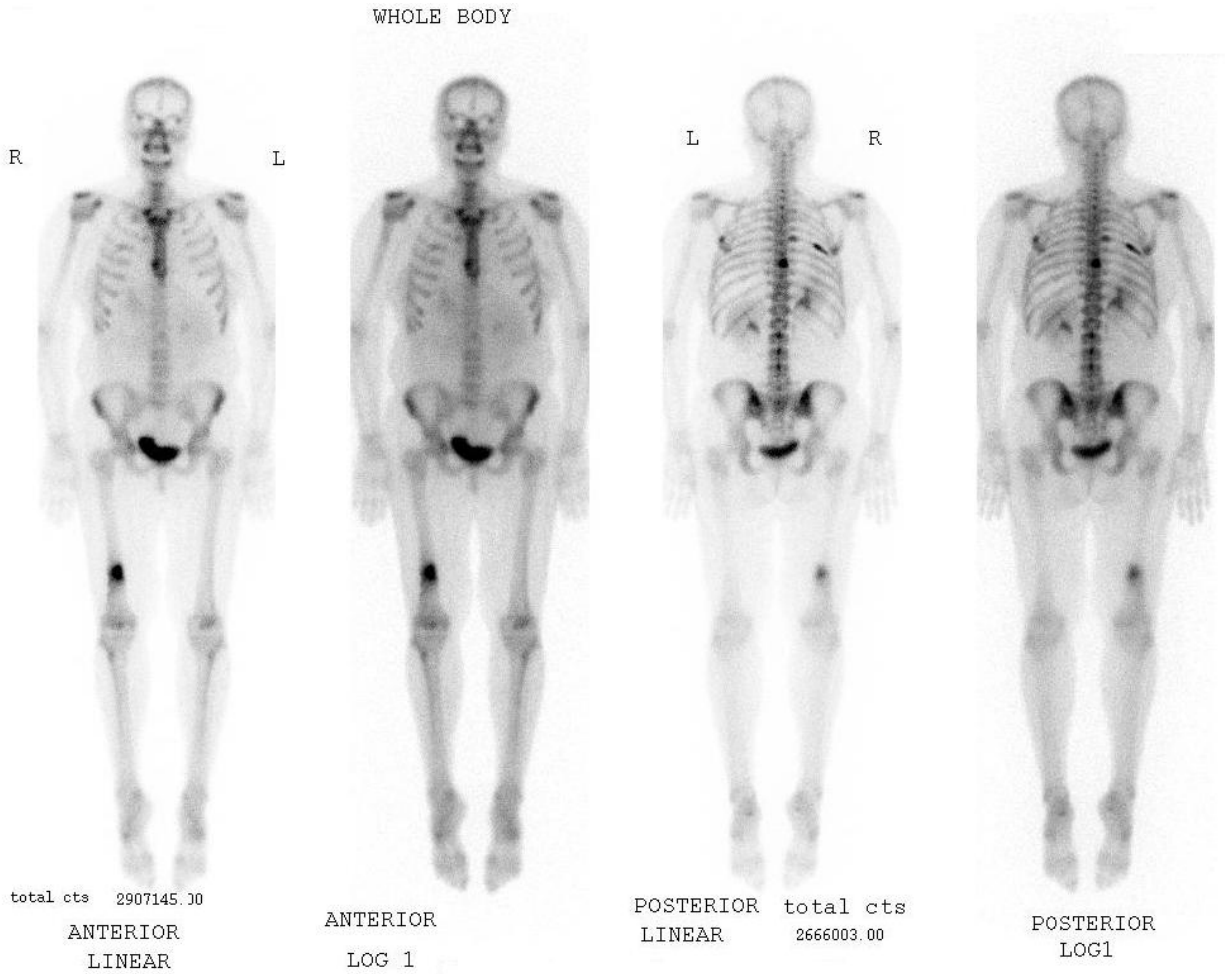


48 year old female with history of neuroendocrine tumor of the pancreas status-post distal pancreatectomy, splenectomy, hepatic trisegmentectomy in 2000. Subsequently was treated with Sandostatin systemically. Liver metastases were treated with radiolabeled Sirspheres, chemoembolization (TACE), and radiofrequency ablations (RFA). The patient exhibited slowly progressive disease over time. The following nuclear medicine studies demonstrate this progressive disease:

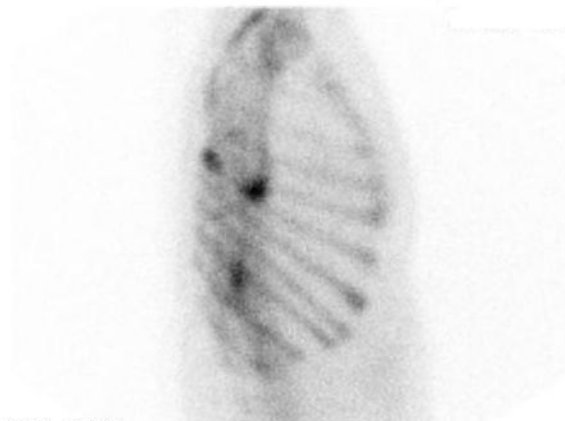
Tc-99m MDP Bone Scan:



BONE SPOTS



L LAT RIBS



R LAT RIBS



LT LATERAL



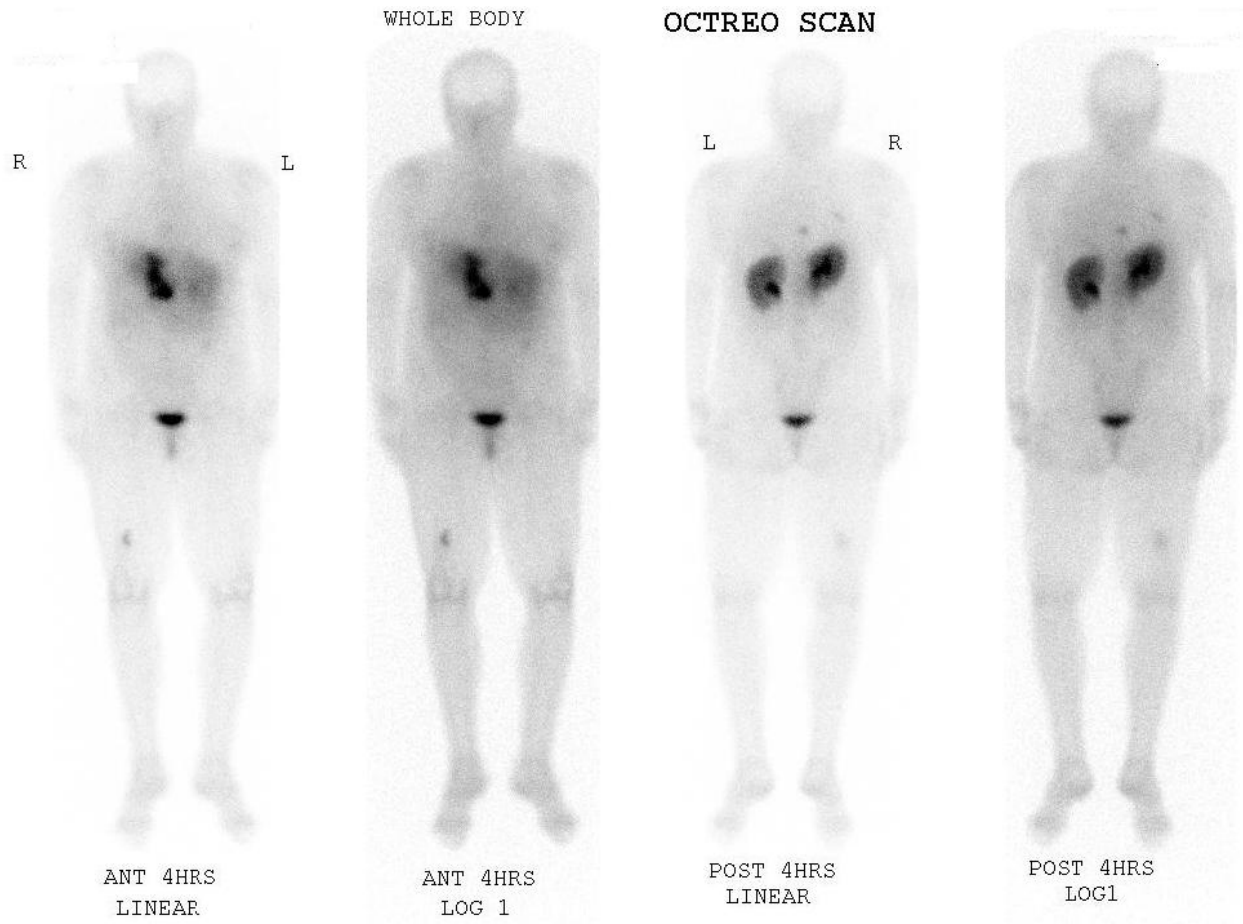
RT LATERAL

Impression:

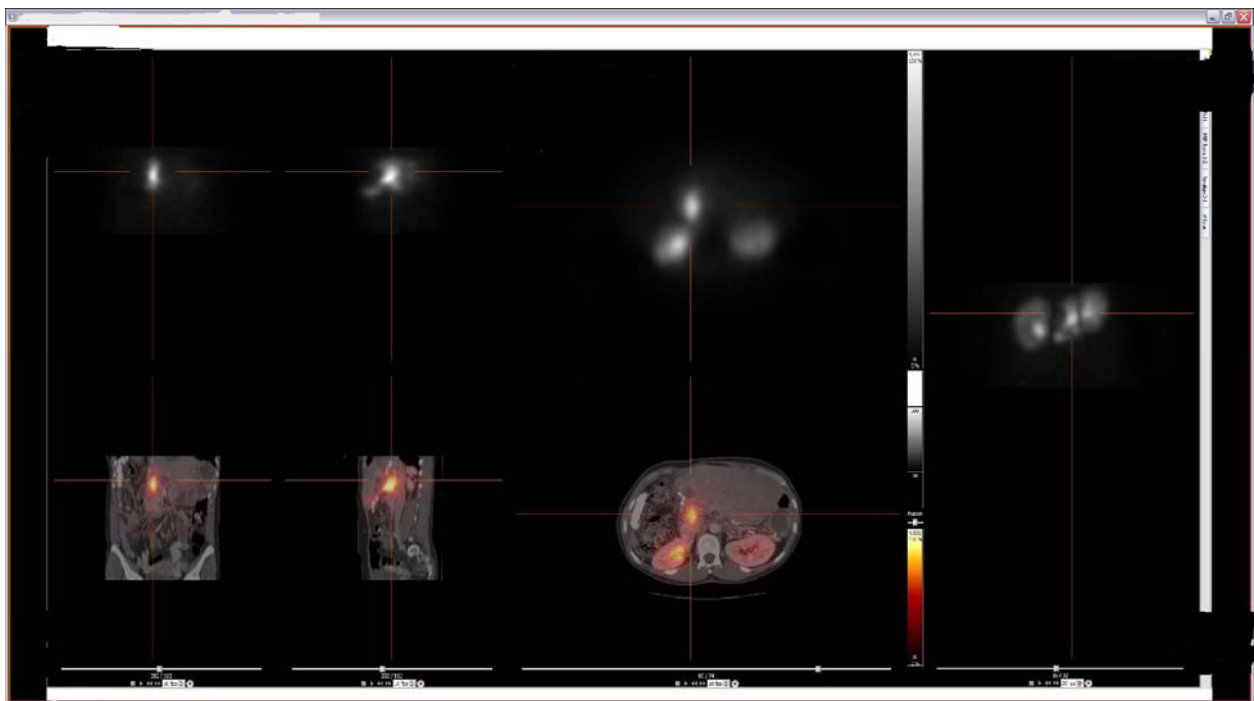
Multiple areas of increased uptake in the ribs, mid-thoracic spine, lower sternum, and right distal femur, consistent with skeletal metastases. Attention is to be paid to the right femoral lesion as this could be potential site for pathological fracture.

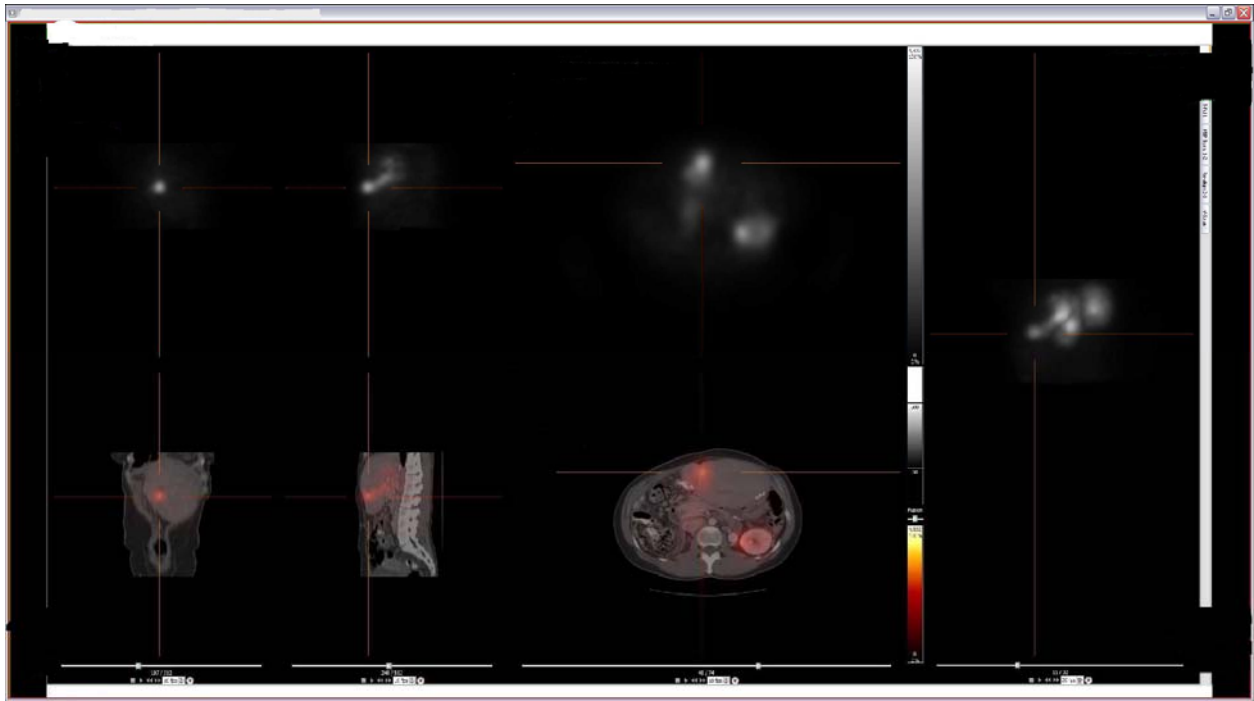
Octreoscan:

4-hr images:

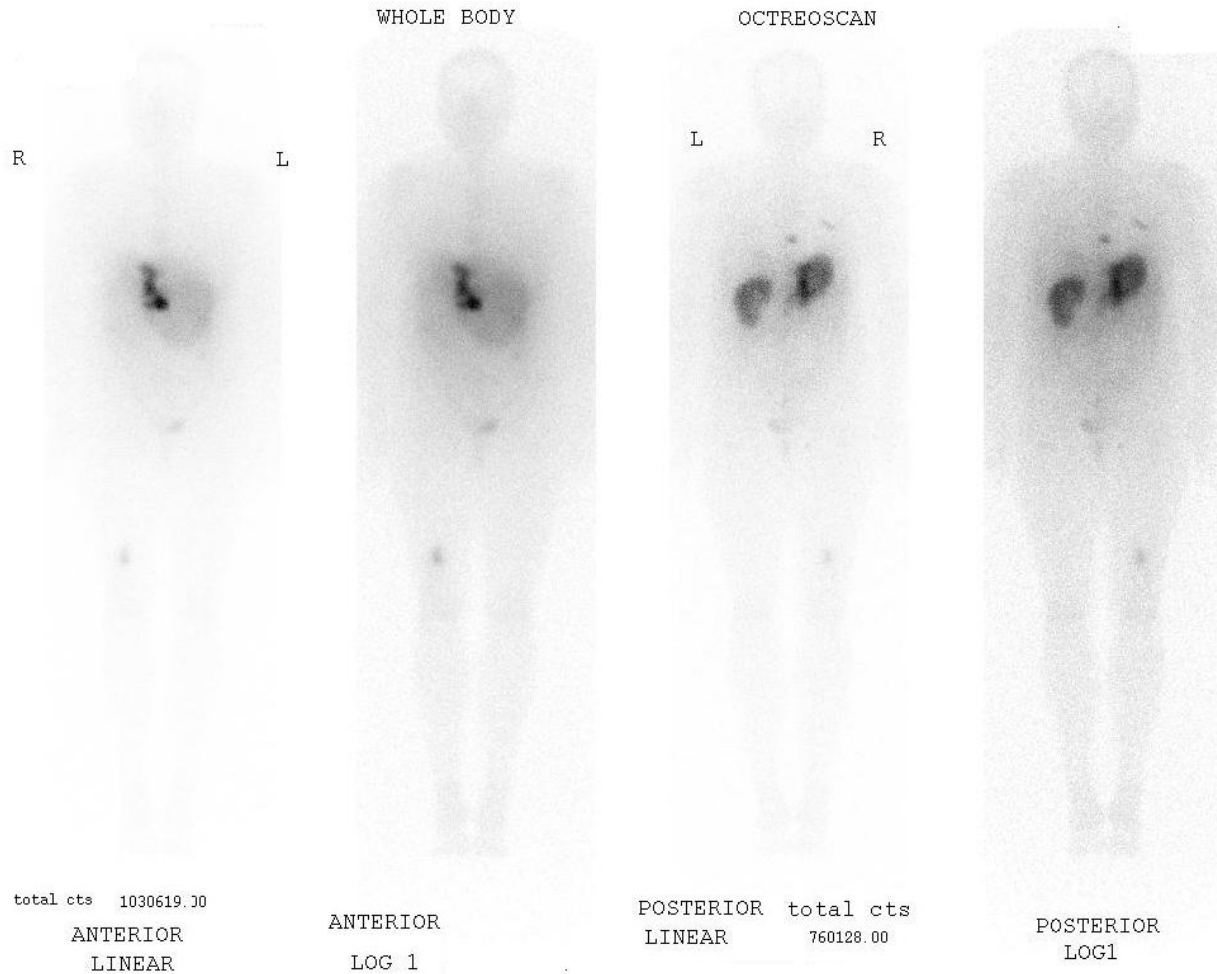


SPECT/CT Fusion at 4 hrs:





24-hr images:



Impression:

1. Significant increased uptake along the surgical margin of the left lobe of the liver which is most consistent with recurrence in this area. These findings are best seen on the SPECT/CT fusion study.
2. Areas of uptake are noted in several sites, including a mid right rib posteriorly, midthoracic spine, and distal right femur. These areas also demonstrate abnormal uptake on the recent bone scan and the findings are most consistent with metastatic disease to these areas. One area of uptake on the bone scan in the left scapular region does not demonstrate significant Octreotide accumulation.
3. Suggest correlation with radiographs of the distal right femur.