Valentis Cancer Hospital

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Department of Nuclear Medicine & Molecular Imaging

Name: Yogendra Singh	Age/Sex: 52 Y/M	Patient ID/Hospital ID: V 01022177
Study: FDG PET-CT	Referring Physician: DR AMIT JAIN	Date: 10/08/2022

18F-FDG PET-CT (WHOLE BODY)

CLINICAL HISTORY: Case of adenocarcinoma stomach with hepatic metastasis, PET-CT for disease status.

PROTOCOL:

10 mCi of 18F-FDG was injected I.V. under standard precaution and patient preparations. After an uptake period of 60 minutes, CT acquisition was obtained followed by PET acquisition in 3D mode in a 16-slice PET-CT system (Discovery IQ).The study was acquired from vertex to mid-thigh. CT data were used for attenuation correction; scatter correction and anatomical correlation. Reconstructed images were projected in 3 axes for analysis. Blood sugar prior to FDG injection was 100 mg/dL. Serum creatinine was 1.0 mg/dL. Non-ionic iodinated intravenous contrast of 45 ml was used during the acquisition. Additional spot views or delayed views of appropriate regions were acquired if necessary.

SUVmax given in the report are in g/ml (standardized to lean body mass).

COMPARISON: None.

FINDINGS:

Head and Neck

Complete opacity is noted at left maxillary sinus.

Normal physiologic FDG distribution is seen in the head-neck region.

Visualized paranasal sinuses, orbits and skull base appear normal. The nasopharynx, suprahyoid-infrahyoid neck, thyroid, vascular structures and thoracic inlet do not show any obvious abnormality.

Thorax

Non FDG avid few subcentimetric nodules are noted at upper lobe of both the lungs- likely benign.

Physiological FDG distribution is seen in the myocardium. No abnormal FDG uptake noted in the rest of the thorax. Large airways and vessels are within normal limits. The heart appears normal in size. There is no pericardial effusion.

Abdomen-Pelvis

FDG avid circumferential wall thickening is noted at antrum and pylorus of stomach, maximum thickness

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measuring 2.0 cm involving 9.2 cm of distal stomach segment (SUV max-20.6).

FDG avid multiple hypodense lesions are noted at liver, largest measuring 3.0 x 2.9 cm at segment VI (SUV max-12.2).

FDG avid periportal, perigastric, gastrohepatic, peripancreatic, paraaortic, aortocaval lymph nodes are noted, largest measuring 3.6 x 3.6 cm at peripancreatic region abutting head of pancreas (SUV max-15.3).

Normal FDG distribution is seen in the spleen, rest of the gut and urinary system. No abnormal FDG uptake is noted in the rest of the abdomino-pelvic region.

Gall bladder, spleen, adrenals, kidneys and pancreas appear unremarkable. No evidence of pancreatic mass, pancreatic calcification, enlargement, or dilated pancreatic duct noted.

Musculoskeletal System

No suspicious lytic/sclerotic lesions noted in the skeleton. No abnormal FDG distribution is evident in the skeletal system.

IMPRESSION:

Scan features are suggestive of:

1. **Metabolically active circumferential wall thickening at antrum and pylorus of stomach- likely neoplastic in nature.**
2. **Metabolically active multiple hypodense lesions at liver- likely metastases.**
3. **Metabolically active periportal, perigastric, gastrohepatic, peripancreatic, paraaortic, aortocaval lymph nodes- likely metastases.**
4. **No evidence of any other metabolically active lesion in rest of the body.**

Please correlate.

nitin

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