DR. ANDREW SOUTHEE

encourages feedback from all our patients and referrers. Please contact: manager@widebaynm.com.au

PATIENT DETAILS		FRACP FAANMS MANZSNM
Name		DR. JOSEPH WONG MBBS (Hons) MBA (UQ) FRACP FAANN
Address		
DOB		APPOINTMENT DETAILS
Telephone		Day:
CENEDAL NUCLEAD MEDICINE		Date:
☐ GENERAL NUCLEAR MEDICINE ☐ Bone		Time:
☐ Other (please specify)		
MYOCARDIAL PERFUSION		HERVEY BAY
<ul><li>☐ Exercise</li><li>☐ Dipyridamole</li></ul>		Hervey Bay Medical Centre
□ Dobutamine		46-48 Main St. Pialba QLD 4655
☐ NUCLEAR MEDICINE THERAPY		Phone <b>4124 3580</b> Fax <b>4128 1870</b>
☐ POSITRON EMISSION TOMOGRA	PHY (PET/CT) (Hervey Bay)	
		BUNDABERG
AREA TO BE EXAMINED		Bourbong Medical Centre
AREA TO BE EXAMINED		Bourbong Medical Centre 290 Bourbong St. Bundaberg West QLD 4670
AREA TO BE EXAMINED  CLINICAL HISTORY		Medical Centre 290 Bourbong St. Bundaberg West
		Medical Centre 290 Bourbong St. Bundaberg West QLD 4670 Phone 4151 6880
CLINICAL HISTORY		Medical Centre 290 Bourbong St. Bundaberg West QLD 4670 Phone 4151 6880 Fax 41531323  Mater Private Hospital Hope St. Bundaberg
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CLINICAL HISTORY  REFERRING DOCTOR		Medical Centre 290 Bourbong St. Bundaberg West QLD 4670 Phone 4151 6880 Fax 41531323  Mater Private Hospital Hope St. Bundaberg QLD 4670 Phone 4151 6880
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## DIAGNOSTIC NUCLEAR MEDICINE

#### **Bone Scan**

Bone metastases, osteomyelitis, stress fractures, bone tumours, arthritis, loose prosthesis, osteonecrosis, CRPS and tumour staging.

## **Thyroid Scan**

Thyroid nodules, goitre, all causes of hyperthyroidism, thyroiditis.

# **Myocardial Perfusion**

("thallium"/"sestamibi"/"MPS")

Assessment of myocardial ischaemia and viability. For patients unable to exercise dipyridamole or dobutamine (for asthmatics) are used. Rest and post stress images.

## **Lung Scan**

Ventilation and perfusion-pulmonary emboli. More sensitive and far less radiation than helical CTPA. Regional quantification. Right to left shunts.

# Renal Scan (DTPA)

(+/-captopril or frusemide)

Differential renal functions, renovascular hypertension, ureteric obstruction. MAG3 is substituted in children. Camera based GFR quantification.

### Renal Scan (DMSA)

Renal scarring and acute pyelonephritis (more sensitive than ultrasound).

Differential function (particularly if one kidney is small or ectopic).

## Gallium Scan

PUO. Sarcoidosis. Chronic infections, eg osteomyelitis and infected joint prosthesis. Lymphoma staging and response to treatment.

## **NUCLEAR MEDICINE THERAPY**

# Radioactive Iodine (1-131)

Treatment of hyperthyroidism.

#### White Cell Scan

Localisation of acute or subacute infection. Assessment of activity of inflammatory bowel disease.

#### Colloid Liver Scan

Diffuse or chronic liver disease. Assessment of liver nodules (FNH).

### Labelled Red Cell Scan

Haemangioma of the liver. Gastrointestinal haemorrhage.

### Biliary Scan (HIDA)

Acute cholecystitis. Biliary obstruction or dysfunction. Response to a fatty meal or CCK used to assess chronic cholecystitis or sphincter of Oddi dysfunction.

## Lymphoscintigraphy

Sentinel node localisation in breast cancer and melanoma. Assessment of lymphoedema and lymphatic drainage.

## Cerebral Perfusion (Ceretec)

Dementias and cognitive impairment and cerebrovascular disease.

# **Gastric Emptying**

Quantitative assessment of solid gastric emptying using a labelled egg sandwich. There are alternatives for patients allergic to eggs. Half clearance time and % retained at 4 hours are calculated. Liquid emptying can also be assessed (separate study).

### **Colonic Transit**

Small and large bowel clearance using sequential images over 5 days.

## Lacrimal Scan

Functional nasolacrimal duct obstruction.

PATIENT PREPARATION
■ Bone Scan - remain well hydrated. Images performed 2-3 hours after injecting and take up to 1 hour.
Myocardial Perfusion Scan (Thallium, Sestamibi, MPS) - fast for 3 hours after a light breakfast, then have clear fluids sparingly. No caffeine (tea or coffee) for 24 hours. Omit betablockers on day of test. If done on a 'one day' protocol allow 3-4 hours. More detailed written information provided.
Biliary Scans (HIDA, HIDA/CCK) - fast for 4 hours.
Gastric Emptying - fast for 8 hours.
Renal Scans - remain well hydrated. If renal artery stenosis is being assessed ACE inhibitors need to be reviewed.
Positron Emission Tomography (PET) - Remain well hydrated. Keep warm. Wear loose comfortable clothing without metal eg zippers or underwire bras. Take usual medications. Remove facial and neck jewellery.
■ PMSA PET/CT - requires no further preparation.
<ul> <li>■ FDG PET/CT - requires further preparation. Fast for 6 hours but drink water (no sugars) freely.</li> <li>Diabetics - specific information will be provided.</li> </ul>
Most other procedures have no special preparation.