آغا خان یونیورسٹی ہسپتال
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RADIOLOGY REPORT

M.R. # 464-97-38 DOB:22/06/1953 Sex: M
Name: HUMAYU, ASIF
Order Date: 23/06/2023
Location: CC-ACB2-
Doctor: Om Parkash

Clinical History Provided: No

Examination:	Date Reported	Date Examined
PETCT -PET/CT WHOLE BODY WITHOUT CONTRAST	23/06/2023	23/06/2023

CLINICAL HISTORY: 70 Y male, Obstructive jaundice, S/p ERCP and CBD stenting for suspected ampullary tumor / stricture. FDG PET/CT for evaluation.

TECHNIQUE: Baseline FBS was 91 mg/dl [NDM]. 78 MBq of FDG was administered I/V and after 55 minute (uptake time), skull to mid-thigh 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.

Comparison studies: CT (5/6/23) and MRCP (7/6/23) were reviewed.

PROCEDURAL INFORMATION
Height/ Weight: 167 cm / 62 Kg
Reference SUVmean value over liver: 2.11 +/- 0.11
Total CTDIvol: 3.5mGy
Total DLP: 377.00 mGY.cm
COVID Vaccination: Yes.

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. Fat-containing nonavid soft tissue density is seen lateral to right submandibular gland (likely benign). No hypermetabolic lymph node is seen in neck. No morphological or metabolic abnormality is noted in thyroid.

CHEST: Evidence of age related vascular calcification. Both axillae show no evidence of hypermetabolic node. Evidence of densely calcified mild FDG avid hilar and mediastinal lymph nodes (right hilum 3.8 subcarinal SUVmax 3.4). 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 thorax are within normal limits.

ABDOMEN AND PELVIS: Uniform tracer distribution is seen over liver with mild intrahepatic dilatation without pneumobilia (size: 171 mm CC). Uniform tracer distribution is seen over normal sized spleen (size: 105 mm CC). Interval appearance of radiopaque stent in CBD with a mild FDG avid soft tissue density over pancreatic head region (25 x 21 mm SUVmax 4.3). Subcentimetre aortocaval lymph nodes (SUVmax 4.1 one on right side SMA and other at renal hilum level) seen. No hypermetabolic abnormality is seen and pancreatic tail or body. No evidence of hypermetabolic pelvic or inguinal lymph node is seen. Gallbladder is grossly distended without abnormal metabolic

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activity. Both adrenals, kidneys are within normal limits. Prostate is measuring 44 x 38 mm with dense calcification and indentation of median lobe. A linear shape FDG uptake is seen at junction of prostate and anterior wall of rectum (SUVmax 6.5 likely prostate and needs US and PSA level). A small fat-containing umbilical hernia seen. Physiological tracer distribution is seen in bowel and urinary tract.

SKELETAL: No evidence of FDG avid marrow or skeletal metastasis.

IMPRESSION: This is an abnormal FDG PET/CT study.
Interval appearance of radiopaque CBD stent with mild FDG avid soft tissue density at pancreatic head region.
Tiny FDG avid aortocaval lymph nodes seen right side of SMA and at renal hilum level.
No hypermetabolic hepatic, peritoneal, splenic, adrenal, pulmonary or bony metastasis is seen.
Evidence of linear shaped focal FDG uptake at junction prostate and anterior wall of rectum (likely prostate and needs correlation with US and serum PSA).

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

Date: 23/06/2023

DR.MASEEH-UZ-ZAMAN (MZMN)
NUCLEAR PHYSICIAN

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