SHOBRAJ PET-CT SCAN CENTRE

Purushottamdas Savitridevi Cancer Care & Research center
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Patient Name		**REENA BHATIA**	
Patient ID	527	**Date**	28-11-2023
Age/Sex	49Y/F	**Ref. By**	**Dr SANDEEP AGARWAL**

^{18}F-FDG WHOLE BODY PET-CT STUDY

- **Clinical History: Case of abdominal mass under evaluation.**
- **Procedure:** Whole body images (vertex to mid-thigh) were acquired in 3-D mode 60 min after intravenous injection of 370 MBq of ^{18}F-FDG using a dedicated PET-CT scanner. Fasting period before ^{18}F-FDG administration was 5-6 hours. Semiquantitative analysis of FDG uptake was calculated by SUV value expressed in lean body mass (lbm). Reconstruction of the acquired data was performed to obtain fused PET-CT images in trans-axial, coronal and sagittal views. I.V contrast was given.

- **PET-CT Findings:**
- Physiological uptake of radiotracer is noted in the visualized brain parenchyma, tonsillar region, vocal cords, myocardium, gut, pelvicalyceal system and urinary bladder.

- **Brain-**
- The supra and infra tentorial brain parenchyma appears normal and show normal physiological FDG uptake. No focal lesion or abnormal focal uptake is noted. Further evaluation may be done with MRI if clinically indicated.

- **Head and Neck:**
- Normal physiologic FDG distribution is seen in the neck region. Nasopharynx and oropharynx are normal. There is no obvious nasopharyngeal mass. Bilateral valleculae, epiglottis, aryepiglottic folds and pyriform sinuses are normal. Supraglottic, glottic and subglottic larynx appear normal. Major salivary glands appear normal. Paranasal sinuses and mastoids appear normal. Thyroid gland appears normal.

- **Thorax:**
- *Bilateral breasts and axillae appear unremarkable.*
- ***Focal FDG avidity (SUVmax- 4.2) is noted involving lateral wall of left ventricle- suggested for Echocardiography correlation.***
- *Patchy ground glass opacity is noted involving both the lungs.*
- Physiologic FDG uptake is seen in the myocardium. No abnormal FDG uptake noted in the lungs, mediastinum and thoracic wall. Lungs, large airways, pleura, heart, great vessels and oesophagus appear normal.

- **Abdomen-Pelvis:**
- **FDG avid (SUVmax- 5.1) well defined heterogeneously enhancing large soft tissue density mass is noted involving right side of abdomino-pelvic cavity (measuring ~22.1TR x 16.4AP x 20.2CC cm). Anteriorly it is closely abutting right anterior abdominal wall muscles with lost fat plane. Mild perilesional stranding is noted.**
- **Multiple subcentimetric sized (largest measuring~ 8 mm) perilesional lymph nodal lesions are noted.**
- **Faintly FDG avid (SUVmax- 1.8) well defined soft tissue density lesion (with internal fat density) is noted involving subcutaneous plane of anterior abdominal wall in periumbilical region (measuring ~4.0 x 3.0 cm).**
- *Liver is measuring ~18.6 cm in size (CC). No focal lesion is noted. No evidence of intra/extrahepatic biliary dilatation is noted.*
- Gall bladder is partially distended with no calculus or wall thickening noted.
- Stomach is partially distended with no evidence of abnormality noted. Bowel loops appears grossly normal.
- Spleen, pancreas and bilateral adrenals appears unremarkable.
- Both the kidneys are normal sized with no focal lesion, calculus and hydronephrosis noted.
- ***Faintly FDG avid (SUVmax- 2.2) to non-avid few (~ 3 in number) perirenal soft tissue density deposits are noted (largest measuring~ 1.2 x 1.2 cm; adjacent to lower pole of right kidney).***
- Urinary bladder is partially distended without any abnormality noted.
- *Non FDG avid cystic changes are noted involving left ovary. Right ovary appears unremarkable.*
- *Uterus is not visualized- Post hysterectomy status.*
- *Mild free fluid is noted in pelvis.*

❖ **Musculo-Skeletal System:**

❖ Physiologic FDG distribution is seen in the visualized axial and appendicular skeleton.

❖ **Impression: ^{18}F-FDG PET-CT scan findings are suggestive of:**

- **Metabolically active well defined heterogeneously enhancing large soft tissue density mass is noted involving right side of abdomino-pelvic cavity- likely malignant primary; suggested for HPE correlation.**
- **Metabolically active multiple perilesional lymph nodal lesions- likely disease involvement.**
- **Mildly metabolically active to inactive *perirenal soft tissue density deposits- ? Disease involvement.***
- **Mildly metabolically active well defined soft tissue density lesion (with internal fat density) is noted involving subcutaneous plane of anterior abdominal wall in periumbilical region- ? Nature.**
- **No other hypermetabolic lesion elsewhere in rest of the body.**
- **Kindly correlate clinically.**

*****End of Report *****

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