آغا خان یونیورسٹی ہسپتال
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RADIOLOGY REPORT

M.R. # 464-97-38 DOB:28/12/1952 Sex: M
Name: HUMAYUN, ASAF
Order Date: 05/12/2023
Location: CMS-1
Doctor: Saqib Raza Khan

Clinical History Provided: No

Examination:	Date Reported	Date Examined
PETCT -PET/CT WHOLE BODY WITHOUT CONTRAST	06/12/2023	05/12/2023

Clinical indication:
70 Y male, Pancreatic ductal adenocarcinoma s/p Whipple's procedure 13/7/23 and 4 x chemo (Capcita), followup for response evaluation.

Procedure details:
Baseline FBS was 140 mg/dl. 138 MBq of FDG was administered I/V and after 71 minute (uptake time), skull to mid-thig PET/CT (low dose without i/v contrast, non-diagnostic ONLY for attenuation correction and anatomical localization) study was acquired using Celesteion Scanner. Oral gastrografin was given prior the study for better delineation of bowel loops.
Maximal Standardized Uptake Value (SUVmax) normalized for body weight is used.

Height/ Weight: 165 cm /53 Kg
Reference SUVmean value over liver: 2.11 +/- 0.11
Total CTDIvol:2.7 mGy
Total DLP: 238.00 mGY.cm

Comparison:
Prior FDG PET/CT performed at AKU dated 23 June 2023 is compared.

Findings:
HEAD AND NECK: There is evidence of normal FDG distribution over brain cortex without evidence of mass effect but some misregistration artifact. Para-nasal sinuses are clear. No hypermetabolic lymph node is seen in neck. No morphological or metabolic abnormality is noted in thyroid.

CHEST: Both axillae show no evidence of hypermetabolic node. Redemonstration of mild FDG avid calcified right hilar (SUVmax 4.9 vs. 3.8) and subcarinal (SUVmax 2.7 vs. 3.4) nodes, likely benign. No pleural or pericardial effusion is seen. Redemonstration of calcified pleural-based density over right upper lobe posteriorly and tiny calcified granuloma in left apex. Redemonstration of bilateral apical fibrosis. No soft tissue nodule is seen in either lung. Rest of the structure in thora are within normal limits.

ABDOMEN AND PELVIS: Uniform tracer distribution is seen over liver and spleen. Interval appearance of midline anteri abdominal wall scar due to status post Whipple s procedure and cholecystectomy with FDG avid soft issue lesion at root of mesentery measuring 28 x 21 x 38 mm and SUVmax 5.1 (41 x 27 x 14 mm in last CT). Interval appearance of pancreaticojejunostomy with mild linear FDG avidity along jejunal tip of stent (SUVmax 4.1), likely attenuation correction artifact. Interval normalization of FDG avid subcentimetre aortocaval lymph nodes. No hypermetabolic abnormality is seer

Note: This report has been electronically signed & verified by radiologist and does not require manual signature.

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and pancreatic tail or body. No evidence of hypermetabolic abdominopelvic or inguinal lymph node is seen. Both adrenals, kidneys are within normal limits. Redemonstration of dense prostatic calcification and indentation of median lobe. A linear shape FDG uptake is seen at junction of prostate and anterior wall of rectum (SUVmax 9.9 vs. 6.5 likely prostate and needs US and PSA level). Redemonstration of a small fat-containing umbilical hernia seen. Physiological tracer distribution is see in bowel and urinary tract.

SKELETAL: No evidence of FDG avid marrow or skeletal metastasis. Redemonstration of age related degenerative arthrit changes are seen involving spine.

Conclusion:
This is an abnormal follow up FDG PET/CT study.
Status post Whipple's procedure and pancreaticojejunostomy with mild linear FDG avidity along jejunal part of stent, likel correction artifact.
Interval appearance of FDG avid soft tissue lesion over root of mesentery, likely deposit.
Interval normalization of FDG avid aortocaval lymph nodes.
No hypermetabolic hepatic, peritoneal, splenic, adrenal, pulmonary or bony metastasis is seen.
Redemonstration of linear shaped focal FDG uptake at junction prostate and anterior wall of rectum (needs correlation wit US and serum PSA).

READ AND REPORTED BY DR NOSHEEN FATIMA (NUCLEAR PHYSICIAN), DR ANWAR AHMED (RADIOLOG DR MASEEH UZ ZAMAN (NUCLEAR PHYSICIAN).

Date: 06/12/2023

Dr. Nosheen Fatima
Assistant Professor

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