

4

DEPARTMENT OF RADIOLOGY
NATIONAL HOSPITAL OF SRI LANKA
PET CT REPORT

Name of Patient : Ms. Surani Samadhi Jayasooriya
Clinic No. :
Age : 33 Yrs
Sex : F
Date of scan : 09.12.2020
PET CT scan number : P334
Ward : NCIM
Referred by : Dr. T. Skandaraja (MD)

Final Report.

Combined report of PET & CT on 09.12.2020

1. PET of the chest, abdomen & pelvis.
2. PET CT fusion for attenuation correction & anatomical localization.
3. CT scan of the neck, chest abdomen & pelvis with / without IV contrast for interpretation.
4. 3D MP & PET CT fused images were processed on an independent workstation and archived to PACS & reviewed by a radiologist.

Technique.

- 1) **PET:** The patient received 5.14mCi of F-18- FDG, the serum glucose was 143mg/dl prior to administration, body weight was 54 Kg. Images were evaluated in the axial, sagittal and coronal plane as well as the rotational whole body MIP. Uptake was measured at 60minutes.
- 2) **CT:** Volumetric acquisition for clinical interpretation of the chest, abdomen and pelvis acquired at 3mm sections. The chest abdomen and pelvis were evaluated at 5mm section in bone, soft tissue and lung windows.
The patient received 65CC of Omnipaque 300 IV for the examination.
- 3) 3D MIP & PET CT fused images were processed on an independent workstation & archived to PACS & reviewed by a radiologist.

Indication: diagnosed patient with nasopharyngeal CA, debulking and biopsy done, to see metastasis

COMPARISION: None

Findings:**Head & Neck.**

There is an FDG avid L/ nasopharyngeal mass lesion extending up to the L /petrous apex , and downwards up to the C1/C2 level. measures 36mm(Trv) x 54mm(AP) and 48mm(CC) 11.5SUV) Non FDG avid mucosal thickening is seen in the ipsilateral nasal cavity and the ethmoid sinuses. B/L FDG avid lymphnodes are seen

R/ para nasopharyngeal : 23mm x 12mm (6.9SUV)

L/ Level II /III : largest 20mm x 14mm (6 SUV)

There is no definite abnormality or abnormal metabolic uptake on PET CT in glottis, tongue base, major salivary gland or thyroid.

Rest of the Para nasal sinuses are clear. Mastoid air cells are normal.

The mucosal pharyngeal space, the masticator, prevertebral carotid spaces are within normal limits.

Chest

B/L symmetrical increased FDG uptake in both breasts

There's no suspicious FDG uptake in the chest.

There are no pathologically enlarged mediastinal, axillary lymph nodes.

There are no suspicious lung nodules or evidence of infection.

There is no significant pericardial or plural effusion.

Abdomen & Pelvis

There is no suspicious FDG up take in the abdomen or pelvis.

There are no suspicious hepatic lesions. There is no splenomegaly or evidence of splenic pancreatic mass lesion.

There is no suspicious adrenal mass lesion or opaque gall bladder calculi.

The symmetrical nephrographic renal phase without hydronephrosis.

There is no evidence of diverticulitis bowel obstruction or free fluid.

B/L simple ovarian cysts are seen.

Lower Extremities (up to mid-thigh)

No abnormal masses or hyper metabolic lesion.

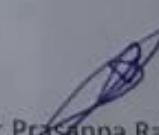
Bones

There are no suspicious lytic or blastic lesions.

There is no abnormal FDG up take in the skeleton.

Comment

Hyper metabolic L/ nasopharyngeal mass with ipsilateral and contralateral hyper metabolic cervical lymph nodes.



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