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TEST NAME: WHOLE BODY F 18 FDG PET-CT SCAN

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WHOLE BODY PET-CT SCAN

Brief clinical history: Patient is a case of tonsillar growth. Biopsy – diffuse large B-cell lymphoma. Current PET-CT is being done for further evaluation.

Procedure: **Whole body FDG PET** scan was acquired from vertex to mid thigh in a whole-body PET-CT scanner (GE Discovery IQ), one hour after intravenous injection of 370 MBq of ^{18}F-FDG. High resolution, 16 slice, **contrast CT** scan was also obtained of the same area. **Oral contrast** was administered for bowel opacification, over 90 min, before the scan. A table dose of oral contrast was given just before the scan. Images were reconstructed using Q Clear algorithm and slices were reformatted into transaxial, coronal and sagittal views. Semi-quantitative estimation of FDG uptake was performed by calculating SUV_{max} value, corrected for dose administered and lean body mass (g/ml).

Findings:

Brain:
Normal physiological tracer distribution noted in the brain parenchyma. No focal abnormal uptake noted in the brain.

Note: All brain metastases may not be apparent on a PET/CT scan and a MRI can be performed where clinically indicated.

Head and neck:
FDG avid soft tissue density lesions are seen in bilateral tonsillar region, right lateral wall of oropharynx, base of tongue and epiglottis, largest measuring 2.6 x 2.6 cm SUV max: 23.8 causing mild luminal narrowing of oropharynx

Normal physiologic uptake noted in the nasopharynx, oropharynx, hypopharynx and larynx. Parotid and bilateral submandibular glands demonstrate normal metabolic activity.

The thyroid gland shows homogenous pattern on CT. No abnormal FDG uptake is seen in the thyroid.

Multiple enlarged lymhnodes with increased FDG uptake are seen in bilateral cervical level II and right cervical level III regions, largest in right cervical level II / III region measuring 3.0 x 1.6 cm SUV max: 20.9

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

Both the lung fields appear clear. No focal lesion or abnormal FDG uptake noted in the lung parenchyma. No evidence of pleural effusion noted. No significant mediastinal lymphadenopathy noted.

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Abdomen and pelvis:

Hepatomegaly noted CC span 17.8 cm with fatty changes in liver parenchyma. No focal intrahepatic lesion is noted. The intrahepatic biliary radicles are not dilated. The portal vein is normal. No abnormal FDG uptake is noted in the liver parenchyma.

The gall bladder is well distended with no abnormal FDG uptake.

The pancreas appear normal on CT with no abnormal FDG uptake.

Spleen is mildly enlarged in size. Multiple hypodense lesions with increased FDG uptake are seen in spleen, largest measuring 4.3 x 3.6 cm SUV max: 20.3

Bilateral adrenal glands appear normal in size with no abnormal FDG uptake.

Both the kidneys appear normal in size, shape and attenuation. No scan evidence of calculus or hydronephrosis is noted. The stomach, opacified small bowel and large bowel loops appear normal in caliber and fold pattern.

Few mildly enlarged lymphnodes with increased FDG uptake are seen in splenic hilar region, largest measuring 1.8 x 1.1 cm SUV max: 11.4

Uterus is mildly enlarged in size and retroverted in position. No focal abnormal FDG avid lesion is seen in uterus

Urinary bladder is well distended with no abnormal FDG uptake.

Musculoskeletal system:

The visualized portion of the musculoskeletal system shows normal physiological tracer distribution.

IMPRESSION:

IN A CASE OF TONSILLAR GROWTH. BIOPSY – DIFFUSE LARGE B-CELL LYMPHOMA. PET/CT SCAN SHOWS:

- **FDG AVID SOFT TISSUE DENSITY LESIONS ARE SEEN IN BILATERAL TONSILLAR REGION, RIGHT LATERAL WALL OF OROPHARYNX, BASE OF TONGUE AND EPIGLOTTIS CAUSING MILD LUMINAL NARROWING OF OROPHARYNX**
- **MULTIPLE ENLARGED LYMHNODES WITH INCREASED FDG UPTAKE ARE SEEN IN BILATERAL CERVICAL LEVEL II AND RIGHT CERVICAL LEVEL III REGIONS.**
- **SPLEEN IS MILDLY ENLARGED IN SIZE. MULTIPLE HYPODENSE LESIONS WITH INCREASED FDG UPTAKE ARE SEEN IN SPLEEN**
- **FEW MILDLY ENLARGED LYMPHNODES WITH INCREASED FDG UPTAKE ARE SEEN IN SPLENIC HILAR REGION,**
- **NO FOCAL ABNORMAL FDG AVID LESION IN REST OF THE BODY**

FINDINGS ARE SUGGESTIVE OF LYMPHOMA INVOLVEMENT.

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