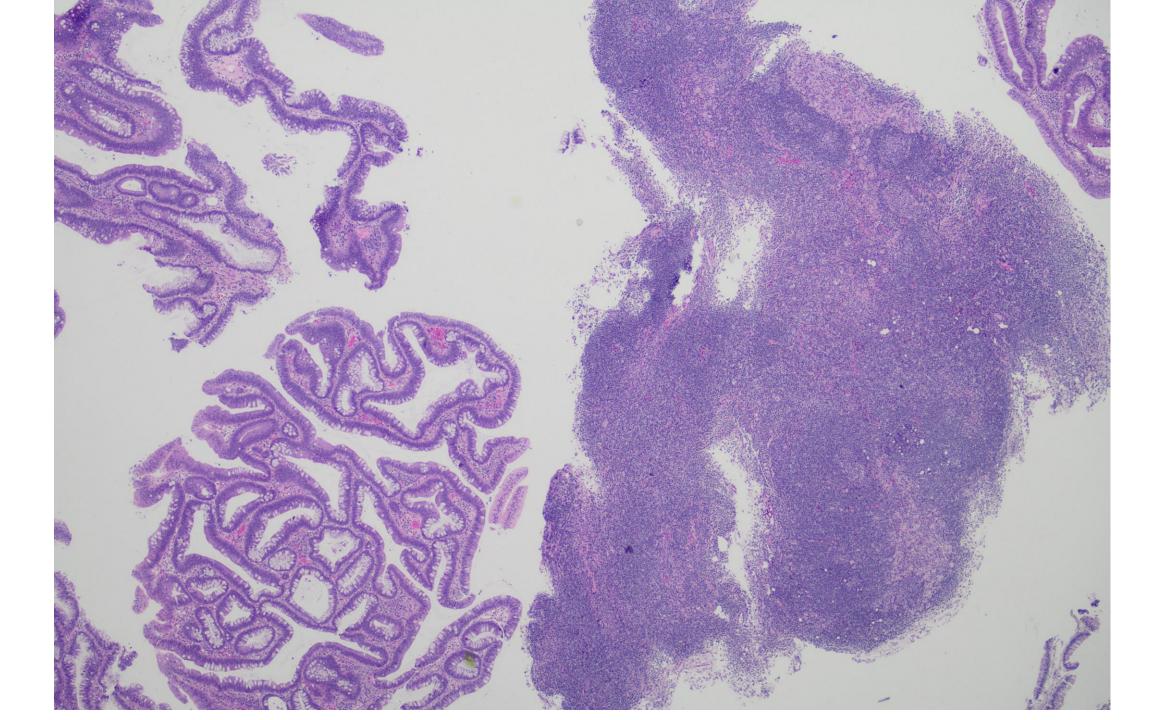
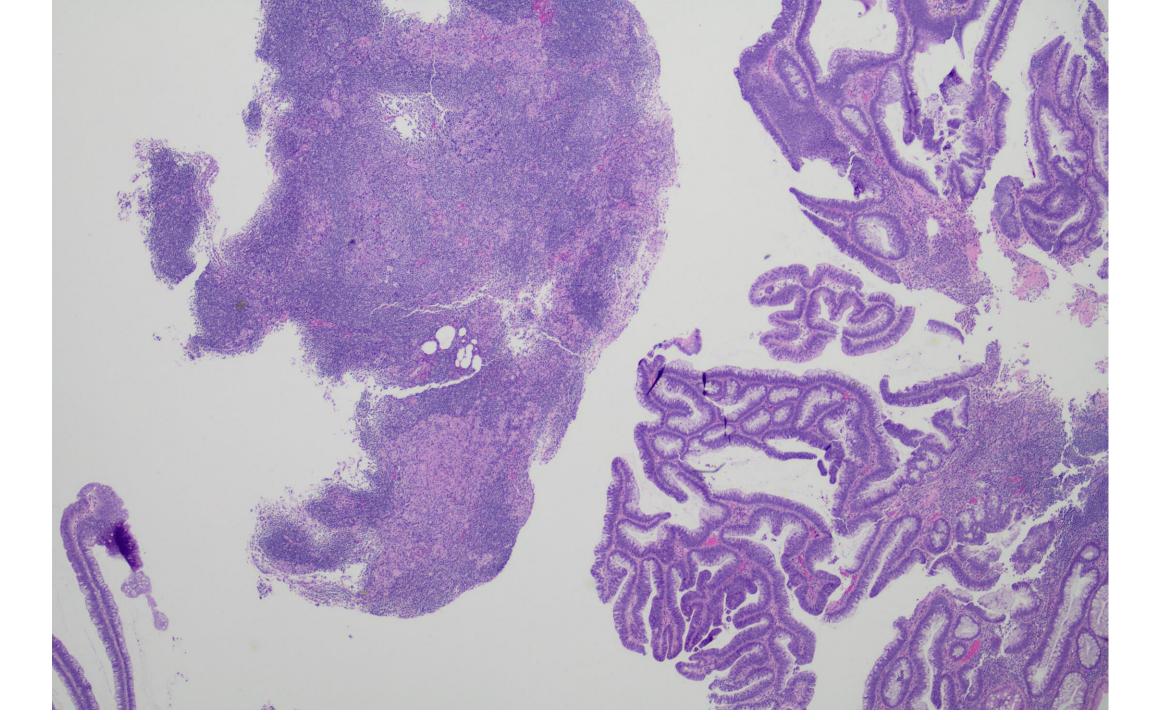
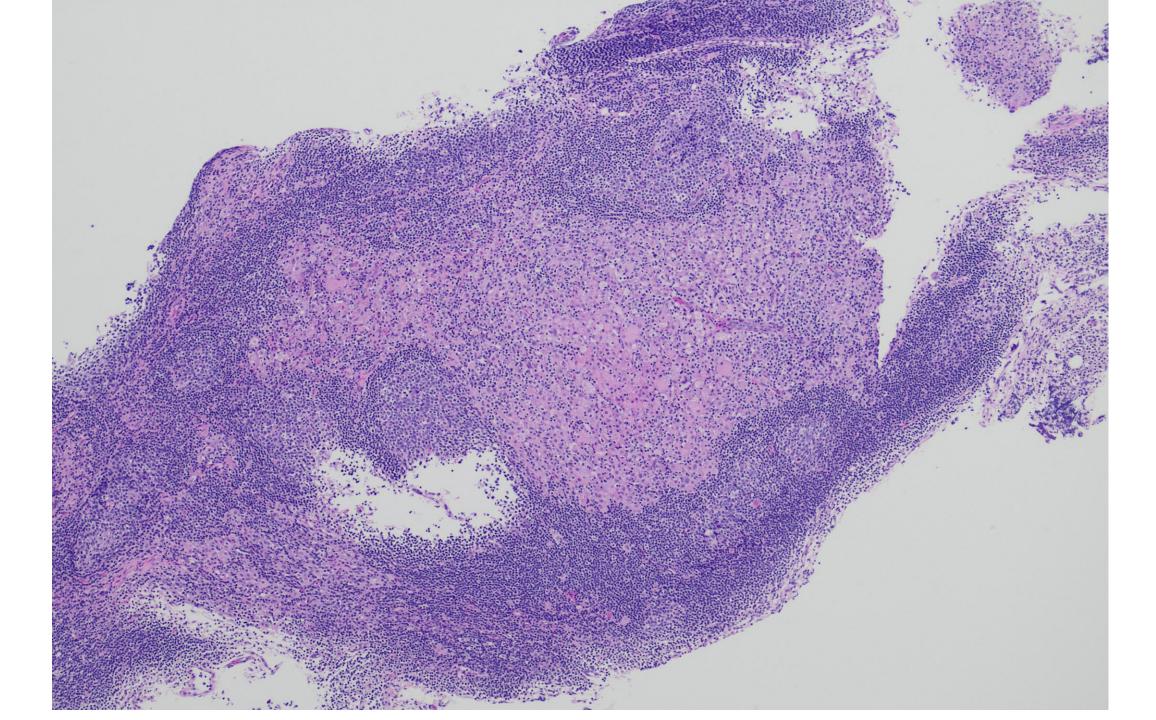
Southbay December 2023 Webcases

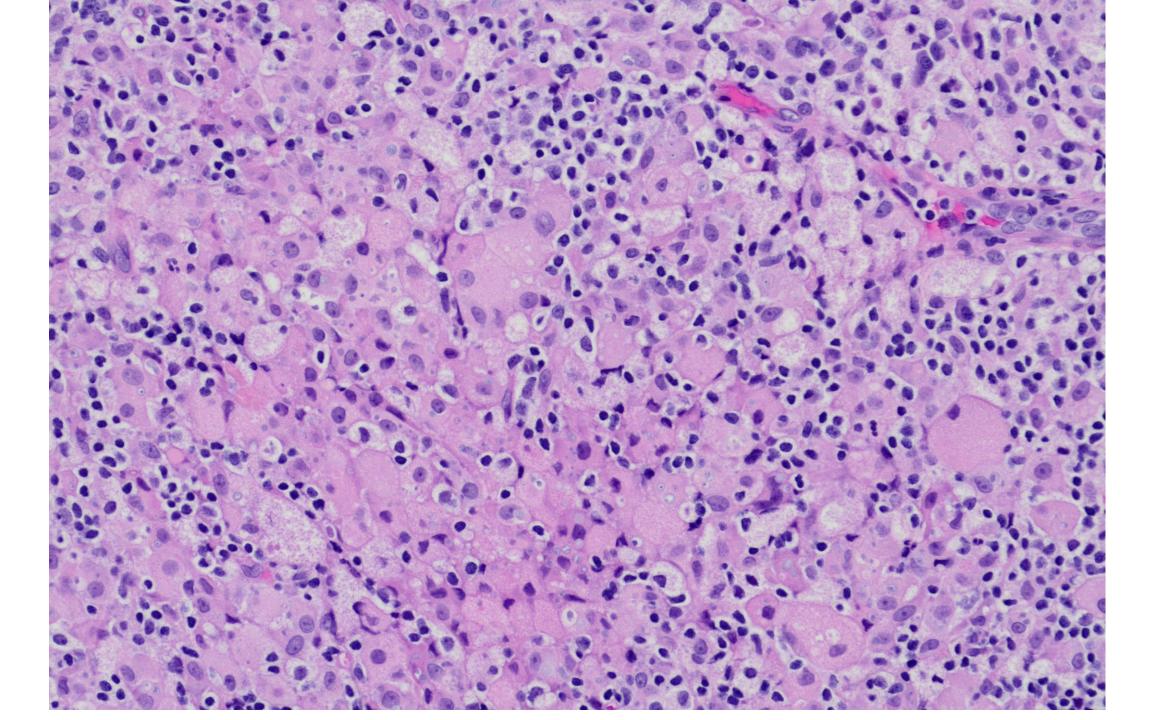
Armen Khararjian; Kaiser Permanente, Walnut Creek

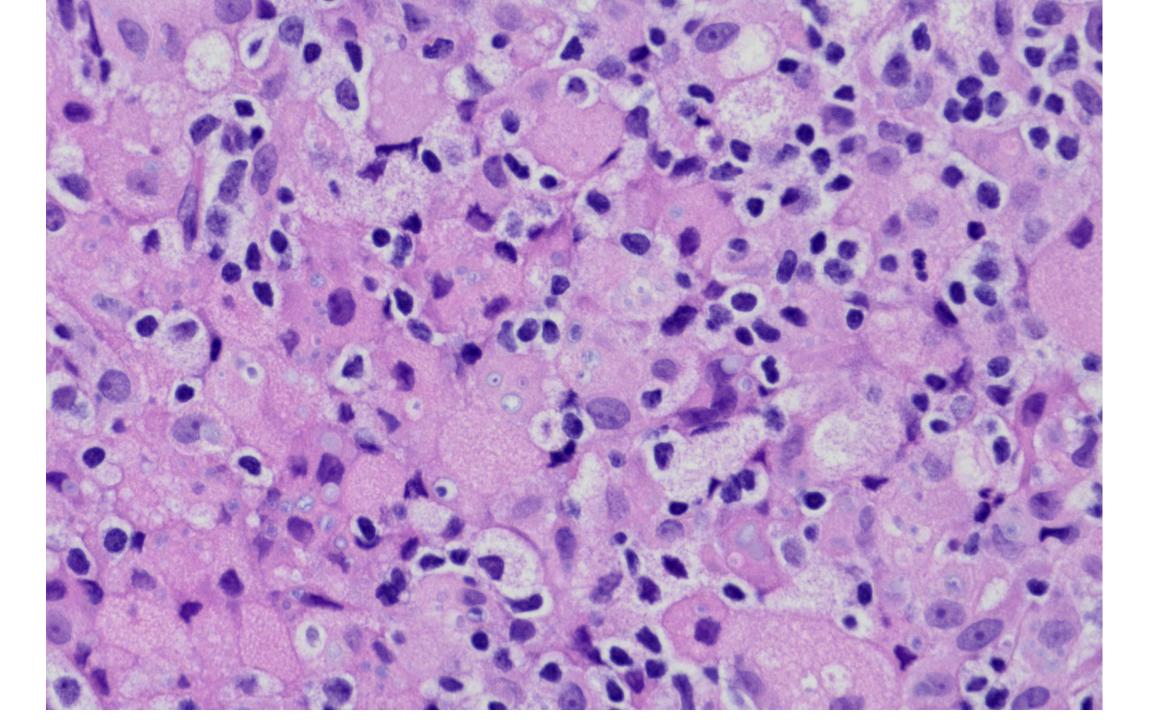
Middle age male who presented for screening colonoscopy







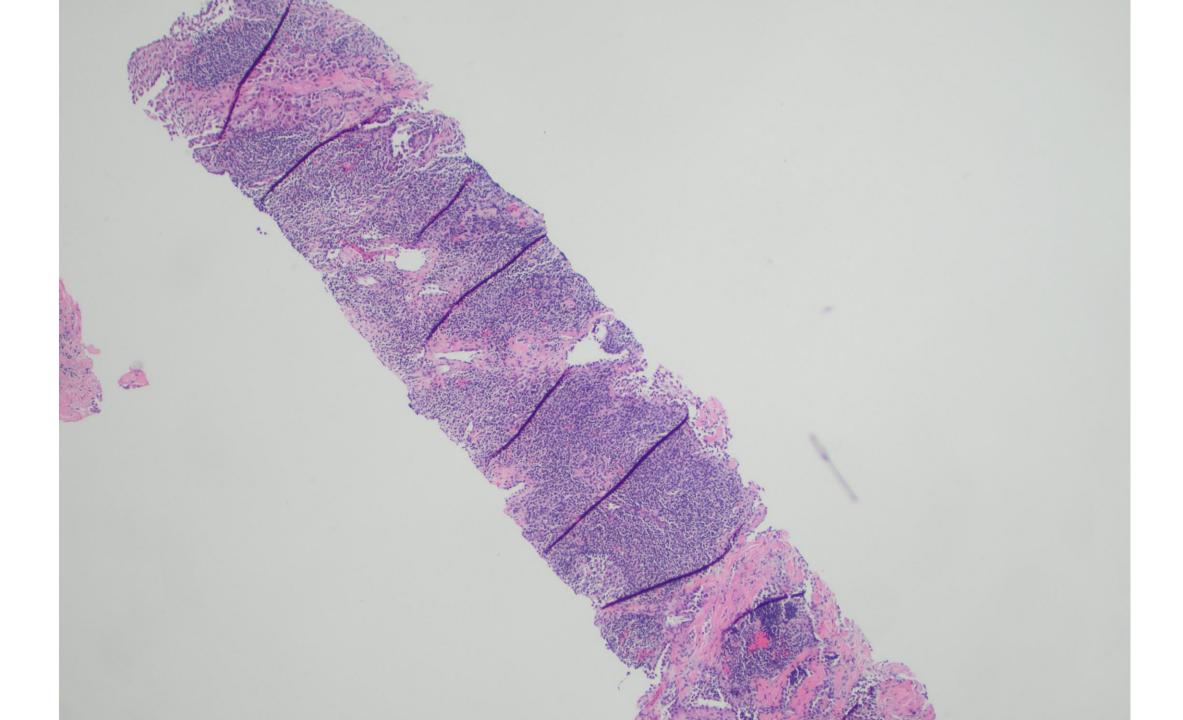


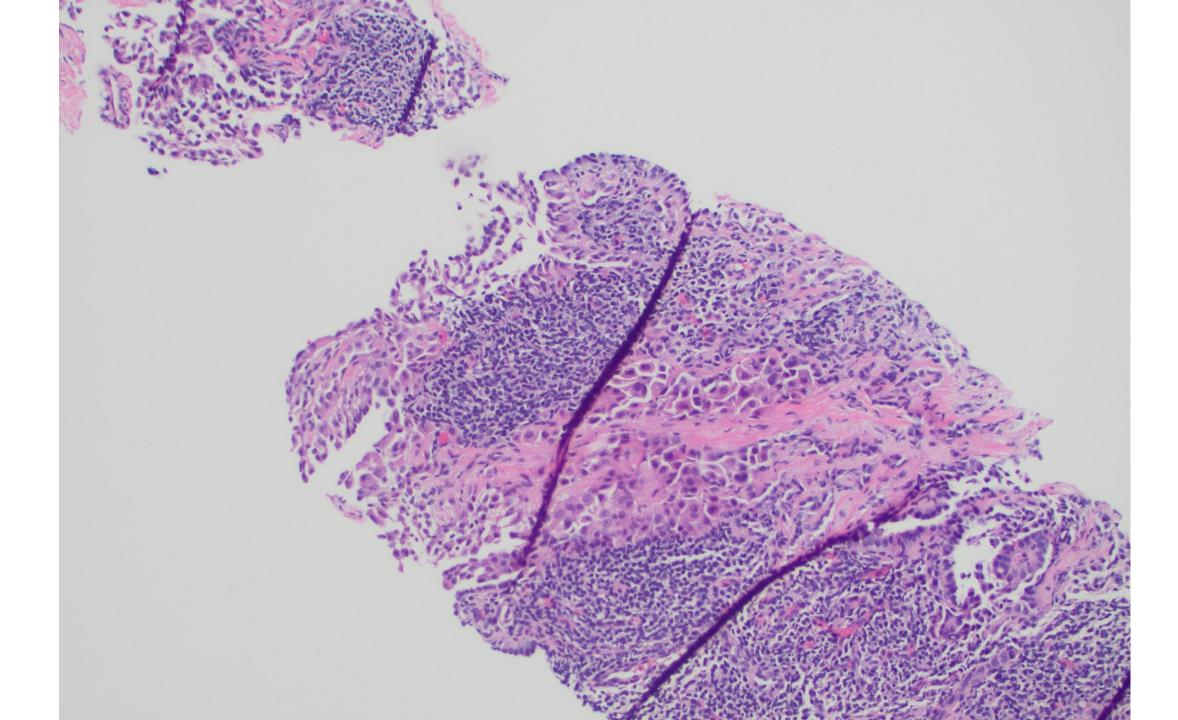


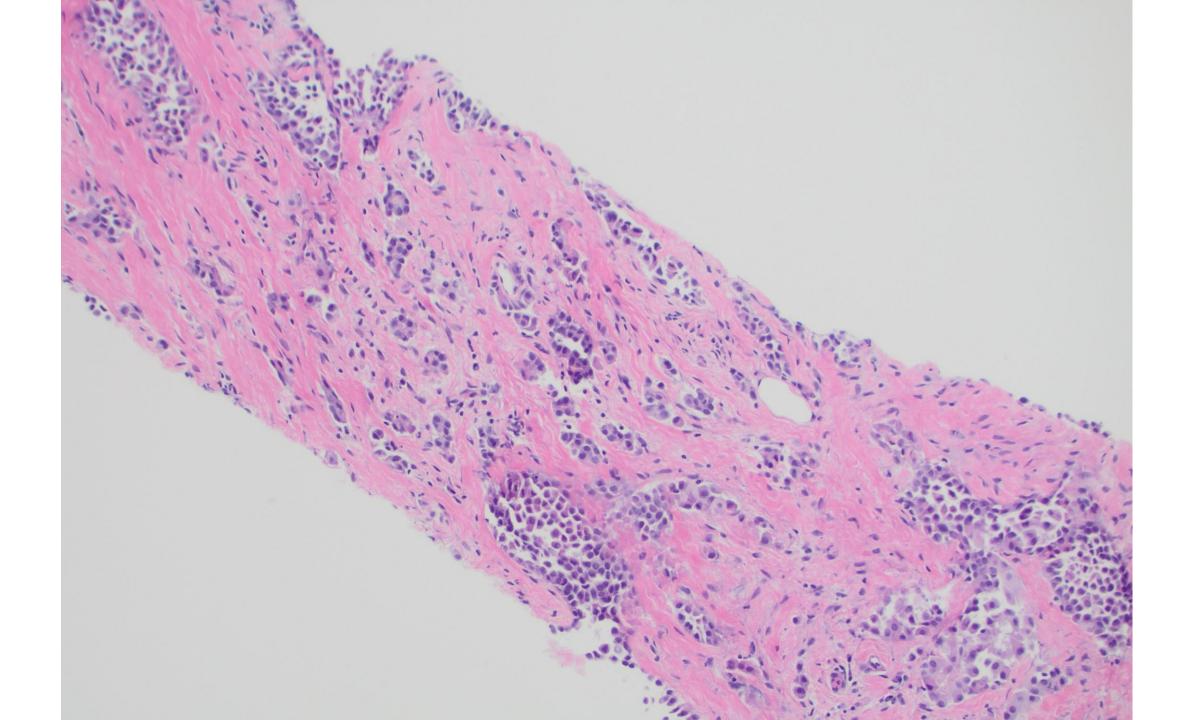


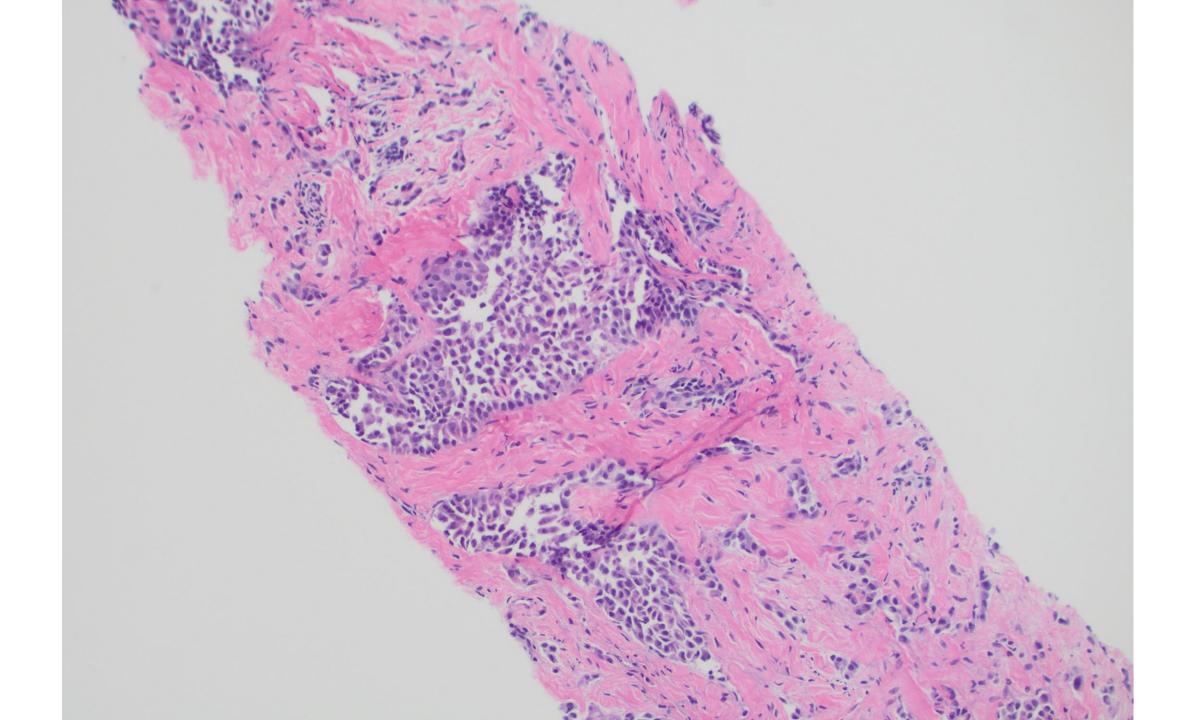
Greg Rumore; Kaiser Permanente, Diablo Service Area

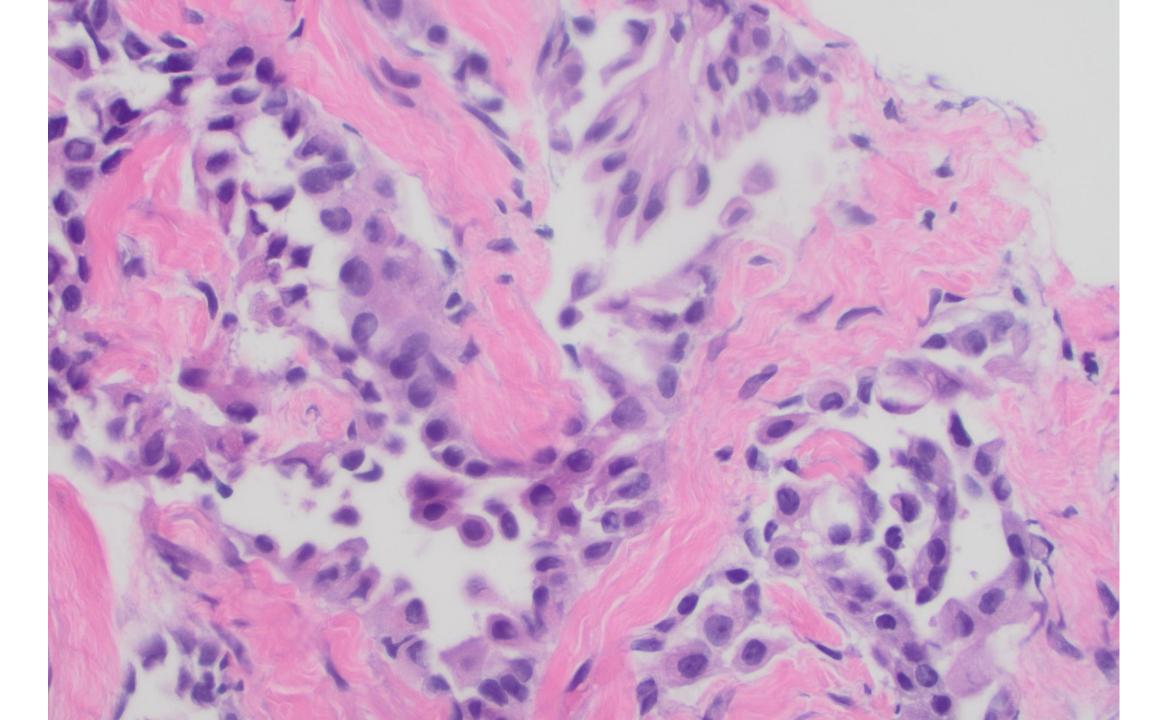
Late 20's male with retrocaval adenopathy, anterior mediastinal mass and pleural effusion

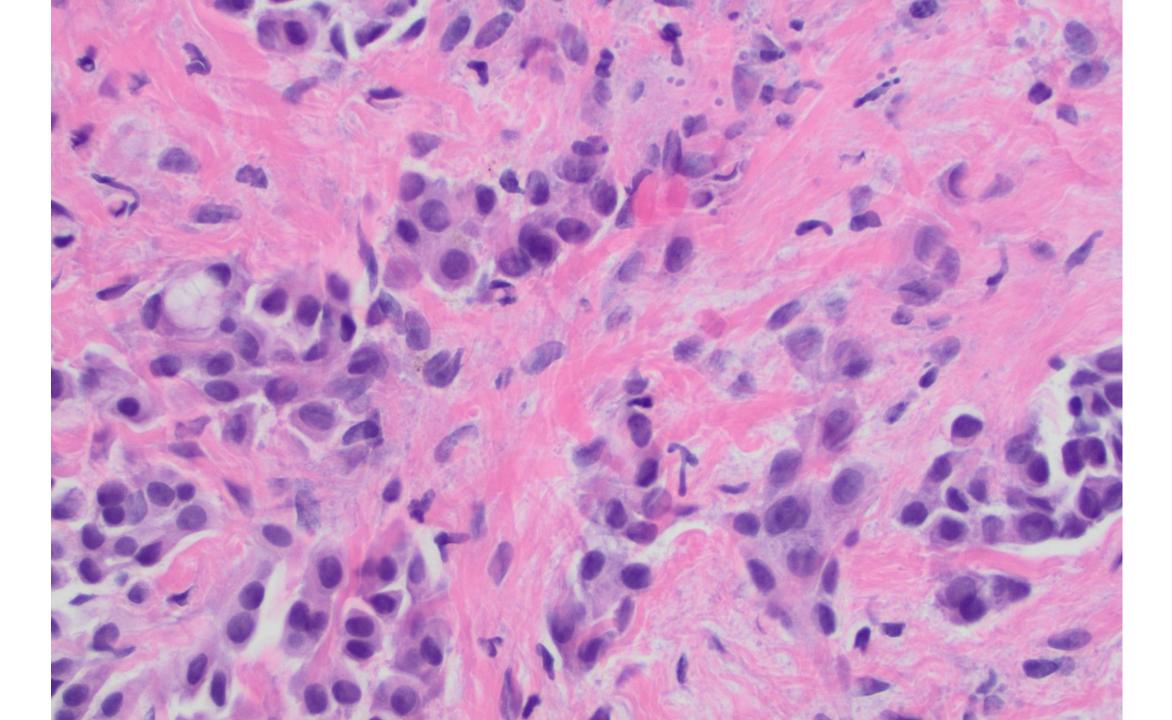








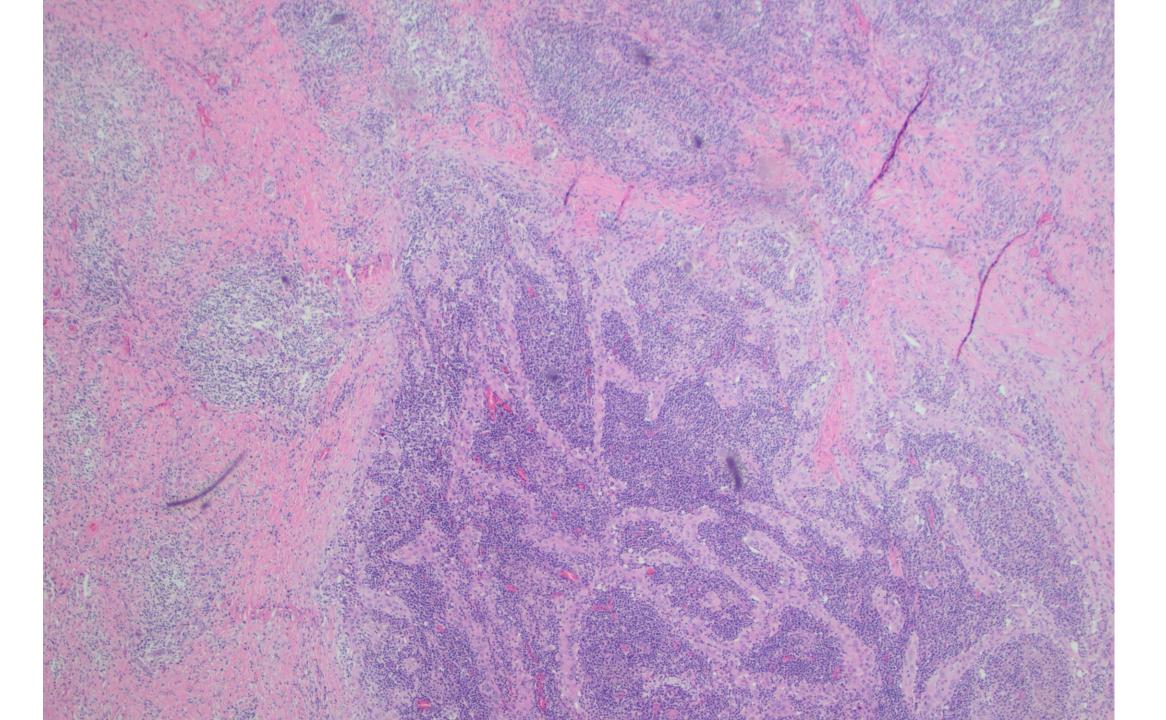


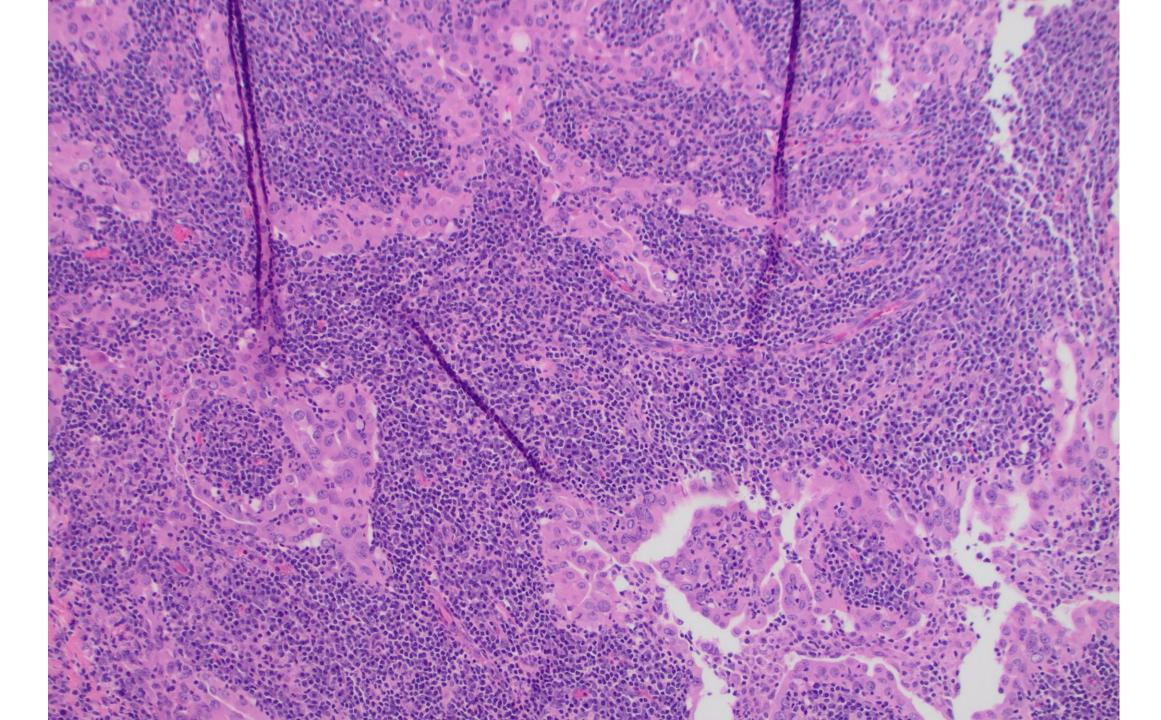


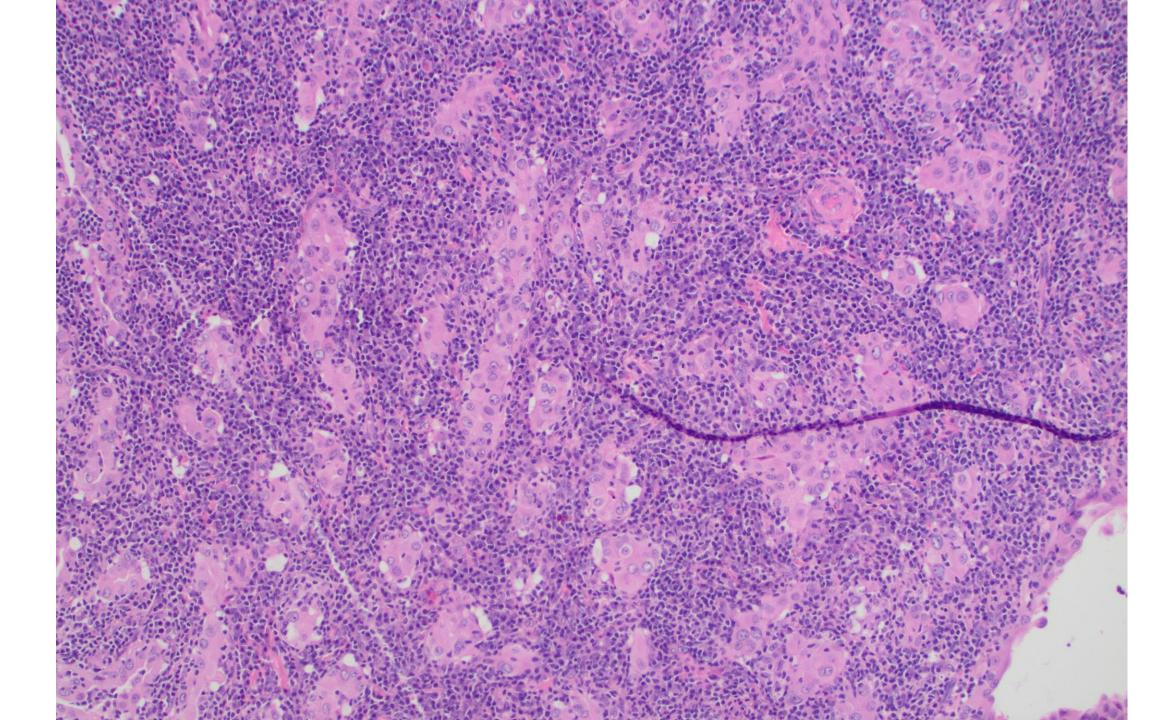


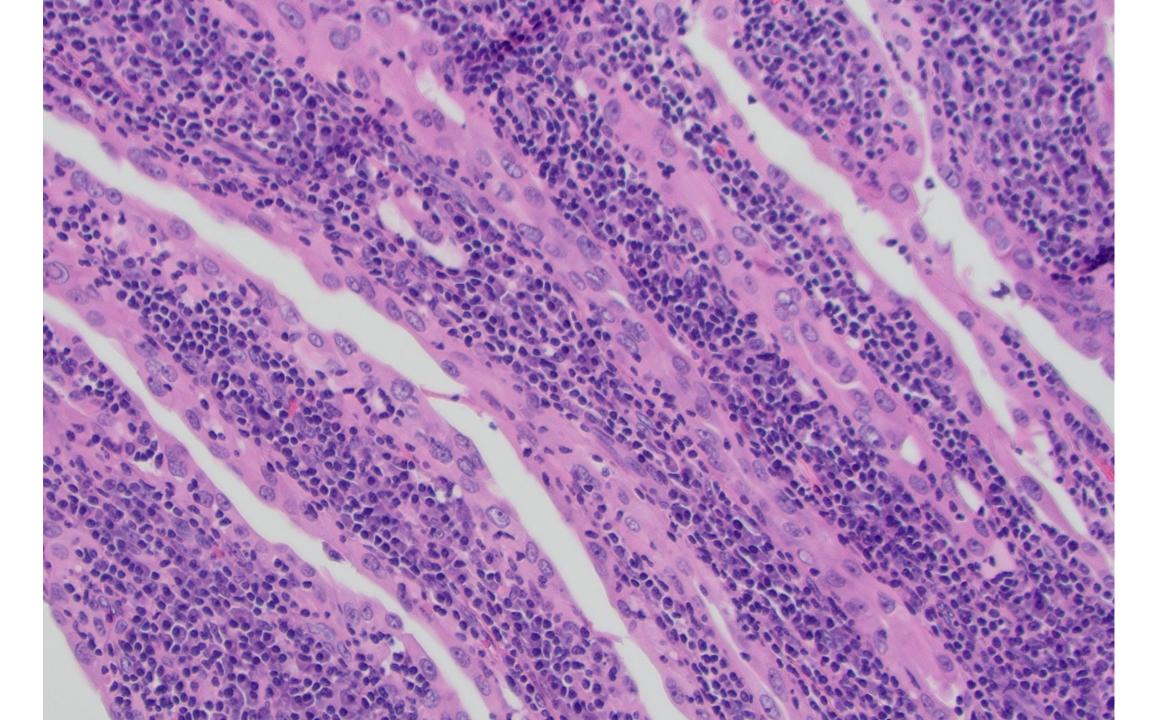
Greg Rumore; Kaiser Permanente, Diablo Service Area

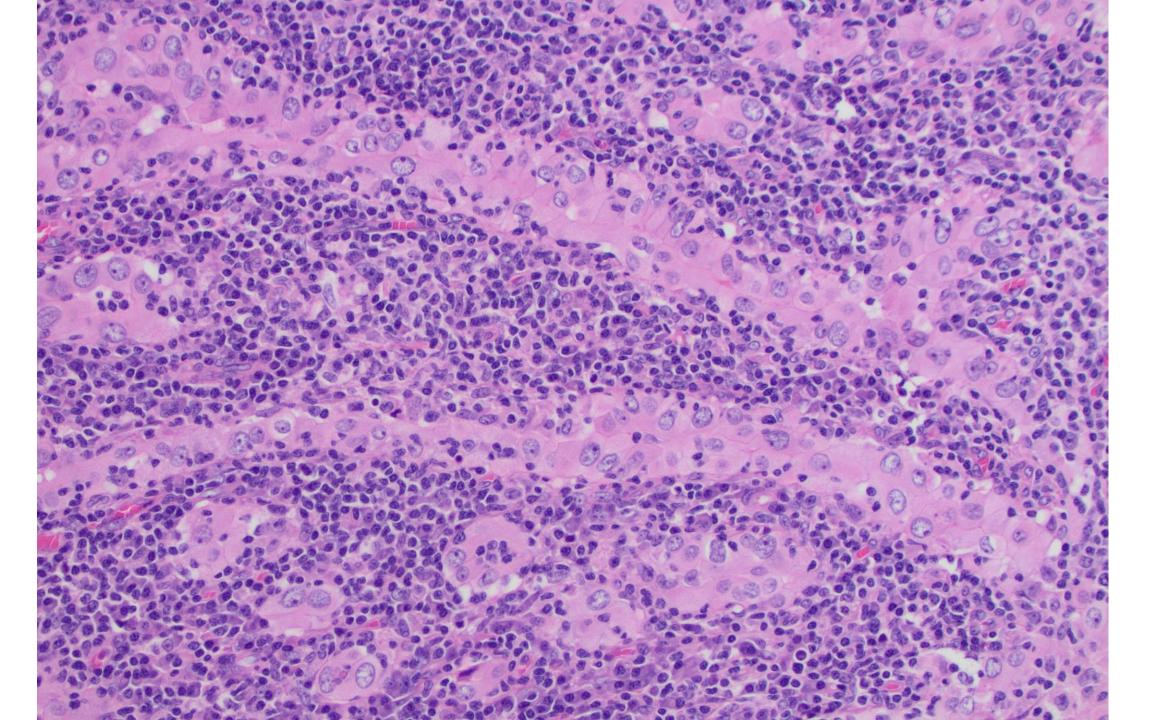
Early 30's female with breast carcinoma and a thyroid mass

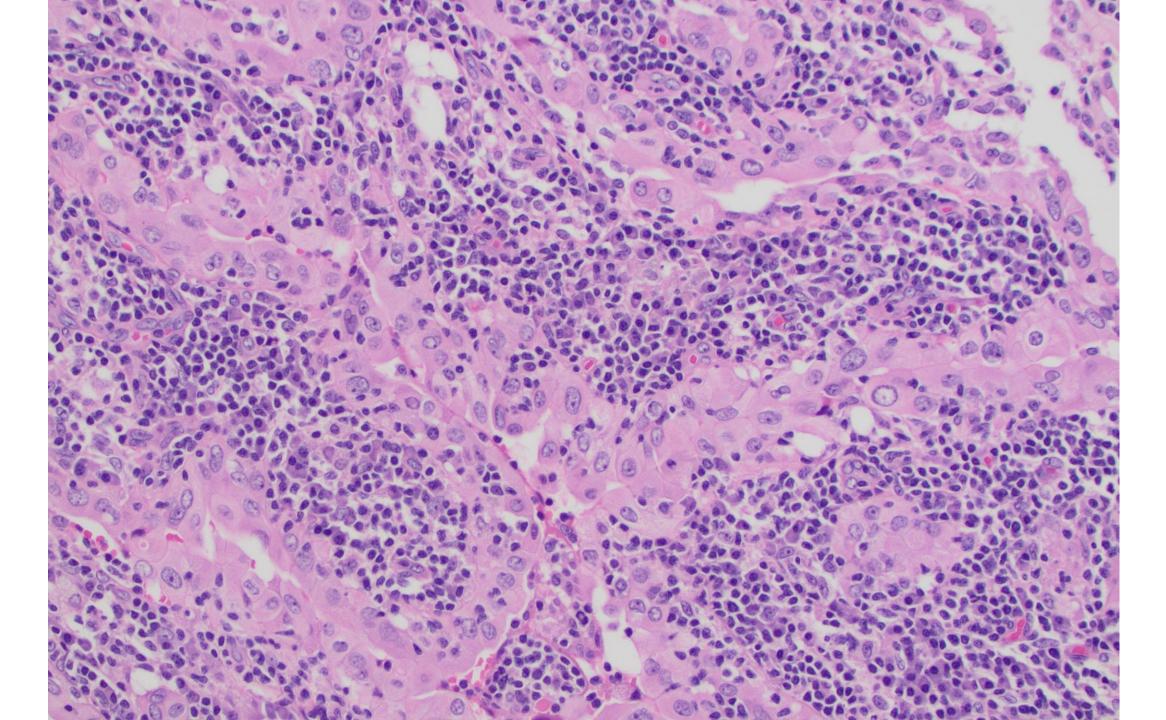


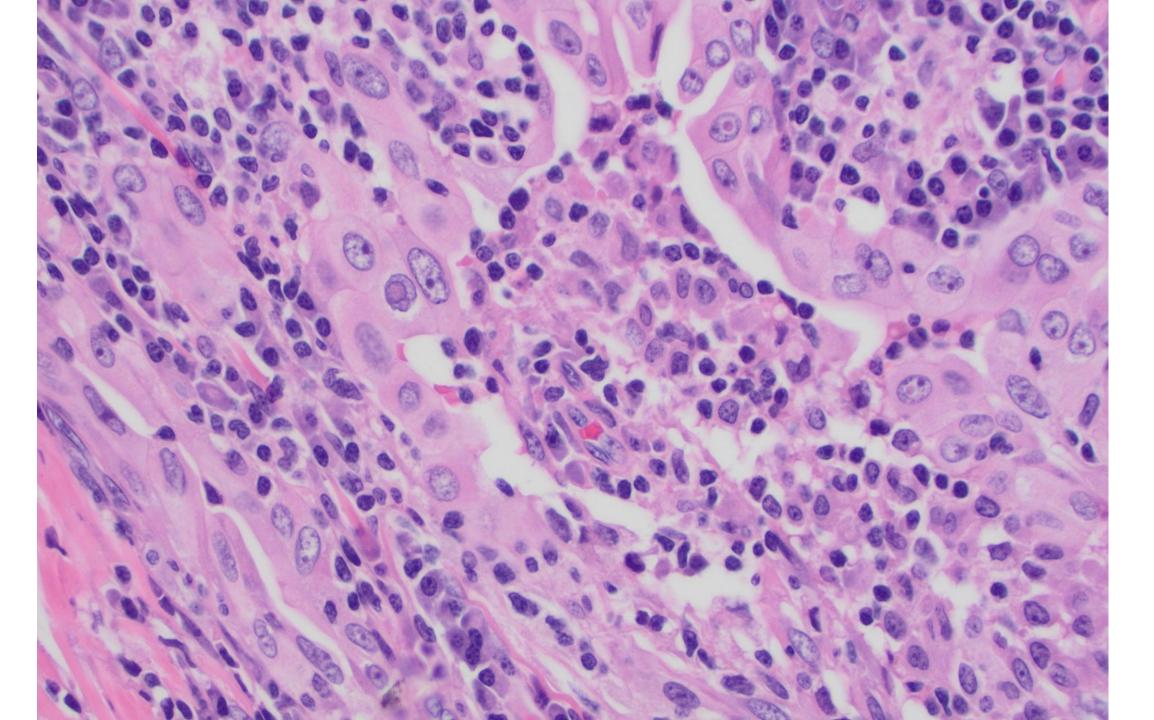














Hubert Lau; VA Palo Alto

70-something-year-old man, history of G3 clear cell RCC s/p radical nephrectomy one year prior, rising serum PSA (~100 ng/mL), presenting with progressive fatigue, weight loss, and found to have widely metastatic disease (lymph nodes, bone, lungs, adrenals, mesentery)

Selected PyL scan details:

Multiple scattered foci of uptake in the calvarium for example in the right frontal bone with SUV max 4.9 and right clivus with SUV max 11.8.

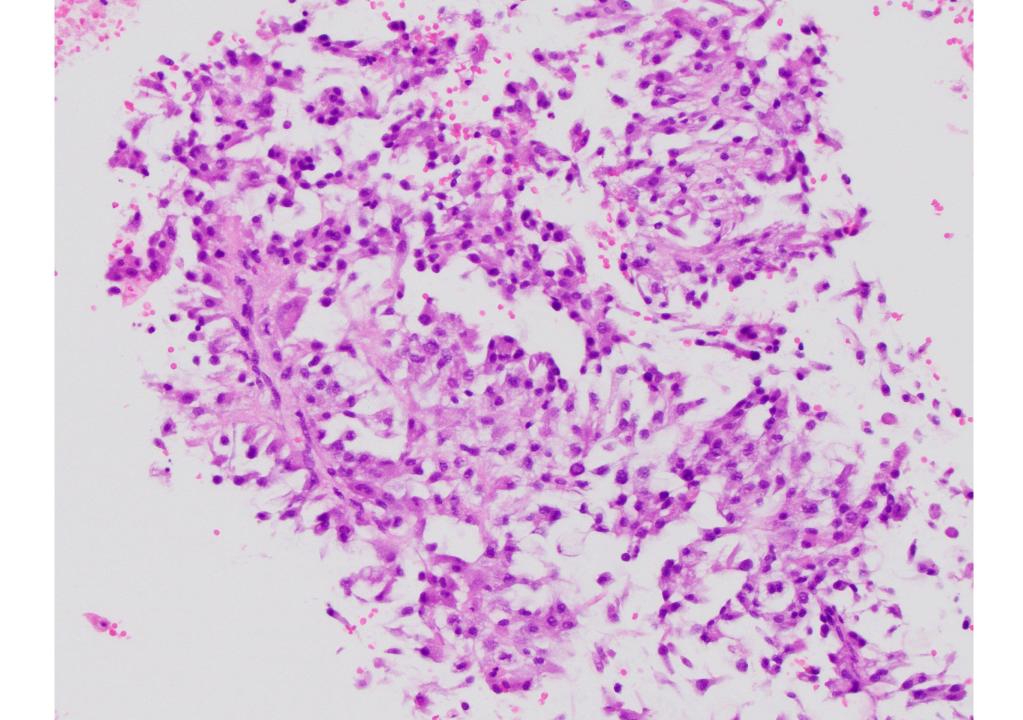
Enlarged left level 3 lymph node measuring 3.2 x 2.5 cm without significant PyL uptake.

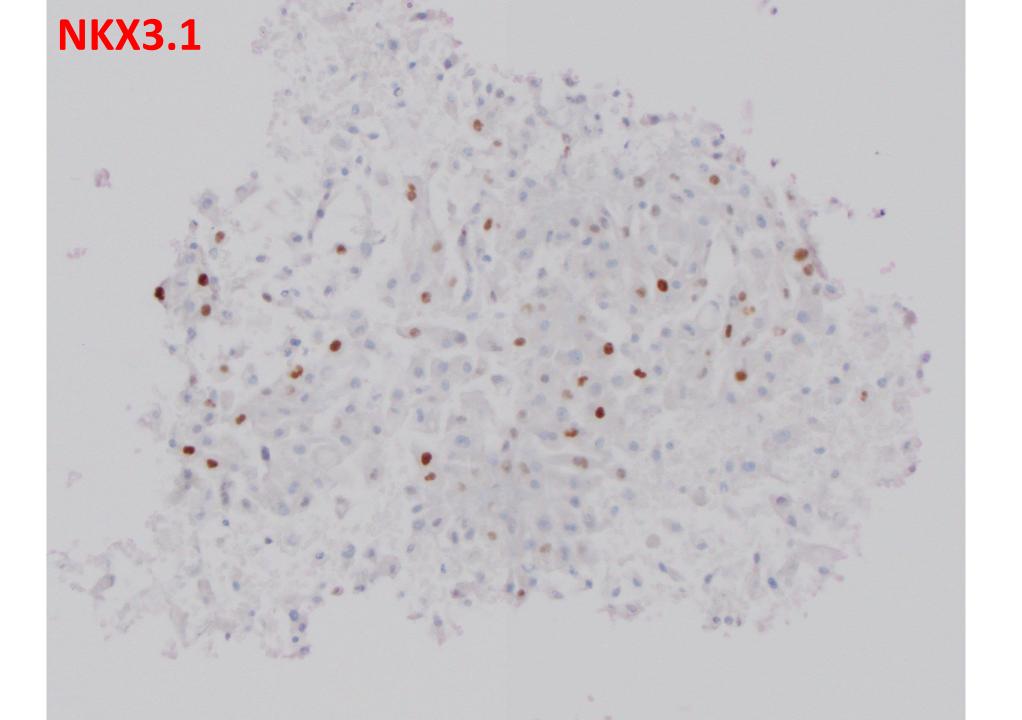
Large right upper lobe/perihilar mass with low-level heterogeneous uptake measuring approximately 8.8 x 5.9 cm.

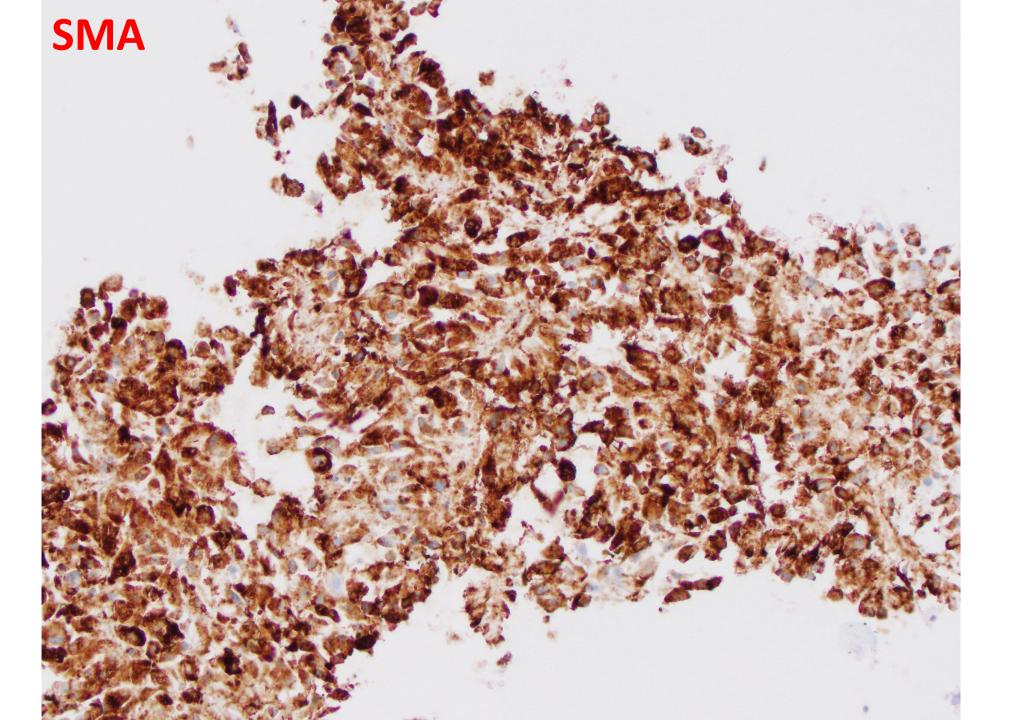
Diffuse intense uptake in the right prostate gland as well as focal involvement of the left, with SUV max 25.2.

Innumerable lytic and sclerotic lesions throughout the axial and appendicular skeleton with variable PyL uptake. For example, a T12 vertebral body lytic lesion measuring 2.4 cm without uptake. Intensely PyL uptake in the right T4 lamina associated with a lytic lesion and SUV max 12.2.

Left level 3 lymph node FNA:







Completely negative stains:

Pankeratin TTF-1 Melan-A

HMB-45

desmin

(AE1/AE3/PCK26) p40

CK7 PSA

CK20 ERG ALK

PAX8 Sox-10



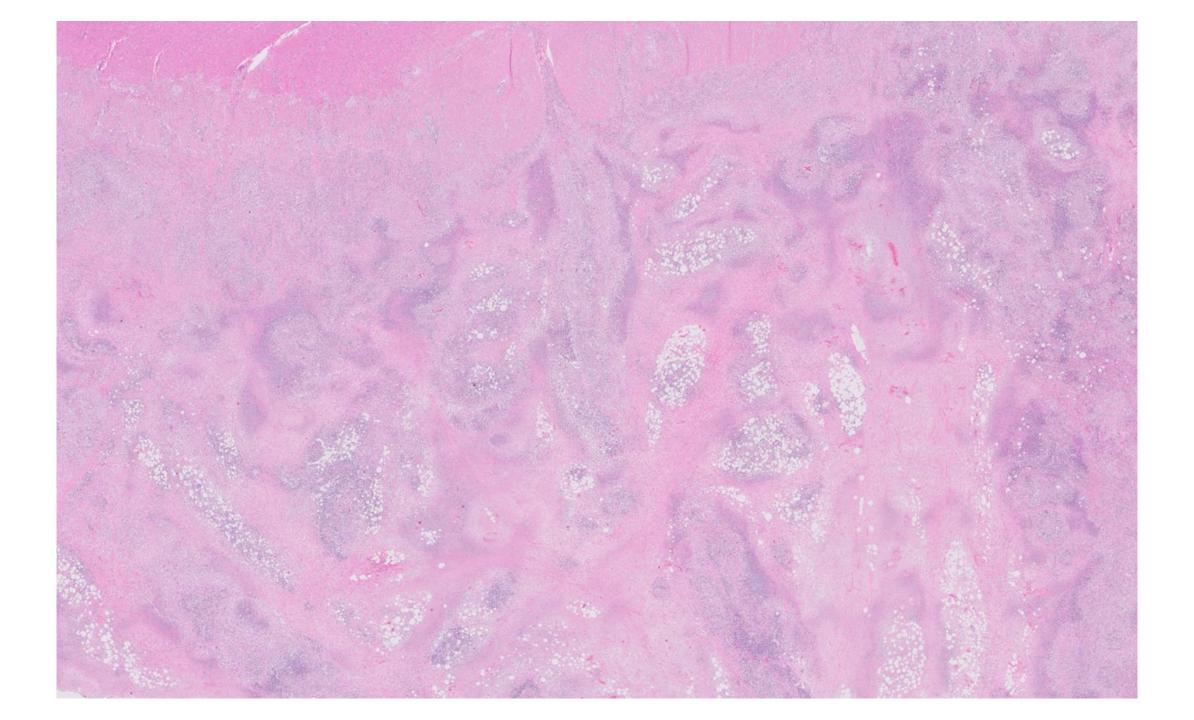
Margarita Muñoz de Toro/David Bingham; Stanford

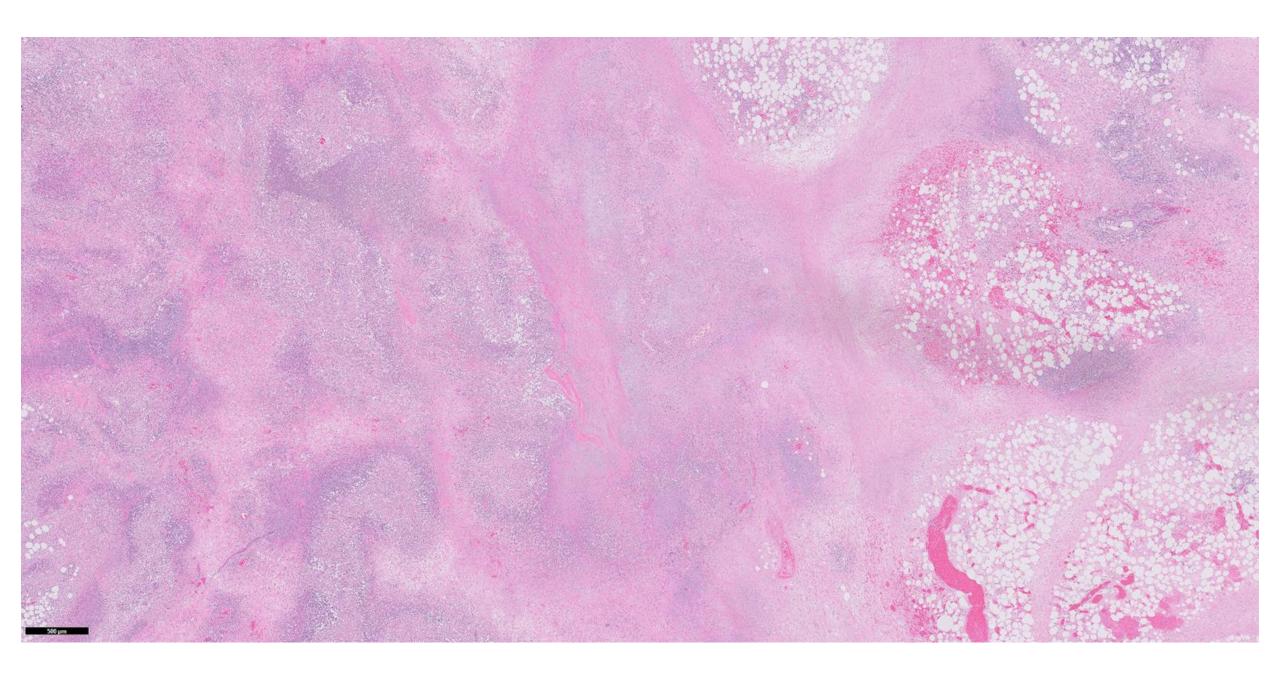
56 Y female with history of left LE pyoderma gangrenosum (on prednisone), DM and history of chronic pancreatitis presented with R abdominal pain, nausea, and vomiting

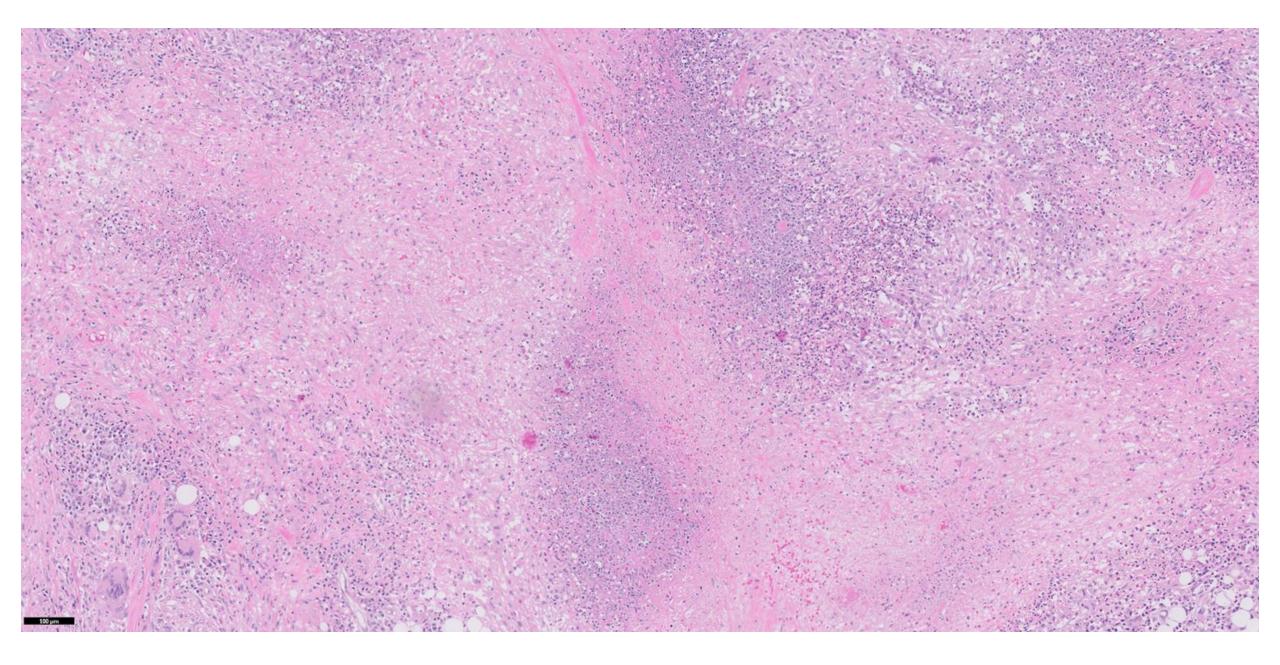
CT showed an infiltrative, heterogeneous and ill-defined mass projecting from the region of the pancreatic uncinate process extending along the right mesenteric root measuring approximately 6 cm with main duct dilatation and suspected nodal and peritoneal metastases, also with a 4.5 cm hypodense L kidney mass and geographic hypoattenuation of the spleen

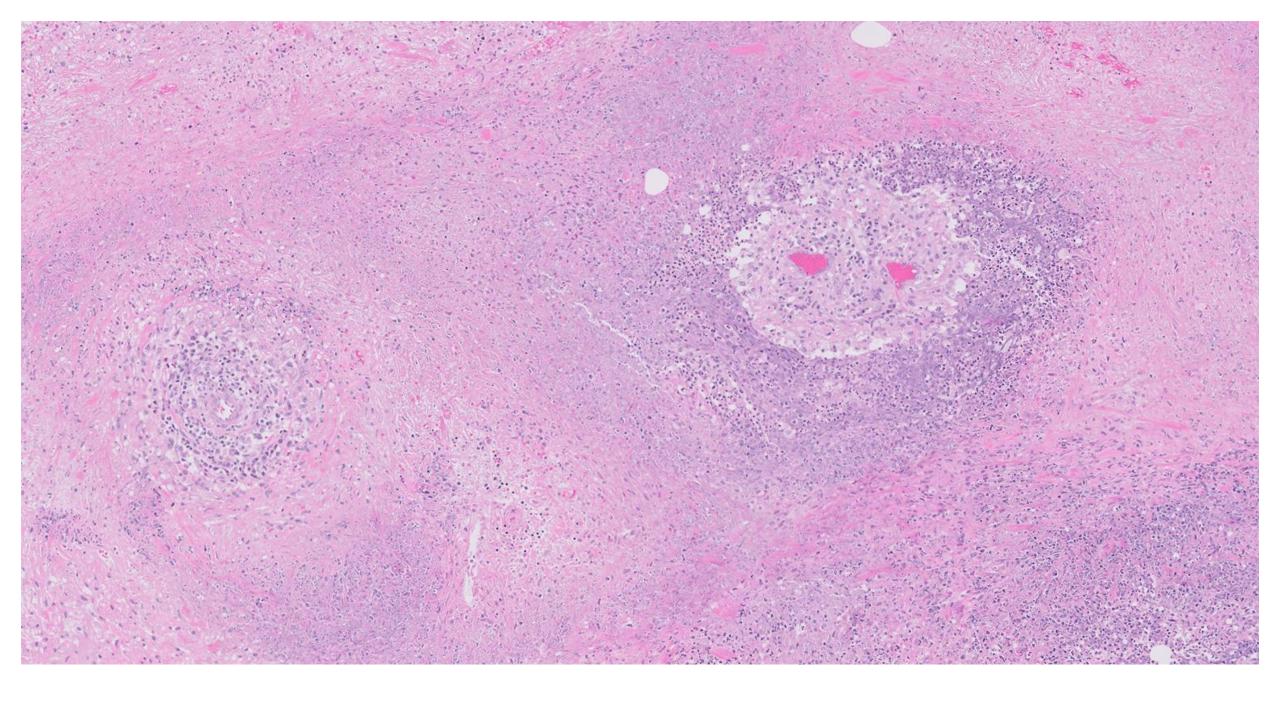
Clinically thought to have pancreatic mass compressing bowel vasculature, resulting in ischemic bowel, now s/p ex lap, small bowel resection, partial colectomy, and mesenteric tissue biopsy

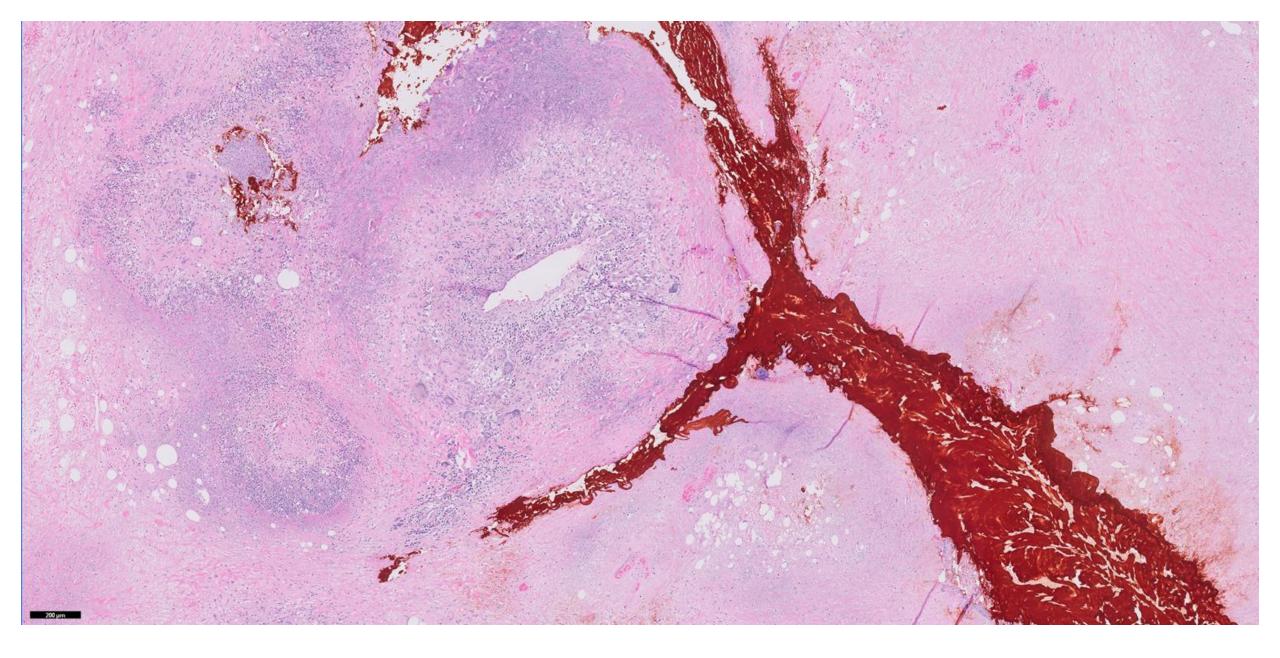


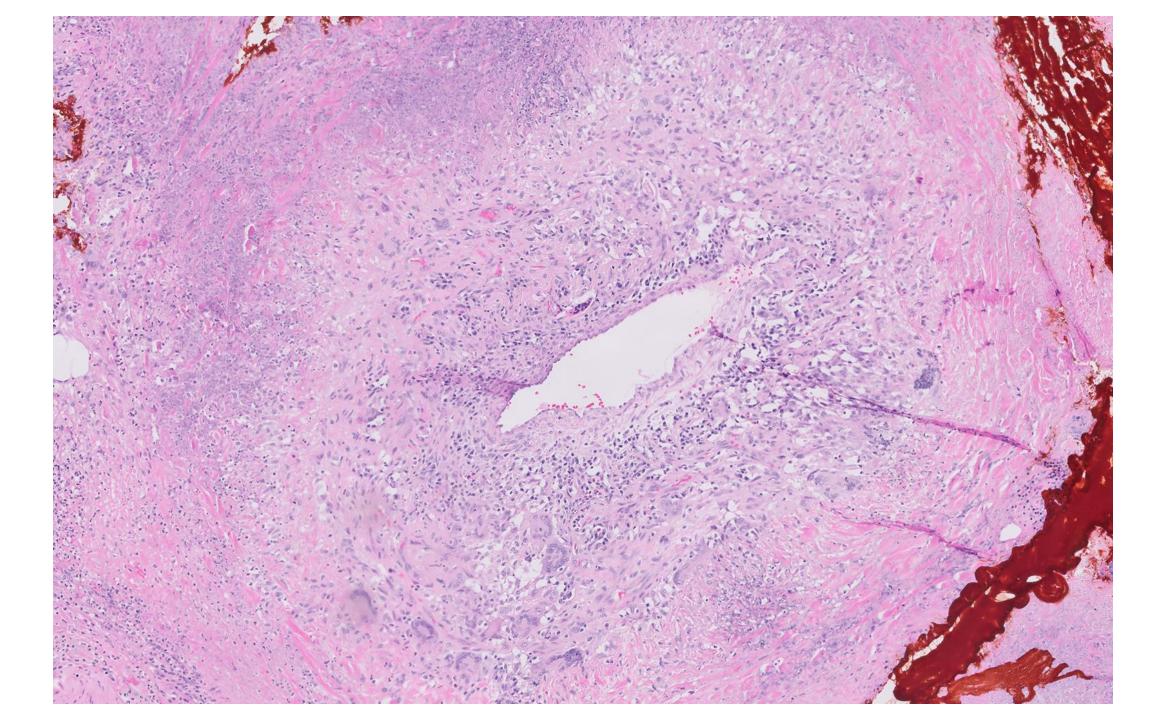


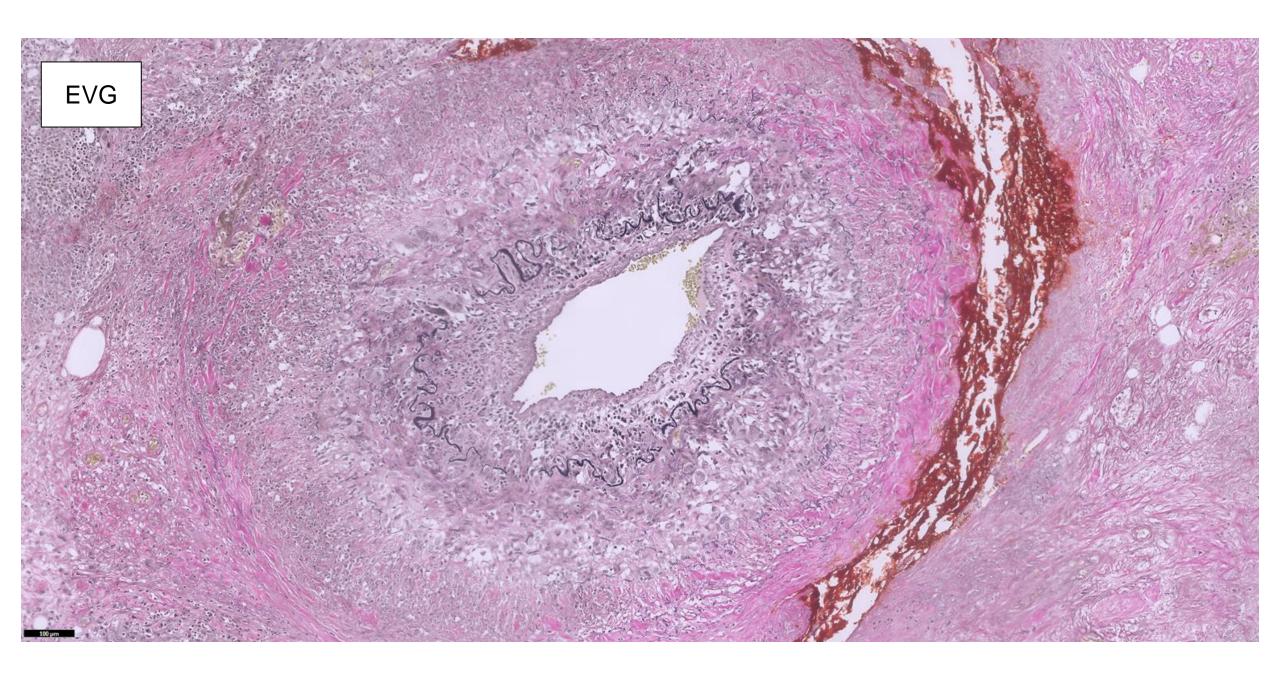


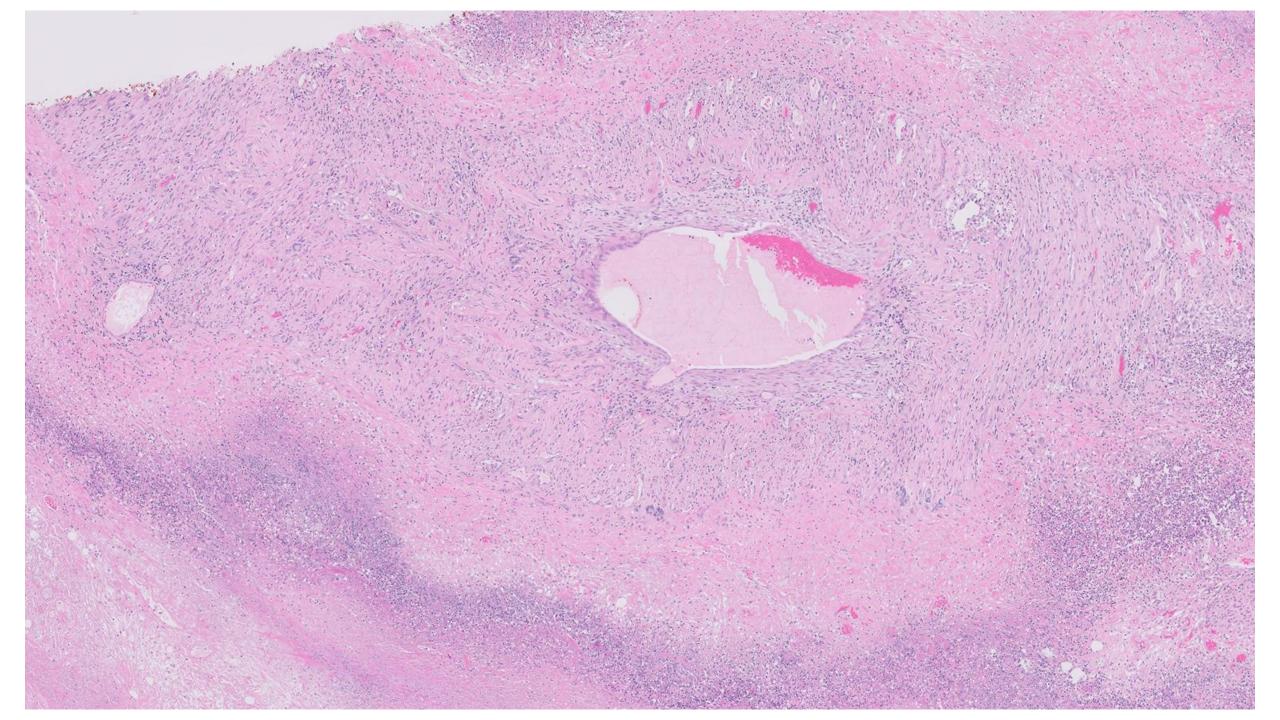


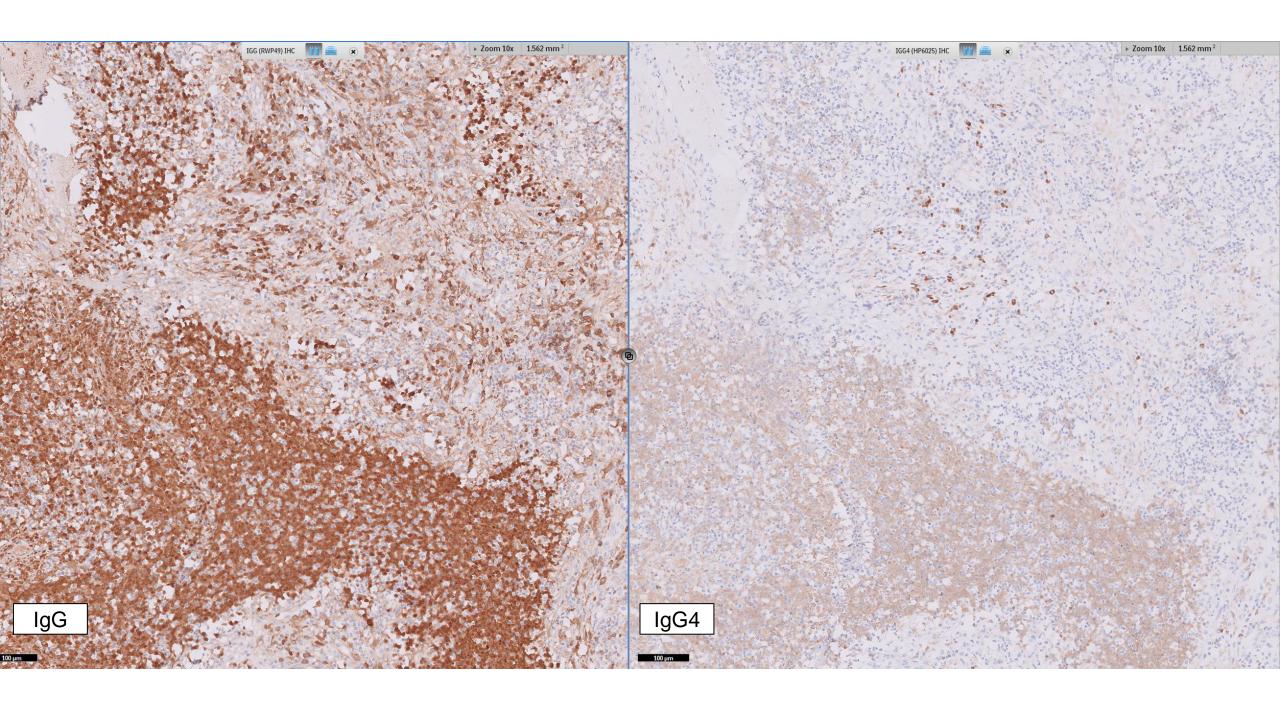










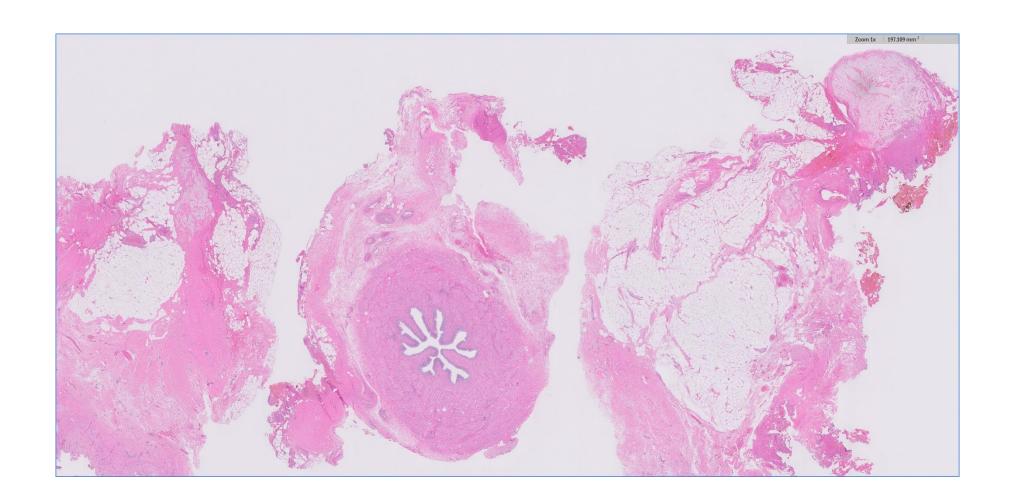


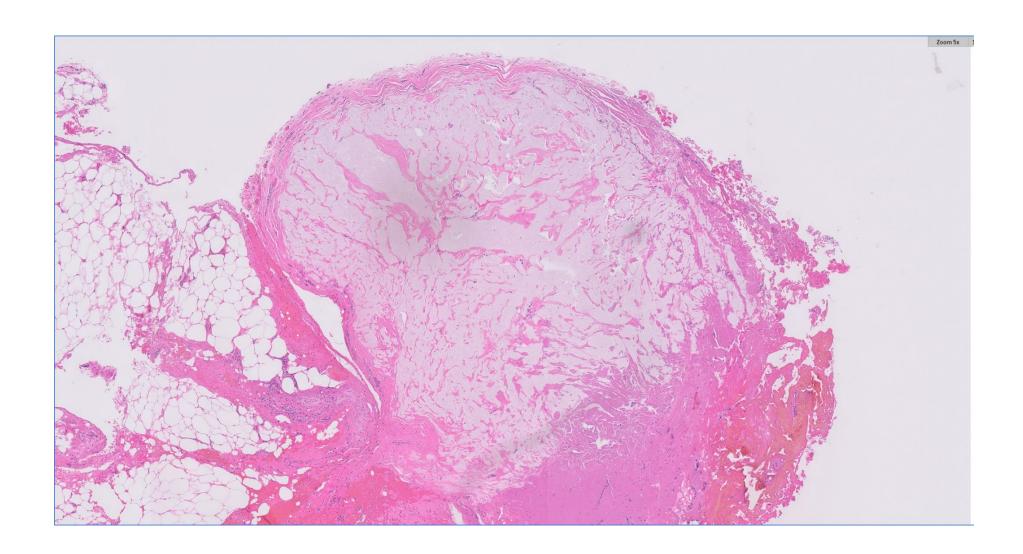


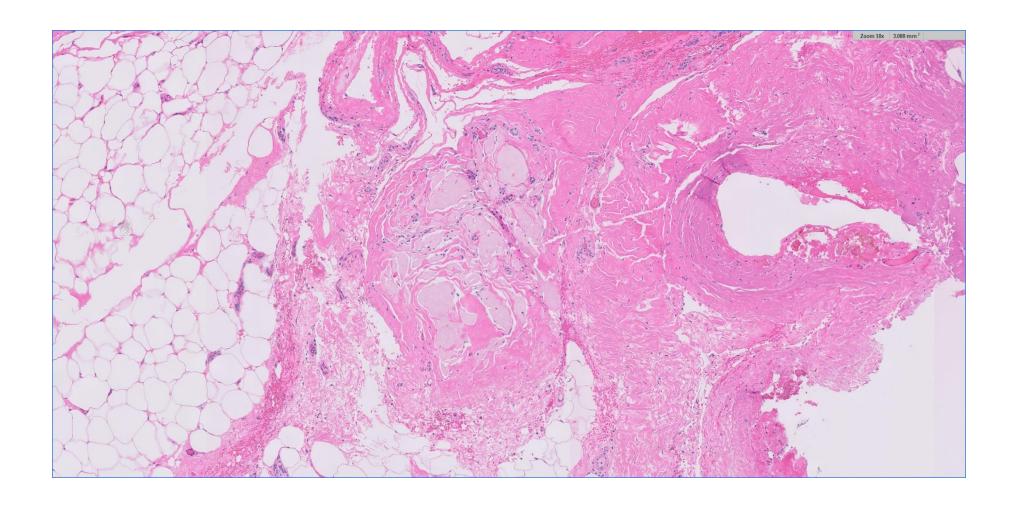
23-1206

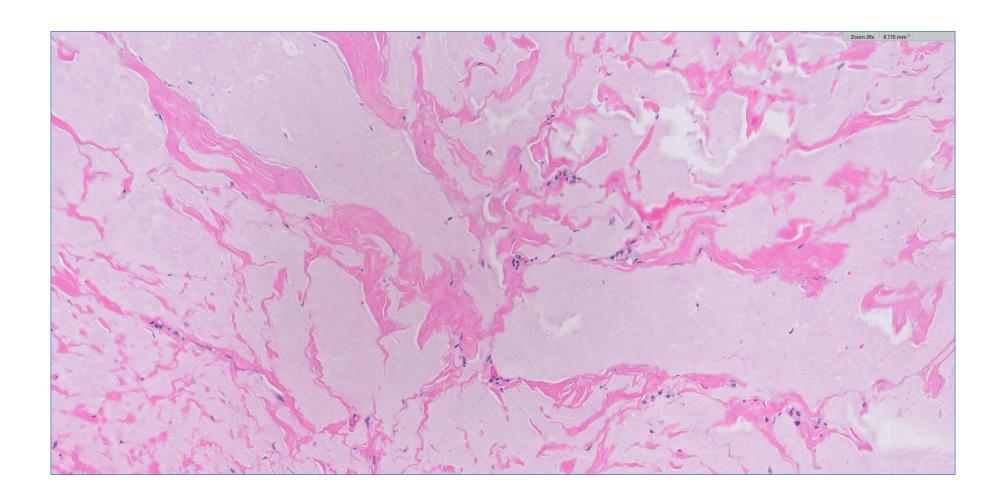
Susan Potterveld/Ankur Sangoi; Stanford

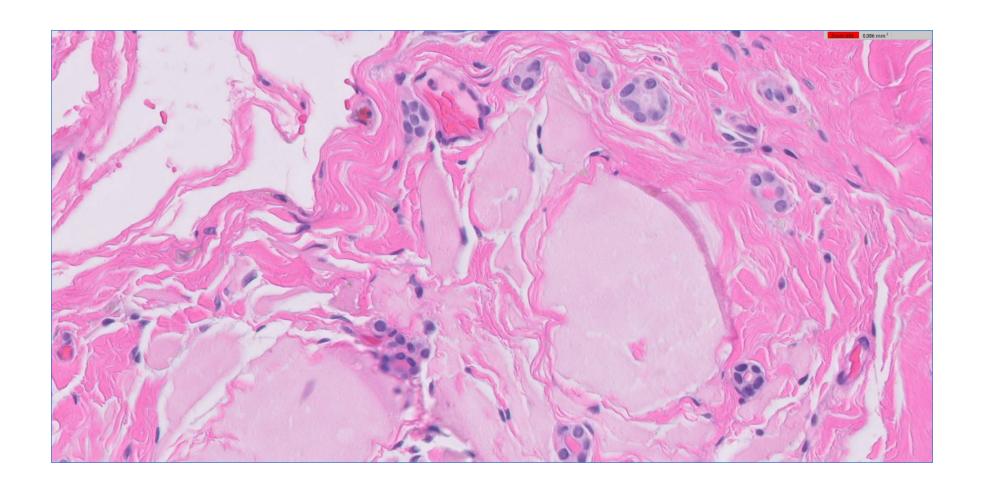
40-year-old male patient presents with left hydronephrosis and undergoes robotic assisted laparoscopic pyeloplasty

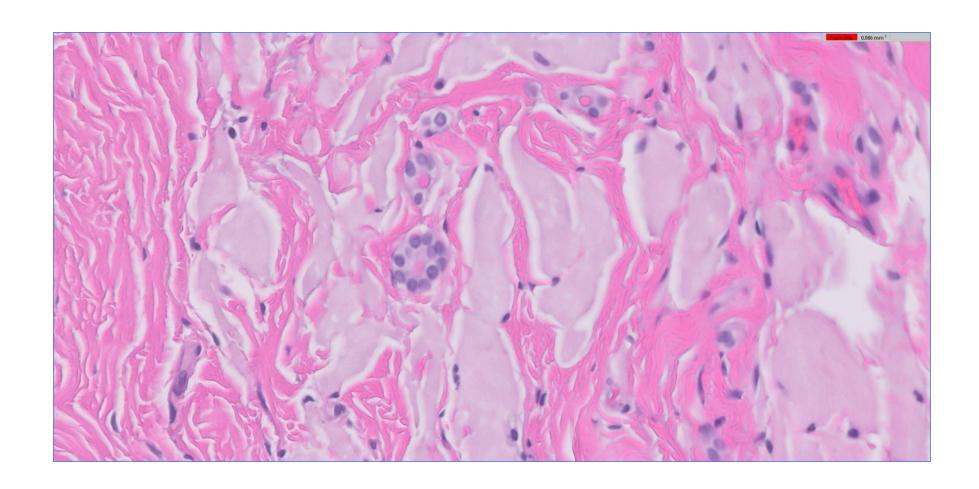










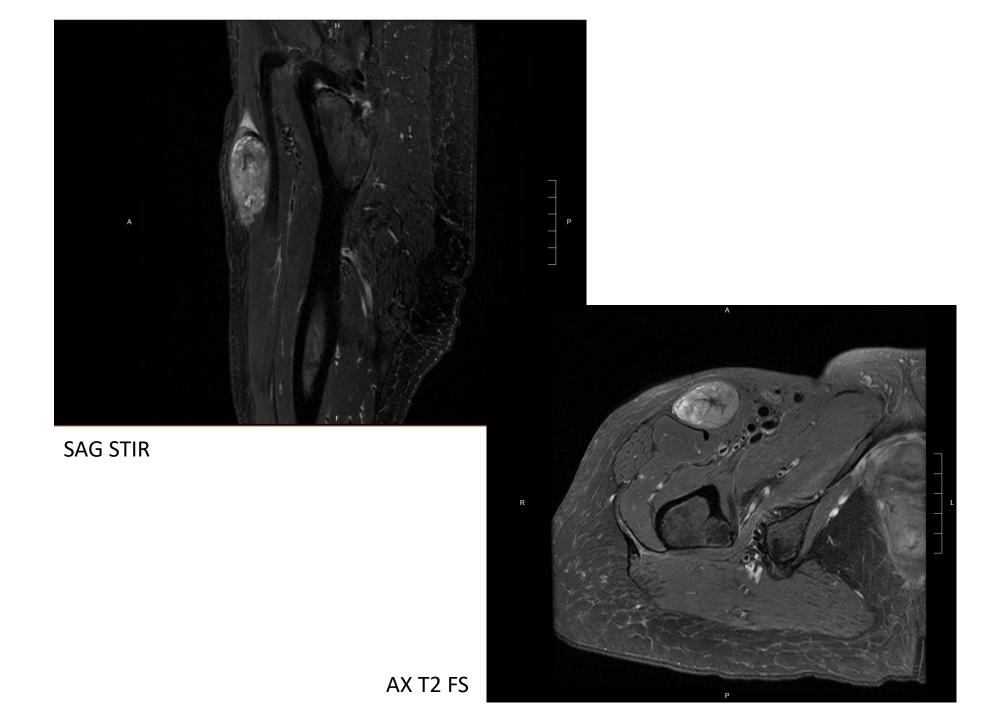




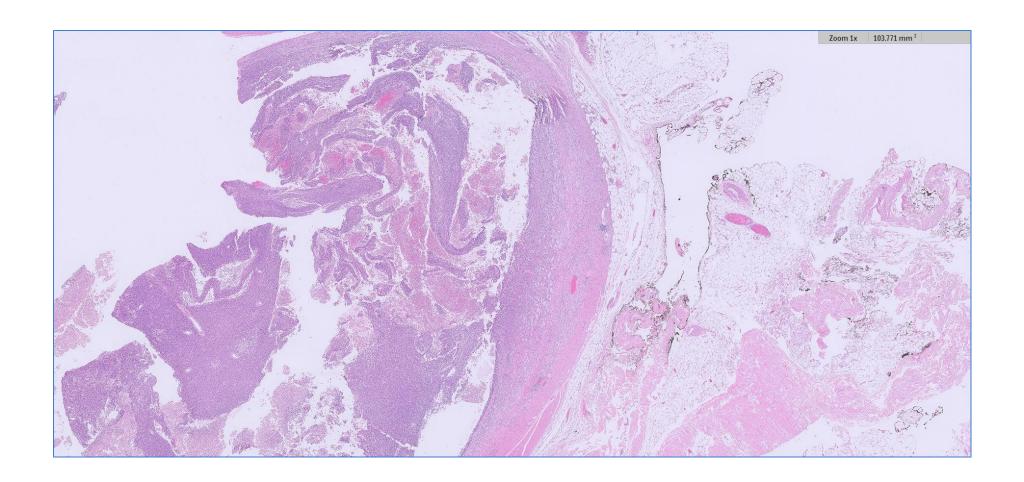
23-1207

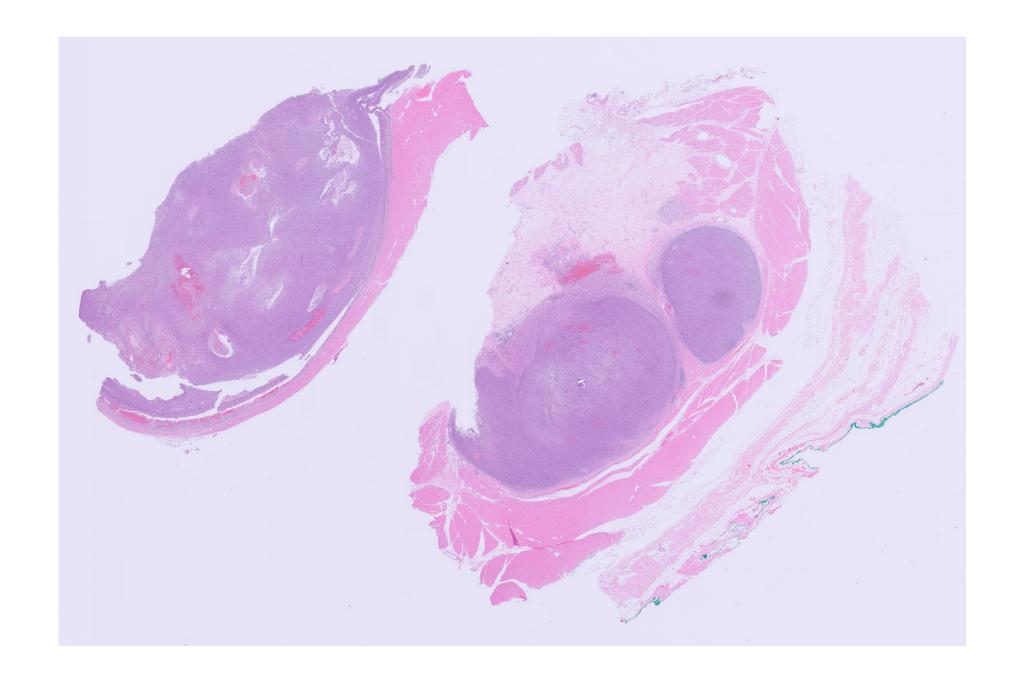
Susan Potterveld/Greg Charville; Stanford

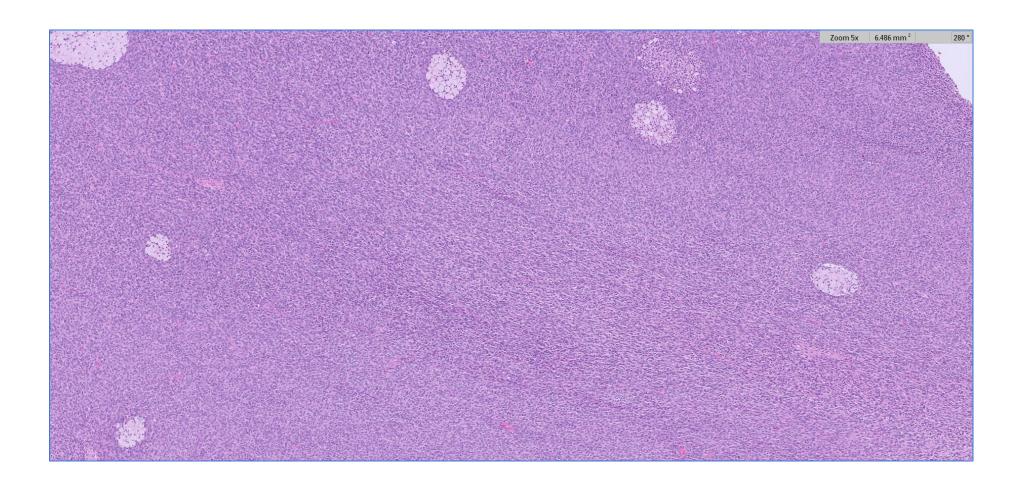
71-year-old female patient with a 5.7 cm heterogeneously enhancing mass centered within the proximal right sartorius muscle discovered on work-up for high-grade serous carcinoma

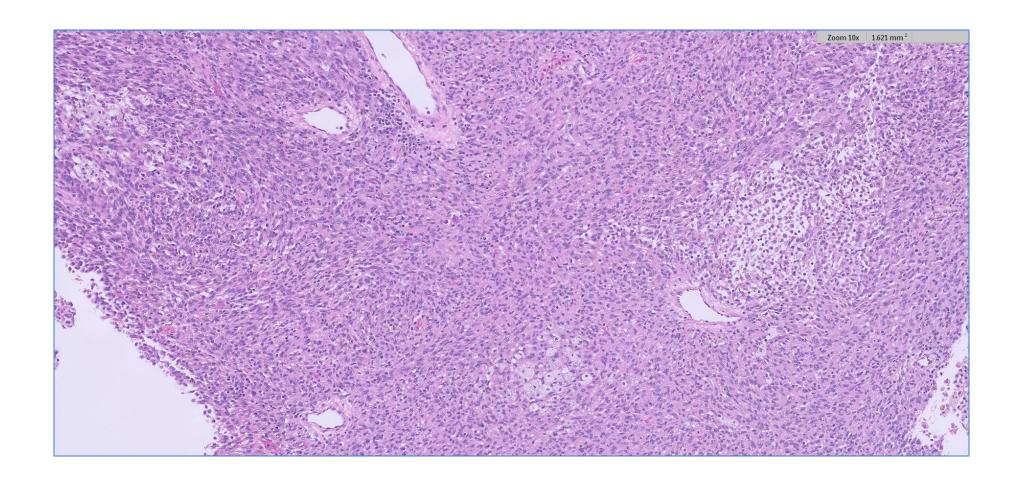


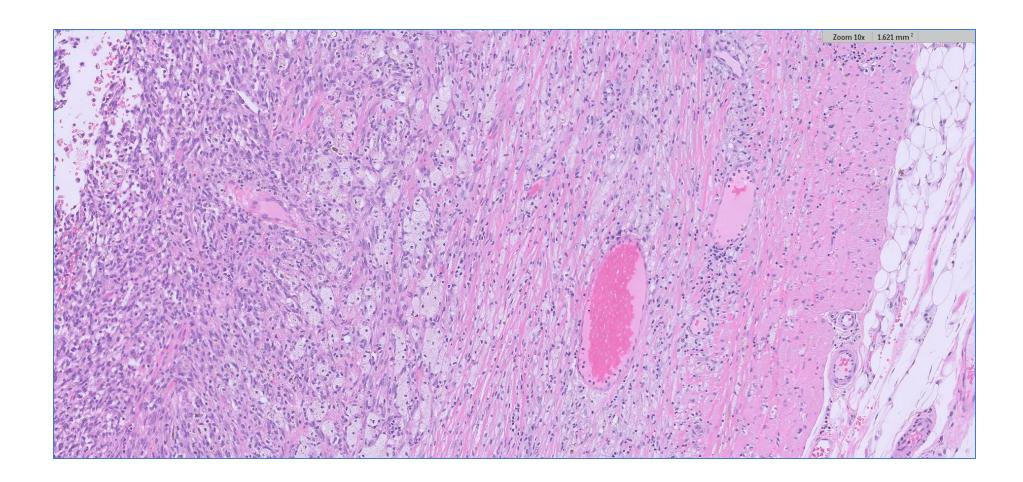


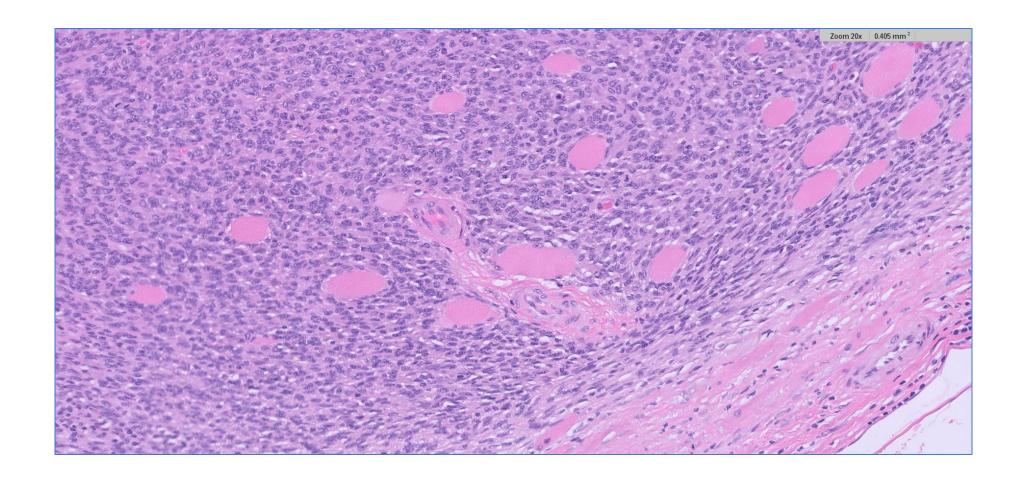


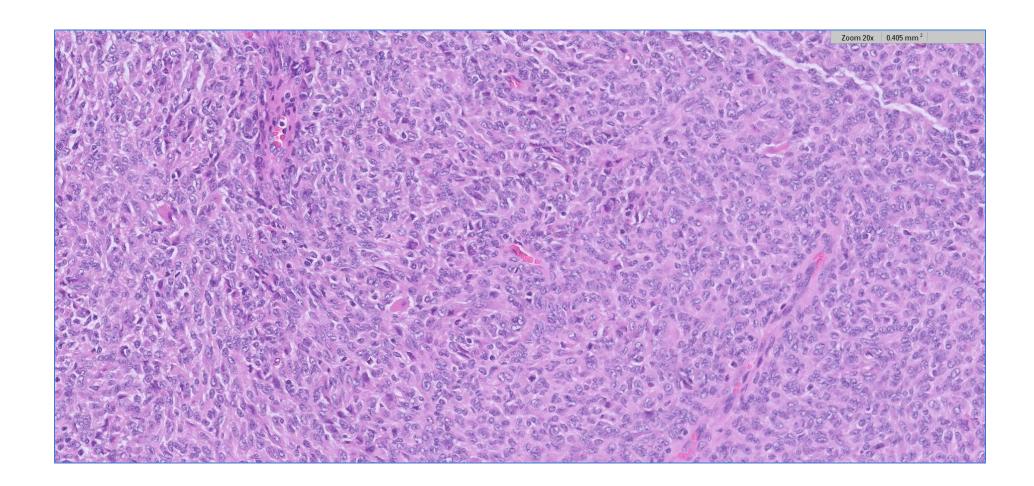


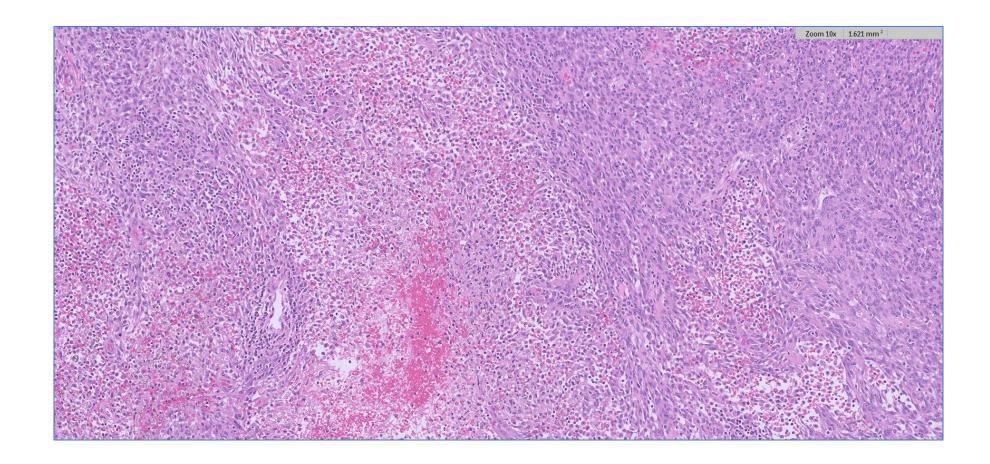


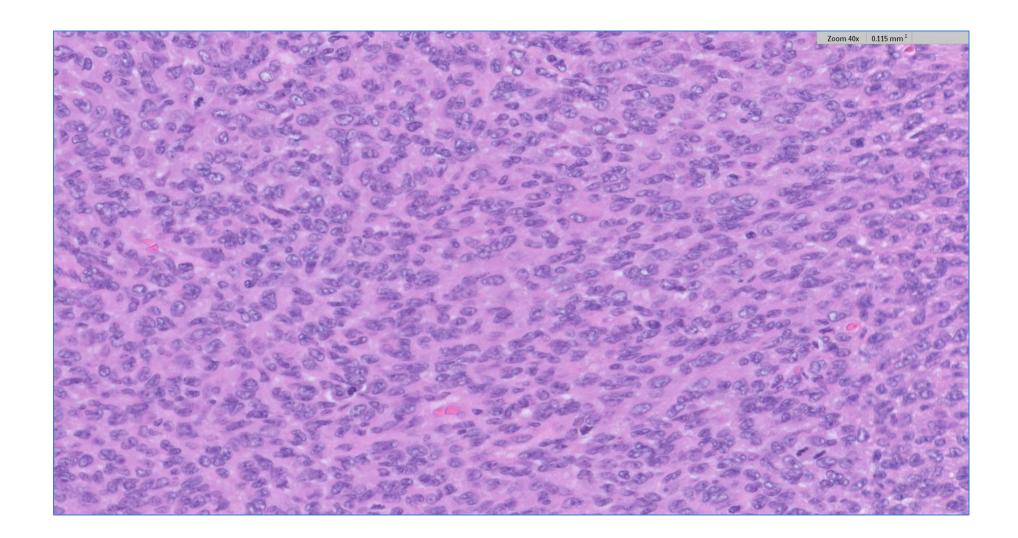




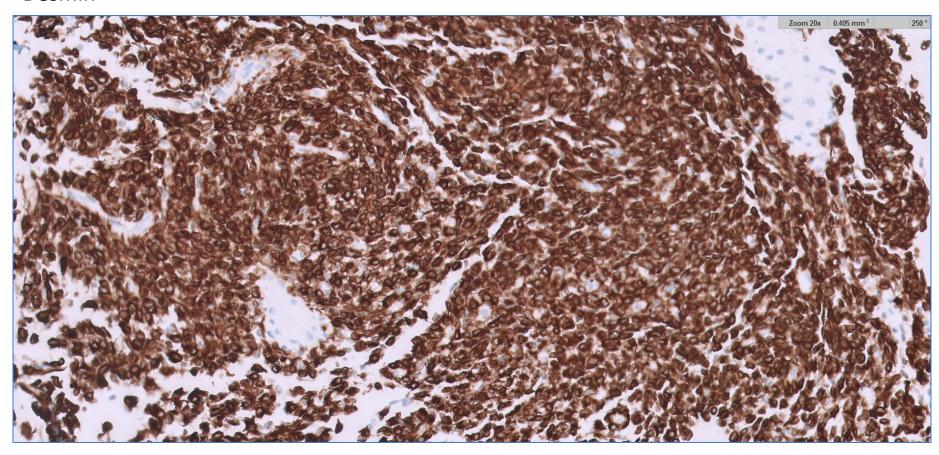








Desmin





23-1208

Tyler Paul Jankowski/Ankur Sangoi; Stanford

63-year-old man with a testicular mass

