PET LYMPHOMA HODGKINS (W/LOW DOSE CT)  
  
INDICATION: Nodular sclerosis Hodgkin lymphoma of lymph nodes of inguinal region (HCC)  
COMPARISON: None.  
  
TECHNIQUE: 50 minutes after the intravenous injection of 13.2 mCi F-18 FDG, images were obtained from the skull base through the thighs. These images were attenuation corrected using CT. Standardized uptake values (SUV) were calculated using a lean body mass algorithm. Blood glucose at the time of injection was 87 mg/dL.  
  
SUVmax of blood pool: 1.1  
SUVmax of liver: 1.8  
SUV max of spleen: 2  
  
LIMITATIONS: The low-dose CT acquisition was performed only for attenuation correction/activity localization. There is no intravenous contrast, further limiting the CT component of the study. This modality has limited utility for detection or characterization of small lung nodules. Evaluation of the vasculature is limited by lack of IV contrast. Evaluation of the kidney, ureters, and bladder are limited by urinary excretion of radiotracer. Physiologic bowel uptake of FDG and lack of CT contrast limit evaluation of the bowel.  
  
FINDINGS:  
  
HEAD and NECK: Bilateral enlarged cervical lymphadenopathy showing FDG hypermetabolism. Index level II b node measures 1.5x2.6 cm with SUV max of 8.9 (series 4, image 21).  
  
No abnormal FDG uptake is seen in the face, orbits, sinuses, oral cavity, or thyroid.  
Ancillary head and neck CT findings: None.  
  
CHEST: Enlarged hypermetabolic lymphadenopathy in bilateral supraclavicular, axillary, hilar and multiple mediastinal regions. Index left axillary node measures 2.4 x 3.2 cm with SUV max of 8 (series 4, image 68). Index right hilar nodal conglomerate measures 1.4 cm with SUV max of 10.2 (series 4, image 84).  
  
No abnormal FDG uptake is seen in the heart, lungs, pleura, esophagus, hila/mediastinum, axilla, or breasts.  
Ancillary chest CT findings: None.  
  
ABDOMEN/PELVIS: Enlarged hypermetabolic retrocrural, retroperitoneal, bilateral pelvic side wall and left inguinal lymphadenopathy. Index left peri-aortic node measures 2.3 cm with SUV max of 4.6 (series 4, image 152). Index left inguinal node measures 1.7 xx 2.5 cm with SUV max of 6.1 (series 4, image 223).  
  
No abnormal FDG uptake is seen in the liver, spleen, gallbladder, pancreas, adrenals, peritoneum, extraperitoneum, nodes, or reproductive tract.  
Ancillary abdomen and pelvis CT findings: None.  
  
MUSCULOSKELETAL: Diffuse homogenous low level bone marrow uptake in the axial and proximal appendicular skeleton. Two photopenic spots corresponds to predominantly sclerotic lesions involving T5 and L2 vertebral bodies.  
  
Ancillary musculoskeletal CT findings: None.  
  
Expected physiologic activity within the kidneys, ureter, bladder, oropharynx, salivary glands, stomach, bowel and brain.  
  
CONCLUSION:  
  
1. FDG avid lymphadenopathy at both sides of the diaphragm as detailed above..  
2. Diffuse homogenous low level bone marrow and splenic uptake, favor marrow stimulation.  
3. Non FDG avid sclerotic T5 and L2 vertebral body lesions, indeterminate etiology. No prior imaging available for comparison but favor benign etiology giving non-FDG avid appearance.  
4. Ancillary CT findings as above.