

## DEPARTMENT OF PET CT AND NUCLEAR MEDICINE

Mr. Jinendra Kumar Jain	Patient Id: 5664993	Age/Sex: 56/M
	Ref. By. Dr. Kabir Rehmani	Date: 18/02/2020

### WHOLE BODY PET-CECT SCAN

Whole body PET-CECT scan was performed after injection of about 10 mCi of F-18 FDG on multidetector PET-CT 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.

Patient is under evaluation for abdominal pain - ? sarcoma. PET-CT scan is being done for further evaluation.

#### **FINDINGS:**

The overall biodistribution of FDG is within normal physiological limits.

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

There is no significant cervical lymphadenopathy.

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

Bilateral breast/ axillae appear unremarkable.

There is no significant mediastinal/ hilar lymphadenopathy is noted.

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

There is no evidence of pleural effusion/ infiltrates noted.

*Liver is enlarged in size with a span of 17.0cm and normal in shape and CT attenuation pattern. The intra hepatic biliary radicals are not dilated. The portal vein is normal. No focal lesion / abnormal FDG accumulation seen in the liver parenchyma.*

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 demonstrates physiological FDG uptake.

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

Both adrenal glands demonstrate near normal size, homogeneous enhancement on CT and no abnormal FDG uptake.

**Right sided mildly hydronephrosis seen.** Left kidney appears normal in size, shape and attenuation and FDG uptake. No evidence of calculus or hydronephrosis is noted.

**Non FDG avid thin walled cystic lesion with internal septation seen in posterior para renal space, splaying the inferior margins of the liver, right kidney and its vessels, measuring 15.1 x 12.7 x 25 .1 cm.**

*Continued... 1*

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**FDG avid large lobulated heterogeneously enhancing mass lesion involving retroperitoneal region, encasing distal 1/3<sup>rd</sup> of aorta, IVC, common iliac vessels and middle 1/3<sup>rd</sup> of right ureter, streaking of retroperitoneal fat and splaying of bowel loop is seen. The lesion measures 10.6 x 14.7 x 13.5cm (SUVmax~18.0).**

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

There is no significant lymphadenopathy noted in abdomino – pelvic regions.

No free fluid is seen in peritoneal cavity.

Urinary bladder is normal in shape, size and distention.

**Prostatomegaly noted.**

No lytic/ sclerotic lesions in the whole body bone surveyed.

### **IMPRESSION:**

#### **PET-CT SCAN REVEALS**

- Metabolically active large lobulated heterogeneously enhancing mass lesion involving retroperitoneal region, encasing distal 1/3<sup>rd</sup> of aorta, IVC, common iliac vessels and middle 1/3<sup>rd</sup> of right ureter, streaking of retroperitoneal fat and splaying of bowel loop - likely mitotic.
- Metabolically inactive thin walled cystic lesion with internal septation in posterior para renal space, splaying the inferior margins of the liver, right kidney and its vessels – likely lymphangioma.
- Right sided mild hydronephrosis.
- No other abnormal FDG avid lesion seen in rest of the body region surveyed.
- Hepatomegaly.
- Prostatomegaly.

Awaiting clinical and histopathological correlation.

**Dr. M U Siddiqui**  
Sr. Consultant and Head

- This report is for diagnostic use only and not for medicolegal purposes
- Kindly bring all previous reports and PET CT CD for follow up PET CT scans
- ALL TEST HAVE TECHNICAL LIMITATIONS. CORRELATION OF CLINICAL FEATURES AND OTHER INVESTIGATIONS ARE MANDATORY TO ARRIVE AT CLINICAL DIAGNOSIS. THIS REPORT IS PROFESSIONAL OPINION AND NOT DIAGNOSIS

Note: The report is based upon the glycolytic activity in the tumor cells. FDG concentration may not be seen in lesions with low metabolic/ glycolytic activity and low tumor density.

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