

Patient Id:	S4H671	Age & Sex:	59 Years / F
Patient Name:	ALDAWOODI PARWEEN WELI	Study Date:	27-Feb-2024
Referring Dr.:	DR. POOJA BABBAR	Reported Date:	28-Feb-2024

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

PROTOCOL: - Whole body PET/CT scan was done following intravenous administration of F18-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: 74 kg, Height: 149 cm). The blood sugar at the time of tracer injection was 106 mg/dl.

CLINICAL PROFILE: - Patient is a being evaluated for anterior mediastinal mass with raised AFP (217 ng/ml). PET/CT scan is being done for pretreatment staging.

FINDINGS: -

The overall bio distribution of FDG is within normal physiological limits.

Primary Site:

FDG avid (SUV max – 4.5) heterogeneously enhancing mass lesion, measuring 3.3 x 3.8 x 0.6 cm in size is seen in anterior mediastinum, abutting left brachiocephalic vein and ascending aorta. Fat planes with lung and pericardium are maintained.

Mildly FDG avid (SUV max - 3.0) perilesional anterior mediastinal lymph node is noted, measuring 16 x 17 mm in size.

Metastatic Survey:

Liver: The liver appears normal in size. **Multiple FDG avid (SUV max -8.0) hypodense lesions, few with necrosis are seen in both the lobes, largest measuring 4.7 x 3.7 x 5.5 cm in size in caudate lobe.** The intra hepatic biliary radicals are not dilated. The portal vein is normal.

Skeleton: **Multiple FDG avid (SUV max – 4.2) lytic sclerotic lesions are seen in left humerus, right scapula, sternum, multiple dorsolumbar vertebrae, few left ribs, sacrum, bilateral pelvic bones and bilateral femori.** Rest of the bones under survey appear normal and show normal FDG uptake.

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 appear unremarkable.

Thorax: The heart and mediastinal vascular structures appear normal. The trachea and both main bronchi appear normal.



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Lungs: Non FDG avid atelectatic bands are seen right middle and bilateral lower lobes. Rest of the lung fields appear normal. There is no pleural or pericardial effusion noted.

Few faintly FDG avid mediastinal lymph nodes are noted with preserved fatty hila-likely inflammatory.

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

Abdomen: 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 appears unremarkable. The small and large bowel loops appear normal in caliber and fold pattern and shows physiological FDG uptake.

Uterus and adnexae appear unremarkable.

There is no FDG avid pelvic lymphadenopathy seen.

IMPRESSION: In this case being evaluated for anterior mediastinal mass, PET/CT scan findings reveal FDG avid heterogeneously enhancing mass lesion in anterior mediastinum, abutting left brachiocephalic vein and ascending aorta. Fat planes with lung and pericardium are maintained with mildly FDG avid perilesional anterior mediastinal lymph node.

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

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