

Patient Name : Meena Jain
 Age / Sex : 69 Y / F
 Referred By : Dr. SUSHANT MITTAL
 Centre : PRASHANT VIHAR

Lab No : ROH25111796
 Registration On : 04-Nov-25 15:52
 Patient ID : UKKD.0000273019

18 F FDG PET/CT Whole Body

Approved On: 06-Nov-25 12:19

F18-FDG WHOLE BODY POSITRON EMISSION TOMOGRAPHY WITH NON-CONTRAST CT SCAN

Whole body PET/CT scan was done following intravenous administration of 6.5 mCi of F¹⁸ - FDG. Imaging was performed on PET scanner with Multidetector Computerised Tomography (MDCT), scanning from eyes to mid-thigh. A separate sequence with breath hold was performed for lung and a separate series for brain examination. A semiquantitative analysis of FDG uptake was performed by calculating SUV corrected for dose administered and patient lean body mass (Weight: 39 kg, Height: 135 cm). The blood sugar at the time of tracer injection was 137 mg/dl. IV contrast was not administered due to deranged serum creatinine.

Patient is a known case of Carcinoma cervix. Post CTRT (26/04/2024). Post 9 cycles of chemotherapy (last on 31/03/2025). Post 6 cycles of chemotherapy (last on 21/06/2025). On Inj. Bevacizumab (21/07/2025). Post 5 cycles of chemotherapy (last on 15/10/2025). Previous PET/CT scan dated 06/08/2025 is available for comparison. PET/CT scan is being done for disease status evaluation.

The overall bio distribution of FDG is within normal physiological limits.

Primary Site:

FDG avid (SUV max-6.7) soft tissue lesion, measuring ~ 22x17 mm is seen in cervix.

Metastatic Survey:

Brain: Prominent sulcal spaces and bilateral sylvian fissures with commensurate dilatation of ventricular system - **age related cerebral atrophy**. The supra and infra tentorial brain parenchyma otherwise appears unremarkable. There is no ICSOL seen. The brain parenchyma demonstrates normal FDG uptake. **MRI is a better modality to evaluate brain metastases.**

Head and Neck: Bilateral paranasal sinuses appear clear. The nasopharynx including the fossae of Rosenmuller is normal. The oral mucosa and the tongue appear normal.

Both lobes of the thyroid gland appear normal in size and demonstrate physiological FDG uptake. Rest of head and neck structures appear unremarkable.

Thorax: The heart and mediastinal vascular structures appear normal. The trachea and both main bronchi appear normal.

Lungs: **Mildly FDG avid (SUV max-2.3) subpleural nodular lesion, measuring ~ 17x8 mm is seen in right upper lobe. Faintly FDG avid (SUV max-1.0) subcentimeter sized subpleural nodule is seen in left lower lobe.** Rest of the lung fields appear normal. There is no pleural or pericardial effusion noted.

Few FDG avid (SUV max-5.5) right lower paratracheal, subcarinal and right hilar lymph nodes are seen, largest measuring ~ 15x12 mm.

Abdomen: The liver appears normal in size. The hepatic parenchyma demonstrates normal attenuation. **The intra hepatic biliary radicals are dilated.** No abnormal FDG accumulation is seen in the liver

Scan to Validate



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parenchyma.

Gall bladder is over distended with physiological FDG uptake (USG is the modality of choice for cholelithiasis).

Mildly FDG avid (SUV max-3.4) subcentimeter sized perihepatic deposit is seen.

Bilateral adrenals appear bulky with mild heterogeneous FDG uptake (SUV max-3.2).

FDG avid (SUV max-4.4) ill-defined soft tissue lesion, measuring ~ 25x34 mm is seen in head & uncinate process of pancreas with compression over distal CBD and upstream dilatation of CBD & IHBR with over distension of gall bladder.

Few FDG avid (SUV max-3.7) subcentimeter sized gastrohepatic, peripancreatic, paraaortic and aortocaval lymph nodes are noted.

Spleen and rest of the pancreas appear normal in bulk and demonstrate physiological FDG uptake.

Bilateral kidneys appear normal in size. A left renal calculus is seen. Mild right hydronephrosis and left hydroureteronephrosis is noted. Right ureter is defined. Urinary bladder is normal in shape, size and distention.

The stomach is distended with water and shows physiological FDG uptake. The small and large bowel loops appear normal in caliber and fold pattern and shows physiological FDG uptake.

There is no other significant FDG avid lymphadenopathy seen.

Skeleton: Degenerative changes are seen in vertebrae. Rest of the bones under survey appear normal and show normal FDG uptake.

Opinion: In this known case of Carcinoma cervix, PET/CT scan findings reveal:

- FDG avid soft tissue lesion in cervix - *likely recurrent disease.*
- Multiple FDG avid abdominal & mediastinal lymph nodes, bilateral lung nodules, perihepatic deposit and bilateral adrenal lesions - *likely metastatic.*
- FDG avid ill-defined soft tissue lesion in head & uncinate process of pancreas with compression over distal CBD and upstream dilatation of CBD & IHBR - ? 2nd primary ?? metastatic. Suggest: Biopsy correlation.
- No other FDG avid visible disease is seen elsewhere in the regions of the body surveyed.

As compared to previous PET/CT dated 06/08/2025, all of the above mentioned lesions are new findings.

Overall scan findings are suggestive of disease progression.

Please correlate clinically.

Scan to Validate



H·O·D

HOUSE *of* DIAGNOSTICS



MIS-2015-0313

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In case of any discrepancy due to typing error, kindly get it rectified immediately. This is professional opinion, not a diagnosis.

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Conditions Of Reporting

- The report results are for information and interpretation for your referring doctor. Reports are to be correlated with the patient's clinical history.
- Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by physician's advice for your specific care.
- This Medical Report is a professional opinion, not a diagnosis.
- The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
- All the notes and interpretation beneath the pathology result in the report provided are for educational purpose only. It is not intended to be a substitute for physician's consultation.
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- In case of any discrepancy due to typing error, kindly get it rectified immediately.
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- The courts (forums) at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the tests and the results of the tests. Our liability is limited to the amount of investigations booked with us.

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(Facilities Available)

Radiology

- 3T MRI & 1.5T MRI
- CT Scan
- Digital X-Ray
- Mammography
- Open / Standing MRI
- Bone DEXA Scan

Pathology

- Biochemistry
- Immunoassay
- Hematology
- Clinical Pathology
- Serology
- Microbiology

Nuclear Medicine

- **India's First** Simultaneous PET-MRI
- Whole Body PET/CT Scan
- DTPA / DMSA Renal Scans
- Thyroid Scan
- Whole Body Bone Scan
- HIDA Scan • Rest MUGA

Cardiology Investigations

- ECG (Electrocardiogram)
- Echocardiography
- TMT
- Stress Echocardiography
- Stress Thallium

Neurology Investigations

- EEG - ElectroEncephaloGram
- EMG - ElectroMyoGraphy
- NCV - Nerve Conduction Velocity
- VEP - Visual Evoked Response
- SSEP

Dental Imaging

- CBCT - Cone Beam CT Scan
- OPG - OrthoPantomogram

Other Tests

- PFT