



Apollo medics
SUPER SPECIALITY HOSPITALS

DUPLICATE

DEPARTMENT OF NUCLEAR MEDICINE AND PET-CT

NAME	MAYA DEVI	AGE/SEX	66/F	DATE	14.01.2022
UHID	MILL.0000050762	REF BY	DR. HARSHVARDHAN ATREYA		

PET-CECT WHOLE BODY

Clinical Details: K/C/O invasive ductal carcinoma right breast (ER/PR +ve, Her2neu -ve), post 1 cycle of chemotherapy (last on 25.12.2021). Past history of hysterectomy 20 years back.

Indication: Restaging

TECHNIQUE:

Whole body PET-CT scan (Vertex to mid-thigh) was performed after I.V. administration of F-18 FDG (7.0 mCi). Fasting period before F-18 FDG administration was 5-6 hours and waiting period after F-18 FDG administration was 45-60 minutes. Semi Quantitative analysis of FDG uptake was performed by calculating SUV value expressed in lean body mass (lbm). PET and contrast enhanced CT images were acquired and reconstructed to obtain transaxial, coronal and sagittal views. Fused PET-CT images were generated. The fasting blood sugar level at the time of injection was 85 mg/dl.

PET-CT Scan findings:

Physiological uptake of radiotracer is noted in the visualized brain parenchyma, tonsillar region, vocal cords, myocardium, gut, pelvicalyceal system and bladder.

Brain:

No obvious abnormality detected. Further evaluation may be done with MRI if needed.

Head and Neck:

- FDG avid subcentimetric to centimetric sized bilateral level Ib-II cervical lymph nodes are noted (Highest SUVmax- 5.68) - Likely inflammatory.
- Non FDG avid mucosal thickening is noted in right ethmoid air cells - Likely inflammatory.
- Non FDG avid subcentimetric sized hypodense nodules are noted in both lobe of thyroid gland- Likely benign.

Nasopharynx and oropharynx are normal. There is no obvious nasopharyngeal mass. Bilateral valleculae, epiglottis aryepiglottic folds and pyriform sinuses are normal. Supra glottis, glottis and subglottic larynx appears normal. Major salivary glands appear normal. Paranasal sinuses and mastoids appear normal. Thyroid gland appears normal.

Breast & Axilla:

- FDG avid contrast enhancing soft tissue density (*low*) nodules (Largest measuring approximately 3.4 AP x 3.2 TR x 3.3 CC cms, Highest SUVmax- 4.85) are noted in upper outer quadrant of right breast. Fat plane with overlying skin and underlying pectoralis major muscle is well-maintained
- Non FDG avid subcentimetric sized right axillary lymph nodes are noted.
- Left breast, left axilla and bilateral internal mammary appears unremarkable.

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Chest:

- FDG avid tiny soft tissue density nodules (*two*) are noted in lingular lobe of left lung (SUVmax- 1.87).
- FDG avid right lower paratracheal, precarinal, subcarinal, AP window, prevascular, bilateral parabronchial and bilateral hilar lymph nodes are noted (Largest measuring approximately 2.3 AP x 1.5 TR cms, Highest SUVmax- 10.33).

Trachea mainstem bronchi appear normal. Mediastinal vasculature appears normal. Pleural and pericardiac spaces appear normal.

Abdomen:

Liver is enlarged in size (16.0 cms CC). No focal lesion noted. No evidence of intra/extra hepatic biliary dilatation noted. Spleen, pancreas, and bilateral adrenals appear normal. Both kidneys are normal in size with no focal lesion noted. No calculus or hydronephrosis. Urinary bladder is distended without intramural and intraluminal pathology. Uterus and bilateral adnexae appears unremarkable. Bowel loops appear grossly normal. No free fluid seen in the abdomen or pelvis. No size significant or FDG adenopathy noted in the abdomen or pelvis. **There is no focal abnormal FDG uptake in the abdomen on PET.**

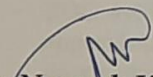
Musculoskeletal:

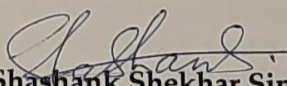
- FDG avid lytic lesion is noted in right transverse process of D8 vertebra (SUVmax- 3.76) and left iliac bone (SUVmax- 3.39).

Rest of the visualized bones are essentially normal.

Final Impression: FDG PET-CT scan findings are suggestive of -

- Hypermetabolic nodules in upper outer quadrant of right breast as described above are suggestive of primary breast malignancy.
- Non-hypermetabolic subcentimetric sized right axillary lymph nodes as described above - ? Metastatic. Needs close follow up.
- Hypermetabolic metastatic lytic bony lesions as described above.
- Hypermetabolic nodules in lingular lobe of left lung along with mediastinal lymphadenopathy as described above - Likely metastatic. Needs close follow-up.


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Disclaimer: Not all tumors may show FDG uptake. In the absence of metabolically active disease reported in the scan, if there are other evidences to suggest presence of disease, further complimentary investigations might be undertaken. Please interpret accordingly.