

OrderNo CR. No. Name Referred By DIRRGC14063834

278265 AJAY KUMAR SHARMA

Study Date DR.

13 Oct 2020 2:26 PM

44 YEATS/M 13-Get-2020 3:58 PM

CHO. Status

Order Date

Age/Sex

WHOLE BODY PET CT WITHOUT DIAG. CT

PT Report

Purpose of Scan: Left RCC. For evaluation. Ref : PET/5220/20

POSITRON EMISSION TOMOGRAPHY AND NON DIAGNOSTIC CT:

295-370 MBq 18F-FDG was administered I.V.& Images were taken after 1hr. from skull base to mid thigh. CF scan was done for attenuation correction & localization. Images of the brain were also acquired

Finding:

Left kidney shows a metabolically active irregular soft tissue mass lesion (approx. 9.1 x 7.6 cm, 50V max 5.6) predominantly arising from the lower pole.

Right adrenal gland shows a metabolically active lobulated soft tissue mass lesion (approx. 8.8 x 6.9 cm, SUV max ====) closely abutting the inferior margin of liver and inseparable from IVC at places. Right kidney and left adrenal are unremarkable and show physiological tracer distribution.

Left lung shows few variable sized parenchymal and subpleural nodules with mild tracer uptake (left lower lobe - 1.7 x 1.3 cm, SUV max 2.7). Right lung shows few subcm parenchymal and subpleural nodules with minimal heterogenous tracer uptake. Trachea and main stem bronchi appear unremarkable. There is no evidence of pleural effusion or metabolically active pleural abnormalities.

Upto cm sized lymphnodes are seen in right upper paratracheal (SUV max 3.4) and subcarinal (SUV max 3.0) regions with mild heterogenous tracer uptake.

Right frontal bone shows metabolically active lytic lesion with soft tissue component (SUV max 4.7). Rest of the both axial and appendicular skeletal system shows physiological tracer distribution.

Brain parenchyma shows physiological tracer distribution. No metabolically active abnormal areas were noted.

No metabolically active lesions were seen in nasopharynx, oral cavity, oropharynx, larynx and hypopharynx. Major salivary glands appear unremarkable. No metabolically active lesion was seen in the thyroid. No significant metabolically active cervical lymphadenopathy was seen.

Liver shows physiological tracer distribution. No significant metabolically active lesions were seen in both lobes of liver.

Spleen shows physiological tracer distribution. No metabolically active lesions were noted.

No metabolically active abnormality was seen in the pancreas. No evidence of significant metabolically active retroperitoneal lymphadenopathy.

Stomach is not well distended. No metabolically active abnormality was seen in stomach bed. Small and large bowel shows physiological tracer distribution.

No metabolically active abnormalities were seen in the mesentery.

Entered By:

Printed By : Dr. Parul Gupta



Name

Rajiv Gandhi Cancer Institute and Research Centre





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Rectum shows physiological tracer distribution. No significant metabolically active pelvic lymphadenopathy was noted.

Urinary bladder is not well distended and shows physiological tracer distribution.

Rest of the body shows normal physiological tracer uptake.

IMPRESSION:

- 1. Metabolically active left kidney mass with right adrenal, bilateral lung, solitary bony involvements and other findings as described.
- 2. No other metabolically active disease elsewhere in the body.

Dr. TARUNA & Dr. PARUL/Dr. ROHINI Dr. MANOJ GUPTA
SENIOR RESIDENT & ATTND. CONSULTANT CONSULTANT NUC

Dr.P.S.CHOUDHURY DIRECTOR NUCLEAR MEDICINE CONSULTANT NUCLEAR MEDICINE

Dr.RAJIV KAPUR SR. CONSULTANT RADIOLOGY

Approved by Dr Parul Gupta 14-Oct-2020 10:47AM Validated by Dr Parul Gupta 14-Oct-2020 10:47AM This is an Electronically Generated Report and Needs No Signature. Any Alternations will make the Report Void

Advance A MIT M.R.I. & C.T. CENTRE

Dr. Amit Kumar

MBBS, DMRD Senior M.R.I., C.T. Specialist



3 Tesla Plateform MRI with Whole Body PET Like Image

50 Slice CT Scan ANGIO (Multi Slice CT)

M.R.I. Mammography

Patient Name:	AJAY 44Y-M	Age / Gender:	044Y/M
Refd By:	DR. AJAY JAIN MC.h	Date:	26-09-2020

MRI-BRAIN CONTRAST

FINDINGS:

A large extradural chancing lesion causing lytic expansion of the right frontal bone is noted measuring 4.3 x 3.5 x 4.2 cm (AP x ML x CC).

The cerebral parenchyma bilaterally appears normal, with no evidence of micro vascular changes, infarction or haemorrhage.

The extra-axial spaces are normal in size and morphology for the patient's age.

The cerebral ventricles are normal sized and asymmetrically arranged.

There are no signs of increased intracranial pressure.

The basal ganglia, internal capsule, corpus callosum and thalamus appear normal.

The brain stem and cerebellum appears normal with no focal abnormality.

The basal cisterns are normal.

The interhemispheric fissure is centered in the midline.

The cerebello-pontine angles bilaterally appear normal.

Sella and pituitary are normal. Parasellar structures are unremarkable.

The visualised paranasal sinuses are clear.

The orbital structures appear normal.

Normal flow voids are seen within the arteries and dural sinuses.

Cranio-vertebral and cervico-medullary junctions are normal.

No evidence of any abnormal meningeal or parenchymal enhancement is noted.

IMPRESSION:

A large extradural lesion causing lytic expansion of the right frontal bone is noted. Suggestive of metastasis.

Please correlate clinically.

Dr.Akshay Kumar

DNB.FRCR

Consultant Radiologist Reg.No: 2015/05/2812 DR. AMIT KUMAR M. B.BSD M RD