H·O·D

HOUSE of DIAGNOSTICS

Lab No.	: PRASHANT VIHAR/26-12-2019/ROH19129540		
Patient Name	: SANTOSH	Patient Id	: UROH.0000005329
Age	: 54 Y	Sex	: F
Ref Dr.	: Dr.SURENDER DABAS	Received Date	:
Collection Date	:	Approved Date	: 28/Dec/2019 10:42AM

18 F FDG PET/CT WHOLE BODY

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

Whole body PET/CT scan was done following intravenous administration of F^{18} – 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: 67 kg, Height: 157 cm). The blood sugar at the time of tracer injection was 123 mg/dl. The uptake time was 70 mins.

Patient is a known case of recurrent Carcinoma ovary. Post chemotherapy (last on 01/05/2019). Patient is now being evaluated for rising CA-125 levels (246.4 U/mL). Previous PET/CT scan dated 04/06/2019 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. Diffuse brown fat FDG uptake is noted.

Primary Site:

Post hysterectomy status is noted with no FDG avid lesion in vaginal vault.

Metastatic Survey:

Multiple FDG avid (SUV max-3.7) gastrohepatic, portal, portocaval, aortocaval, paraaortic, right common iliac and right external iliac lymph nodes are noted, largest measuring 1.4x1.1 cms in size *(significant increase in size, number and FDG avidity)*.

FDG avid (SUV max-4.5) 11-mm sized right internal mammary lymph node is noted *(significant increase in size and FDG avidity)*.

Faintly FDG avid surface deposit is seen along liver, in the region of segment V/VI *(new finding)*.

Few FDG avid (SUV max-3.9) peritoneal and serosal deposits are seen in abdomen and pelvis, largest measuring 10x9 mm in size *(significant increase in extent and FDG avidity)*.

FDG avid (SUV max-2.5) 10-mm sized extra pleural deposit is seen in the region of right 11^{th} intercostal space *(new finding)*.

Brain: The supra and infra tentorial brain parenchyma appears unremarkable. There is no ICSOL seen. The ventricular system appears normal. 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

Scan to Validate Report

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Lab No	GNSANTOSHAR/26-12-2019/ROH19129540		
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appear unremarkable.

Thorax: The heart and mediastinal vascular structures appear normal. The trachea and both main bronchi appear normal. *Chemoport is noted in right anterior chest wall.*

Lungs: Bilateral lung fields appear normal. There is no pleural or pericardial effusion noted.

Breasts: Both breasts appear unremarkable. There is no FDG avid lesion noted in either breast parenchyma.

Abdomen: The liver appears normal in size. *The hepatic parenchyma demonstrates diffuse hypoattenuation suggestive of fatty changes.* The intra hepatic biliary radicals are not dilated. No abnormal FDG accumulation is seen in the liver parenchyma.

Spleen, Pancreas and both Adrenal glands appear normal in bulk and demonstrate physiological FDG uptake.

Bilateral kidneys appear normal in size. Bilateral ureters are defined. Urinary bladder is normal in shape, size and distention.

The stomach is well distended with the orally administered contrast media. The small and large bowel loops appear normal in caliber and fold pattern and shows physiological FDG uptake.

Skeleton: The bones under survey appear normal and show normal FDG uptake.

Opinion: In this known case of recurrent Carcinoma ovary, PET/CT scan findings reveal hysterectomy status with no FDG avid lesion in vaginal vault with FDG avid abdomino-pelvic & right internal mammary lymph nodal, peritoneal, serosal and right extra pleural metastases with faintly FDG avid surface deposit along liver.

No other FDG avid visible disease is seen elsewhere in the regions of the body surveyed.

As compared to previous PET/CT dated 04/06/2019, metastatic lymph nodes have increased in size, number and FDG avidity. Peritoneal & serosal involvement have increased in extent and FDG avidity. Liver surface deposit and extra pleural deposit are new findings. Rest of the scan findings are largely unchanged.

Overall scan findings are suggestive of disease progression.

Please correlate clinically.

*** End Of Report ***

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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Scan to Validate Report

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