

Department of Nuclear Medicine & Molecular Imaging

Name: Kiran Pal Singh	Age/Sex: 75 Y/M	Patient ID/Hospital ID: V 01018376
Study: FDG PET-CT	Referred by: DR ANAND	Date: 04/06/2022

18F-FDG PET-CT (WHOLE BODY)

CLINICAL HISTORY: FUC of carcinoma esophagus, post surgery and chemotherapy, 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 98 mg/dL. Serum creatinine was 0.7 mg/dL. Non-ionic iodinated intravenous contrast of 65 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: Done with the previous PET-CT study dated 16/09/2021

FINDINGS:
Head and Neck:

FDG avid left supraclavicular lymph nodes are noted, largest measuring 1.4 x 1.4 cm (SUV max-5.0).

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:

Post surgery status is noted at esophagus.

FDG avid left upper paratracheal, pretracheal, prevascular, AP window and subcarinal mediastinal lymph nodes are noted, largest measuring 2.8 x 2.6 cm at AP window region (SUV max-6.9), previously largest measuring 1.6 x 1.6 cm at left paratracheal region (SUV max-5.2).

Mildly FDG avid fibrotic lesion is noted at lower lobe of right lung (SUV max-1.4).

Non abnormal FDG avid lesion at esophagus.

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.



Department of Nuclear Medicine & Molecular Imaging

Abdomen-Pelvis:

Non-FDG avid/minimally avid small retroperitoneal lymph nodes are seen - physiological/reactive.

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

Liver, gall bladder, spleen, stomach, 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 left supraclavicular and left upper paratracheal, pretracheal, prevascular, AP window, subcarinal mediastinal lymph nodes – more likely metastases..
2. Mildly FDG avid fibrotic lesion at lower lobe of right lung- likely benign.
3. No evidence of any other metabolically active lesion at local site or in rest of the body.

In comparison to previous scan dated 16/09/2021- there is increase in number, size and metabolic activity of left supraclavicular and mediastinal lymph nodes.

Please correlate.

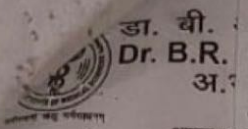
nitin

Dr. Nitin Yadav

MBBS (KGMC), MD Nuclear Medicine (SGPGI)
Consultant.

Mob no. 9557893048





डॉ. बी. अ. अस्पताल

DR. B.R.A. IRCH/AIMS, NEW DELHI
IRCH No. 226820
Clinic Adult Medical Oncology Clinic
Dept. MEDICAL ONCOLOGY
General

19-35538
अस्पताल
Hospital
TAL (supplem. report)
OPR-6

अस्पताल नाम किरण पाल सिंह
 एकक/Unit Name KIRAN PAL SINGH
 विभाग/Dept. S-O LH HOSHIYAR SINGH
 Phone No. 9810296629
 Address DM ROAD OPPOSITE LIC OFFICE
 Room 1 (Shift Afternoon)
 Sex/Age M/68Y
 जन्म तिथि/Date of Birth

दिनांक/Date	निदान/Diagnosis	उपचार/Treatment
27/7/22	mCA GCS - P/CH#1 FOLFOX (duration w/ 14/7/22)	C#2 FOLFOX (unphast bolus 75/ dose) Inj Emvat 8mg iv Inj Ana 8mg iv } 100 mL NS over 15m Cap Aprezap 125mg d1, 80mg d2, d3 Inj Oxaliplatin 115 mg iv in 105% D over 2 hours
		Inj Leucovorin 750mg iv in 250mL 5% D over 2h (concurrent E Oxaliplatin via Y-connector)
		Inj SFU-3-2g iv over 4h via Bantex pump
		Patchens: Tab Pantop 40 mg OD BIC - Tab Emvat 8mg TDS x 3 days } 3 day - Tab Dema 8mg OD x 3 days - Cap Immo drum 2mg SOS if diarrhea - Supp 15mL 15mL H ₂ O if - Supp Lermaffin 2bp TDS if Constipation

PICC line dressing today
⑤

Flu 8/2

Recd 2
Dr. Akhli

10.8.22

C2 FOLFOX on 13.8.22 →

C6 - 27.8.22 - Dr. Akhli X
CBC in present work
0 claudic

Review 7.9.22 CBC, Uo/Cr

PET-CT Scan

7/9/22 :

PET scan - June 22
10 14/22
Room no: 7
OB RAK ORD
Nuclear medicine
Centre

Review
10.8.22

f/u on 14/9/22

local site dressing

Akhli
U/M/M

14/9/22

go for #5 folfox.

- pathology (1089)

kindly provide
Block release form

(omit Dosing,
without Bolus)

2/11/22

go for #6 folfox

(same Dose)

(without Bolus)

8/11/22 3:00pm

f/u on 29/9/22

Room no:

308

CBC, UFF/HT

f/u on 12/10/22

2 CBC, UFF/HT

Akhli
U/M/M

Akhli
U/M



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ.भा.आ.स. OPD Ticket

OPR-6

बहिरंग रो
अस्पताल के अन्दर घुसना

एकक/Unit Prd/AS
विभाग/Dept. IX

नाम/Name

DR. B.R.A. IICHAHMS, NEW DELHI
IRCH No. 226820 Reg. Date-03/04/2019
Clinic Gastro-Intestinal Clinic Clinic No. 15793/2019
Deptt. SURGICAL ONCOLOGY
General
नाम किरण पाल सिंह UHID-104380917
Name KIRAN PAL SINGH
S/O. LI KHISHIYAR SINGH Sex/Age M/68Y
Phone No. 9810296629 Room 4 (Shift: Afternoon)



Date of Birth

निदान/Diagnosis

m Ca 9 GT | Her 2+ve

दिनांक/Date

उपचार/Treatment

12/10/22

Adm

CH7 follow up as checked -
DVT ward - 308

[Signature]

[Signature]

CH2 - 27/10/22 - CAB/DAT/PAH
2 DECHO.

Hu - 14/11/22 - CAB/DAT/PAH

[Signature]

9611202789

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

7/11/22
FOLFOX
LVCF-70%

ADVICE
was due for 27/10/22
Developed

Fever }
Cough } LRTI
Expectorant }

Admitted for ~~in~~
in outside hospital

→ Received Antibiotics (IV)
& oral

Now afebrile

CBC = 12.7.500 | 3.08L -
WBC - (N)

Due for Ct 8

PICC line flushing
Drawing

R. no 15

→ will call for private ward.

(Ladshaw)

R/O: 24/11/22 with CBC/UR/KT

Remove PICC line

R. no 15
Date on 21/11/22

ADVICE

wt = 74 kg
Go for Ct 9 → FOLFOX +

R/O 21/11/22 with CBC/UR/KT/rastigunads

(Ladshaw)

7/11/22
FOLFOX
LVCF-7060

ADVICE
Was due for 27/10/22
Developed

Fever
Cough } LRTI
Expectorated

Admitted for ~~inpatient~~
in outside hospital

→ Received Antibiotics (IV)
& oral

Now afebrile

CBC = 12.7, 5.00, 3.08L -
LFT - (N)

Due for ct 8

Pipeline flushing
Drawing

R.no 15

∴ will call for private ward.

(Lad SW)

R/O 24/11/22 with CBC/LFT

Remove Pipeline

R.no 15
Done on 21/11/22

ADVICE

wt = 74 kg
Go for ct 9 → FOLFOX +

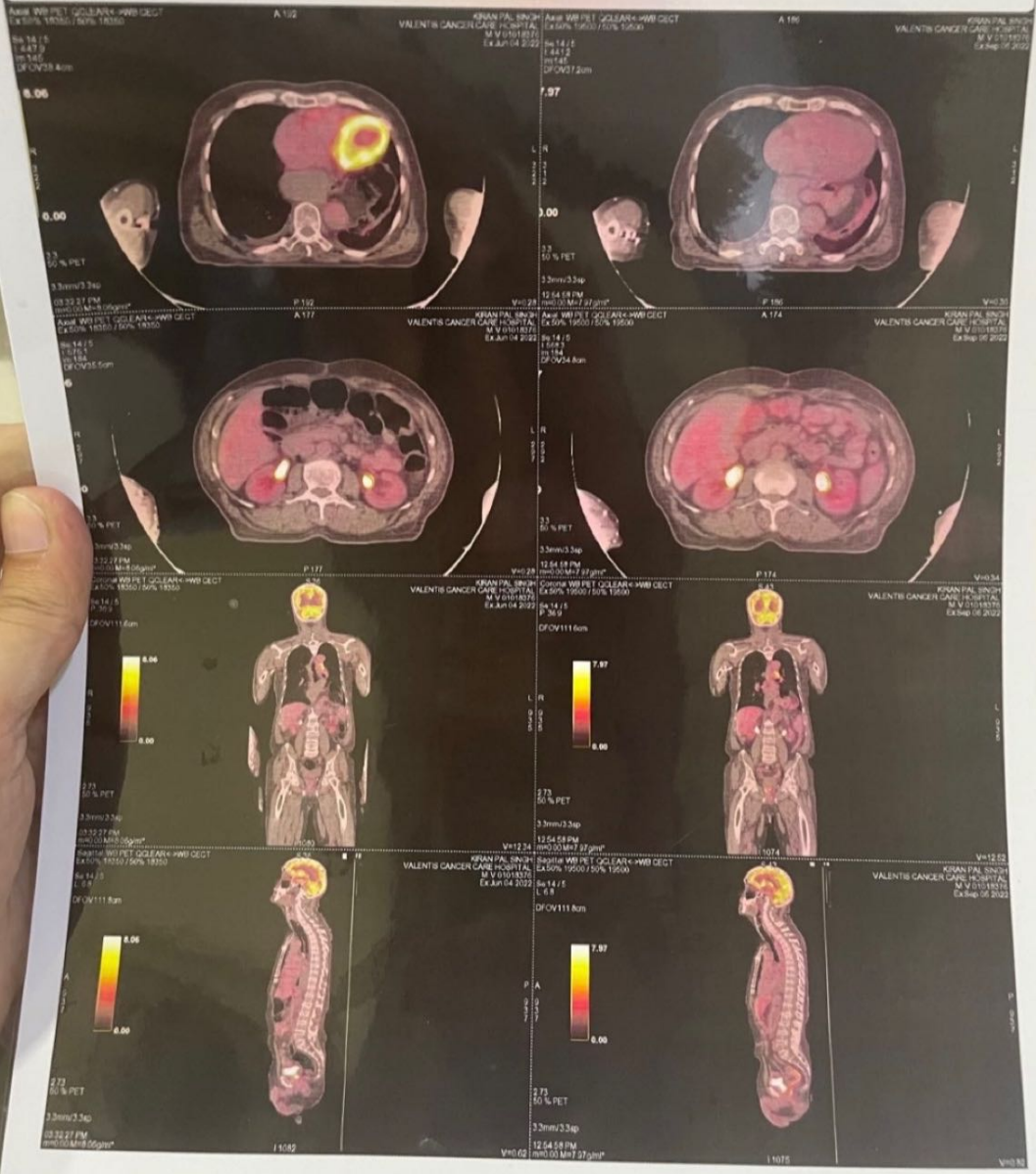
R/O 22/11/22 with CBC/LFT + rest of investigations

(Lad SW)

KIRAN PAL SINGH
V 01018376
Sex: M Birth date: -

VALENTIS CANCER HOSPITAL

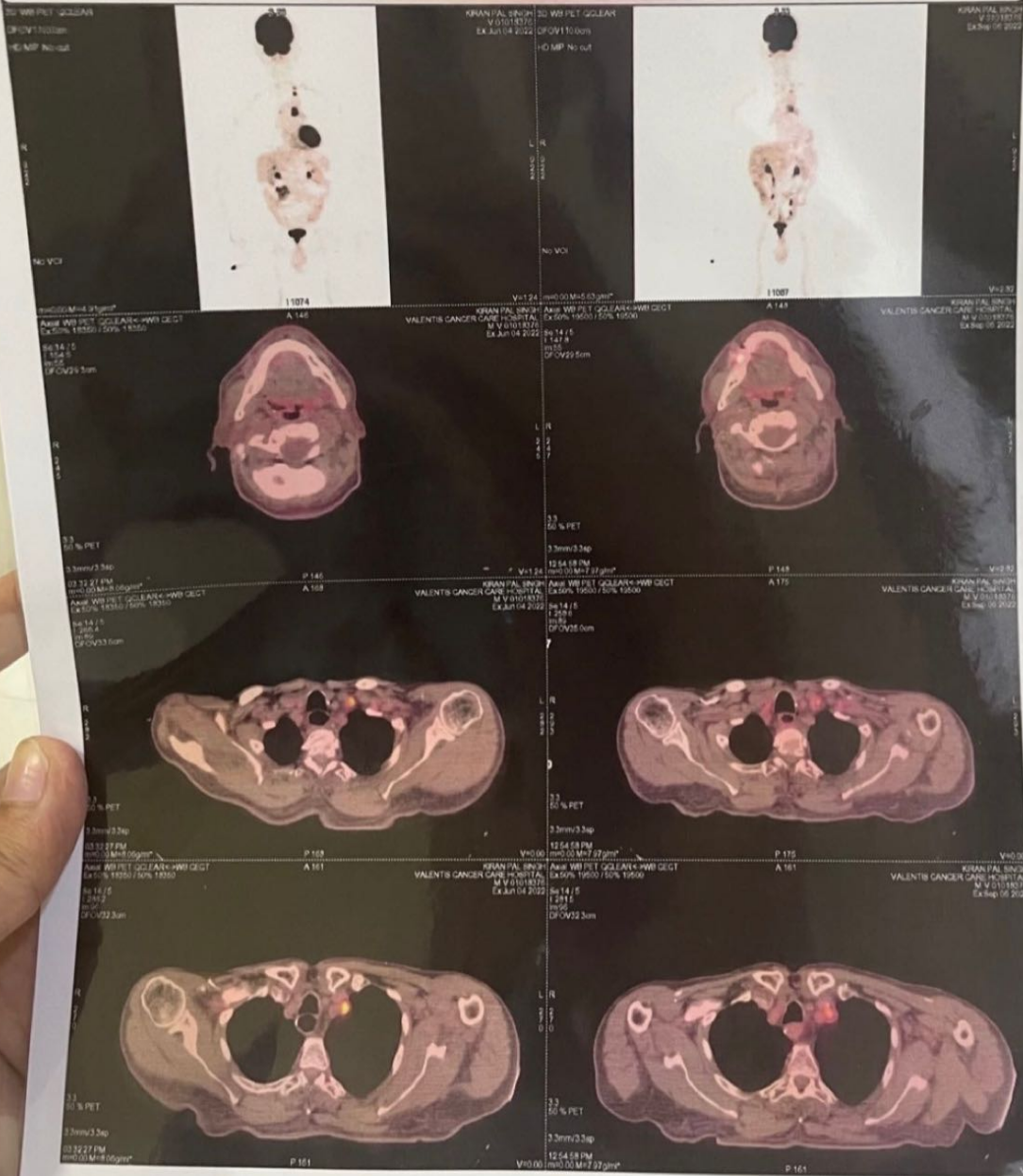
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KIRAN PAL SINGH
V 01018376
Sex: M Birth date: -

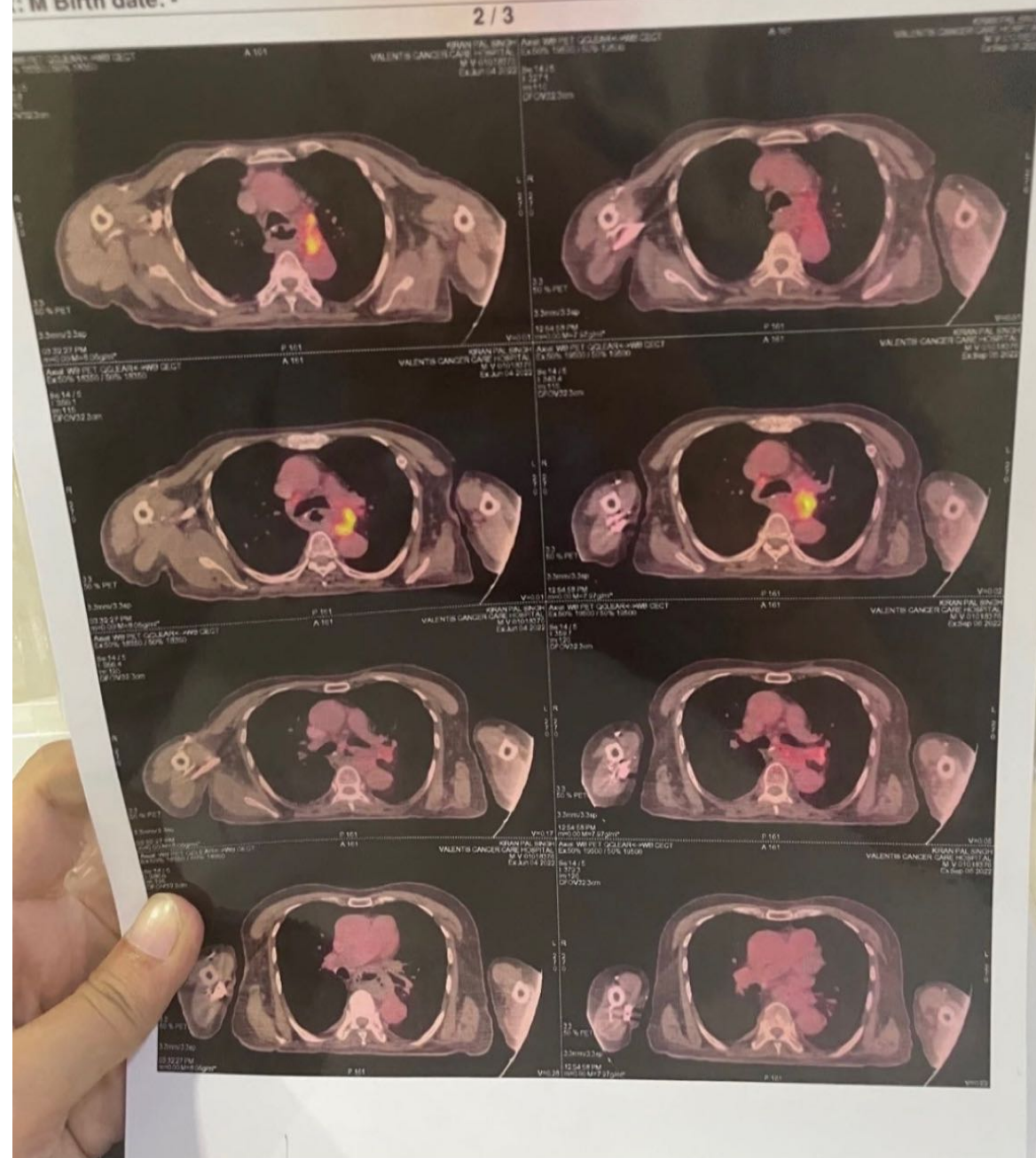
VALENTIS CANCER HOSPITAL

1 / 3



KIRAN PAL SINGH
018376
M Birth date: -

2 / 3



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Name: Kiran Pal Singh	Age/Sex: 75 Y/M	Patient ID/Hospital ID: V 01018376
Study: FDG PET-CT	Referred by: AIIMS, Delhi	Date: 06/09/2022

18F-FDG PET-CT (WHOLE BODY)

CLINICAL HISTORY: FUC of carcinoma esophagus, post surgery and chemotherapy, 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 110 mg/dL. Serum creatinine was 0.6 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: Done with the previous PET-CT study dated 04/06/2022

FINDINGS:
Head and Neck:

FDG avid left supraclavicular lymph nodes are noted, largest measuring 1.8 x 1.7 cm (SUV max-3.6), previously 1.4 x 1.4 cm (SUV max-5.0).

Increased FDG avidity is noted at right lower premolar bed (SUV max-4.7)- likely infective.

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:

Post surgery status is noted at esophagus.

FDG avid left upper paratracheal, pretracheal, prevascular, AP window and subcarinal mediastinal lymph nodes are noted, largest measuring 3.3 x 3.3 cm at left paraesophageal region with indistinct fat planes with esophagus (SUV max-8.3), previously 2.8 x 2.6 cm at AP window region (SUV max-6.9).

Mildly FDG avid fibrotic lesion is noted at lower lobe of right lung (SUV max-1.7).

Non abnormal FDG avid lesion at esophagus.

Physiological FDG distribution is seen in the myocardium. No abnormal FDG uptake noted in the rest of the thorax.



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Large airways and vessels are within normal limits. The heart appears normal in size. There is no pericardial effusion.

Abdomen-Pelvis:

Non-FDG avid/minimally avid small retroperitoneal lymph nodes are seen - physiological/reactive.

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

Liver, gall bladder, spleen, stomach, 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 left supraclavicular and left upper paratracheal, pretracheal, prevascular, AP window, subcarinal mediastinal lymph nodes with indistinct fat planes with esophagus-likely metastases.
2. Mildly FDG avid fibrotic lesion at lower lobe of right lung- likely benign.
3. No evidence of any other metabolically active lesion at local site or in rest of the body.

In comparison to previous scan dated 04/06/2022- there is increase in number, size and metabolic activity of mediastinal lymph nodes- s/o disease progression.

Please correlate.

Nitin

Dr. Nitin Yadav

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Consultant
Mob no. 9557893048