

**GERALD WACHIRA NYUGUTO**
Ref. By: DR. WHOLE BODY PETCT
Institution: NAIROBI WEST HOSPITALPID: PID1234567890
Age: 25
Gender: FemaleScan DT: 29-07-2025
Rep DT: 29-07-2025
ACC No: ACC0000927**CT SCAN FROM VERTEX TO MID THIGH (IV CONTRAST)****INDICATION: Carcinoma base of tongue, post chemoradiation, for RT planning.****Compared with prior PET CT study dated 15.01.2021.****STUDY PROTOCOL:** Serial helical sections from vertex to mid thigh were performed in GE Discovery 690 - 16 slice PET CT scanner. Multiplanar reformations were then performed on dedicated workstation.

Serum creatinine 0.78 mg /dl	IV Contrast Ultravist 300. Volume - 50 ml at flow rate of 3 ml / sec.	Contrast reaction: Nil
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FINDINGS:**CT Head:**

Evaluation is limited due to streak artifact.

The neuroparenchyma is unremarkable without evidence of mass effect, midline shift or abnormal enhancement. The ventricles, sulci and basal cisterns are unremarkable. The calvarium is unremarkable. Retention cyst / polyp is noted in the left maxillary sinus.

CT Neck:

There is interval regression of heterogeneously enhancing metabolically active soft tissue involving base of the tongue on left side now measuring 1.4 x 1.2 x 1.5 cm, previously measuring 2.5 x 2.4 x 2.3cm. There is interval resolution of contralateral extension with regression of extension to the vallecula and pre-epiglottic space.

There is interval regression of prominent metabolically active bilateral level II cervical lymph nodes, largest one now measuring 1.3 x 1 cm, previously measuring 1.7 x 1.2 cm.

There is relatively stable small left lower cervical lymph node.

Hypodense nodule is again seen in the left lobe of thyroid.

The nasopharynx, rest of the oropharynx including tonsillar fossa, tonsillar pillars and hypopharynx are unremarkable.

The supraglottic including epiglottis and aryepiglottic folds, vocal cords, infraglottic larynx and upper trachea are unremarkable.

The parapharyngeal, submandibular and parotid glands are unremarkable.

CT Chest:

Mild emphysema is noted in bilateral upper lobes.

No evidence of pulmonary nodules or infiltrates.

No evidence of pleural effusion or pneumothorax.

Lower trachea and main bronchi are unremarkable.

The cardiac size is within normal limits.

No pericardial effusion is seen.

There is no significant mediastinal or hilar lymphadenopathy.

CT abdomen and pelvis:**Liver:** Normal in size, shape, outlines and parenchymal attenuation. No focal lesions are identified. The porta hepatis is normal. The intrahepatic portal venous radicals are normal. No

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evidence of intrahepatic billiary radicular dilatation. The hepatic veins and intrahepatic portion of inferior venacava are normal.

Gall bladder: Normal in size, shape and outlines. Peri-cholecystic area is normal. The common bile duct is not dilated.

Spleen: Normal in size, shape and attenuation values. The splenic hilum and splenic vein are normal.

Pancreas: Normal in size, contour and attenuation values. No evidence of focal mass lesion/pancreatic duct dilatation.

Adrenal glands: Normal in size, shape and attenuation values.

Kidneys: Both kidneys are normal in size and shape. The renal outlines are normal. No evidence of focal mass lesion/hydronephrosis/ calculi. The ureters are normal in course and caliber and well opacified with contrast.

G.I tract, mesentery and peritoneum: The stomach is normal in site and size. The duodenum and jejunal loops are normal in caliber. The ileum and ileo-caecal junction are normal. The colon and rectum are unremarkable. No free fluid, fluid collection or free air. No significant mesenteric lymphadenopathy. Small fat containing umbilical hernia is noted.

Pelvis:

Urinary bladder is inadequately distended.
Prostate and seminal vesicles are unremarkable.
No significant pelvic lymphadenopathy.

Retroperitoneum:

The aorta shows mild atheromatous calcification without evidence of aneurysmal dilatation. No significant para-aortic lymphadenopathy.

Musculoskeletal system:

The osseous structures are unremarkable.

PET findings:

Protocol: With the patient fasting for 3 hours, 3.5 mci of oncoview was injected intravenously and 3D PET CT scan was performed.

Background uptake in liver is 0.53

Increased oncoview concentration is seen in the following regions (SUV as per Body Wt)

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- Soft tissue involving base of the tongue on left side with extensions SUV: 8, previously 9.5
- Bilateral level II cervical lymph nodes SUV: 7.7 (left level II) previously 7.1
- Diffuse non specific uptake seen in the skin of neck- likely due to post radiotherapy changes.
- Focal uptake in the left thyroid nodule,persists.

IMPRESSION: PETCT:

- Interval regression of heterogeneously enhancing metabolically active soft tissue involving base of the tongue on left side as described above.
- *Interval regression of bilateral level II cervical lymph nodes.*
- *Persistent small nodule in the left lobe of thyroid. Recommended FNAC correlation.*
- Other CT findings as described above.