



Department of Nuclear Medicine & PET-CT

UHID / IP NO	300141730 (AC25/5640)	RISNo./Status/SRF ID :	3581554 / Final
Patient Name :	Mrs. MEENA JAIN	Age/Gender :	68 Y/F
Referred By :	Dr. SS UNIT	Ward/Bed No :	2F-SW 221-2
Bill Date/No :	14/04/2025 12:34PM/	Scan Date :	
Report Date :	15/04/2025 12:13PM	Company Name:	VIDAL HEALTH TPA PVT LTD(CASH)

WHOLE BODY PET-CECT SCAN

Whole body PET-CECT scan was performed after injection of 10 mCi of F-18 FDG on multidetector PET-CECT scanner from vertex to mid thigh. Serial multiplanar sections were obtained after intravenous contrast injection. A separate sequence with breath hold was performed for lung examination. A semiquantitative analysis of FDG uptake was performed by calculating SUV value corrected for dose administered and patient lean body mass (SUL).

Contrast injected: Non Ionic Isoosmolar Visipaque 320.

Volume: 50mL

Any adverse events noted post contrast injection: None.

Clinical History: Patient is a case of Ca cervix. Status: post concurrent chemo-radiotherapy, completed on 26th April, 2024. PET-CT (Jan 2025)- ? recurrent disease ? metastatic disease. Received 9 cycles of chemotherapy, last on 31st March, 2025. PET-CT scan is being done for restaging.

Patient parameters:

Height: 145cm

Weight: 45Kg

Blood glucose: 86mg%

Sr. Creatinine: 1.01 mg/dL

FINDINGS:

The overall biodistribution of FDG is within normal physiological limits.

No focal lesion with abnormal FDG uptake is 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 be detected on FDG PET CT.

The thyroid gland is sharply demarcated and shows homogeneous pattern on CT scan. No abnormal FDG uptake is seen in the thyroid.

Bilateral salivary glands appear unremarkable.

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

There is no significant cervical lymphadenopathy seen.

The heart and mediastinal vascular structures are well opacified with I/V contrast. The trachea and both main bronchi appear normal.



Department of Nuclear Medicine & PET-CT

UHID / IP NO	300141730 (AC25/5640)	RISNo./Status/SRF ID :	3581554 / Final
Patient Name :	Mrs. MEENA JAIN	Age/Gender :	68 Y/F
Referred By :	Dr. SS UNIT	Ward/Bed No :	2F-SW 221-2
Bill Date/No :	14/04/2025 12:34PM/	Scan Date :	
Report Date :	15/04/2025 12:13PM	Company Name:	VIDAL HEALTH TPA PVT LTD(CASH)

Bilateral breasts and axillae appear unremarkable.

No significant mediastinal / hilar lymphadenopathy is noted.

Both lung fields are clear with no focal pulmonary parenchymal lesion seen.

There is no evidence of pleural effusion / thickening on either side.

The liver is normal in size, shape and *shows diffuse fatty CT attenuation pattern*. The intra hepatic biliary radicals are not dilated. The portal vein is normal. No focal lesion with abnormal FDG uptake is seen in both lobes of liver.

The gall bladder is well distended with no evidence of an intraluminal radio-opaque calculus noted (USG is the modality of choice to evaluate for cholelithiasis / choledocholithiasis).

The spleen is normal in size and shows physiological FDG uptake.

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

Few hypodense lesions with no significant FDG uptake are seen involving bilateral adrenals, largest measuring 1.8 x 1.0cm, SULmax- 2.3 seen on right side.

Bilateral kidneys appear normal in size and attenuation and FDG uptake. No evidence of calculus or hydronephrosis is noted. *Bilateral kidneys show lobulated margins.*

The stomach, small bowel and large bowel loops appear normal in calibre and fold pattern. No focal lesion with abnormal FDG uptake is seen in relation to them.

There is no evidence of significant abdomino-pelvic adenopathy.

No free peritoneal fluid is seen.

Urinary bladder is normal in shape, size and distention.

No focal lesion with abnormal FDG uptake is seen in relation to uterine cervix. Uterine corpus and bilateral adnexae appear unremarkable.

➤ **Enhancing lesion with increased FDG uptake is seen involving right piriformis muscle (2.4 x 1.3cm, SULmax- 4.6).**

Lumbar scoliosis is seen with apex to right side with associated degenerative changes.



Department of Nuclear Medicine & PET-CT

UHID / IP NO	300141730 (AC25/5640)	RISNo./Status/SRF ID :	3581554 / Final
Patient Name :	Mrs. MEENA JAIN	Age/Gender :	68 Y/F
Referred By :	Dr. SS UNIT	Ward/Bed No :	2F-SW 221-2
Bill Date/No :	14/04/2025 12:34PM/	Scan Date :	
Report Date :	15/04/2025 12:13PM	Company Name:	VIDAL HEALTH TPA PVT LTD(CASH)

Diffuse increased FDG uptake is seen in relation to visualized skeleton- likely due to post chemotherapy bone marrow reactivation.

Reduced FDG uptake is seen involving L4-L5 vertebrae and sacrum- post radiation changes.

No focal lesion with abnormal FDG uptake is seen in the visualized bones.

IMPRESSION:

IN A CASE OF CA CERVIX, PET-CT SCAN REVEALS

- NO EVIDENCE OF METABOLICALLY ACTIVE LOCAL RECURRENT DISEASE.
- RESIDUAL BILATERAL ADRENAL LESIONS.
- HYPERMETABOLIC RIGHT PIRIFORMIS MUSCLE LESION- SUSPICIOUS FOR METASTATIC DISEASE AND NEEDS FURTHER EVALUATION.


AS COMPARED TO PREVIOUS PET-CT DATED 03RD JAN, 2025, THERE IS;

- ● PARTIAL REGRESSION IN SIZE WITH NEAR COMPLETE METABOLIC RESOLUTION OF BILATERAL ADRENAL NODULES.
- RIGHT PIRIFORMIS MUSCLE LESION IS NEW DEVELOPMENT.

Please correlate clinically.

Dr. Rohini Mishra
Consultant

—End of Report—


Dr. Ashwani Gupta
Director

This Report is Approved By: Dr. Ashwani Gupta