H·O·D
HOUSE of DIAGNOSTICS

Patient Name :	Meena Jain	**Lab No :**	ROH24091637
Age / Sex :	68 Y / F	**Registration On :**	03-Sep-24 16:43
Referred By :	Dr. MANOJ	**Patient ID :**	UKKD.0000273019
Centre :	PRASHANT VIHAR		

18 F FDG PET/CT Whole Body **Approved On: 04-Sep-24 20:**

F18-FDG WHOLE BODY POSITRON EMISSION TOMOGRAPHY WITH CECT SCAN

F18 – FDG Positron Emission Scan with a diagnostic high resolution CT scan was performed using the dedicated PET scanner \ Multidetector Computerised Tomography (MDCT). Oral contrast was administered for bowel opacification. Non-ionic intraven contrast injection was administered. Specific dose optimization protocols were used on CT to reduce radiation dose to the patien semiquantitative analysis of FDG uptake was performed by calculating SUV value corrected for dose administered and patient b weight. The blood sugar at the time of tracer injection was 83 mg/dl.

Clinical History: Patient is referred as a case of carcinoma cervix. Post- 5 cycles of chemotherapy (last on 19.04.2024). P Radiotherapy (last on 26.04.2024). Post EBRT with CCT (May, 2024).

PET-CT scan is being done for response assessment. Previous PET-CT scan done on 22.02.2024 is available for comparison and inte change assessment.

FINDINGS:

The overall biodistribution of FDG is within normal physiological limits.

Brain:

No focal abnormally increased FDG concentration seen in bilateral cerebral or cerebellar hemispheres.

Note: If there is strong suspicion for brain metastasis then MRI is suggested for further evaluation as smaller lesion may not detected on FDG PET CT.

Head & Neck:

No focal lesion with abnormal FDG uptake is seen involving **nasopharynx, oropharynx, hypopharynx or larynx.**

The **thyroid gland** is sharply demarcated and shows normal attenuation pattern. No abnormal FDG uptake is seen in the thyroid.

No significant cervical or bilateral supraclavicular lymphadenopathy with increased FDG uptake is seen.

Thorax:

Bilateral breasts appear unremarkable and show no abnormal FDG uptake.

Bilateral axillae appear unremarkable.

The **trachea** and both main **bronchi** appear normal.

Ground glass haziness with few nodular opacities noted in bilateral lung fields – likely infective.

Bilateral pulmonary parenchyma otherwise appears unremarkable.

There is no evidence of pleural effusion on either side.

No significant mediastinal or bilateral hilar lymph nodes are seen with increased FDG uptake.

Abdomen & Pelvis:

The **liver** is normal in size, shape and attenuation pattern. The intra hepatic biliary radicals are not dilated. The portal vein is no No focal lesion / abnormal FDG accumulation seen in the hepatic parenchyma.

The **spleen** is normal in size, shape and shows no abnormal FDG uptake.

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The **pancreas** demonstrates normal attenuation with no evidence of abnormal FDG uptake.

Both **adrenal glands** demonstrate near normal size, attenuation pattern and no abnormal FDG uptake.

Subcentimetric left renal calculus (~ 7 mm) is noted. Bilateral kidneys appear mildly hydronephrotic. Bilateral kidneys otherwise sl physiological cortical FDG uptake.

The stomach and rest of bowel loops appear normal in calibre and fold pattern with no evidence of abnormal FDG uptake.

There is no evidence of significant abdomino-pelvic lymphadenopathy with abnormal FDG uptake.

No free peritoneal fluid is seen.

Urinary bladder is partially distended with no obvious FDG avid intraluminal pathology.

No abnormal enhancing mass lesion with FDG uptake noted in relation to cervix.

The uterus appears bulky and noted with mildly FDG avid endometrial fluid collection – likely inflammatory.

Bilateral adnexae are unremarkable with no abnormal FDG uptake.

Mildly FDG avid soft tissue thickenings are noted in the pelvic region involving omental fat planes & muscles – Likely post-radiothe changes.

Musculo-skeletal System:

Reduced FDG uptake is noted in lumbosacral vertebrae – likely post radiotherapy changes.

Degenerative changes are noted in spine.

Lumbar scoliosis is noted with convexity towards right side.

Mild diffuse periarticular FDG uptake is seen in bilateral shoulder joints – likely degenerative inflammatory changes.

No obvious focal lytic / sclerotic lesion with abnormal FDG uptake is seen in the visualized axial and appendicular skeleton.

IMPRESSION: PET-CT scan reveals:

- **No definite evidence of abnormal metabolic activity noted in the region of body surveyed to suggest resi metastatic disease.**

As compared to previous PET-CT scan done on 22.02.2024 current PET-CT scan reveals metabolic resolution of prev noted primary of cervix and pelvic lymph nodes.

Kindly correlate clinically.

(Disclaimer): The science of diagnostic imaging is based on the interpretation of various shadows produced by both the normal and a tissues and is neither complete nor accurate. Further pathological and radiological investigations with clinical correlations are required t the clinician to reach the final diagnosis. In case of any clinical/ other discrepancy, please contact within seven days. Hard copy is atta review. FDG PET-CT scan is not tumor specific & sometimes cannot differentiate from infective etiology like Tuberculosis. Few of the r tumors like HCC, RCC, well differentiated NET, mucinous & signet cell variety can be low grade / metabolically inactive. For interpre Registered Medical Practitioner only. Not for medico legal cases.

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