



DEPARTMENT OF NUCLEAR MEDICINE AND PET-CT

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ISF-PSMA WHOLE BODY PET-CT STUDY

Clinical details: K/C/O carcinoma prostate, Gleason score (5+ 4 = 9). Last PSMA PET - CI dated (26.11.2021) was suggestive of viable primary and metastatic disease. Post PEI- CT received 6 cycles of chemotherapy.

Indication: Restaging

PROCEDURE

Whole body PET-C1 (Vertex to mid-thigh) images were acquired 45 minutes after LV administration of 18F-PSMA (13.4mCi) on a PET-C1 scanner. Images were reconstructed to obtain transaxial coronal and sagittal views. LV contrast was given.

PET-CT scan findings:

Physiological distribution of the radiotracer:

Normal physiological radiotracer activity of 18F-PSMA is seen in the lacrimal and salivary glands, liver, spleen, bowel, kidneys.

Head and Nede

Visualized portion of the brain appears normal, (All brain lesions may not be apparent on PET-CT and MRI may be performed, if clinically indicated). Soft tissue of the neck appears normal with no abnormal PSMA activity. No significant PSMA avid lymphadenopathy in the cervical region.

Thorax:

PSMA and subcuntimetric sized mediastinal lymph nodes are noted (SUVmax- 3.09) - Likely Benign.

Lungs, large airways, pleara, heart, great vessels and esophagus appear normal on CT.

Abdomen & Pelvis:

- PSMA avid heterogeneously contrast enhancing lesion (Measuring approximately 4.6 AP x 4.4 TR x 4.0 CC cms, SUVmax-9.57) is noted involving entire prostate gland from apex to base, lesion is infiltrating left seminal vesical, anteriorly lesion is abutting with neck of urinary bladder, posteriorly lesion is abutting with anal canal.
- PSMA avid subcentimetric sized right common iliac and left obturator lymph nodes are noted (Highest SUVmax- 3.75).
- PSMA avid subcentimetric sized nodules are noted in perirectal fat (Highest SUVmax- 3.94).

Physiological PSMA distribution is noted in the liver, spleen, gastrointestinal tract and kidneys. Stomach, adrenals, liver, gall bladder, biliary system, pancreas, spleen, kidneys, retroperitoneum, bowel and urinary bladder shows no significant abnormality on CT. No ascites is noted.

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Musculoskeletal:

PSMA avid sclerotic lesions are noted in almost entire appendicular and axial skeleton (SUVmax-10.46),

Rest of the visualized bones are essentially normal.

Impression: ISF-PSMA PFT-CT scan findings are suggestive of -

- PSMA expressing lesion involving entire prostate gland as described above is suggestive of residual primary malignancy.
- PSMA expressing metastatic perirectal nodules, right common iliac and left obturator lymphadenopathy as described above.
- PSMA expressing extensive sclerotic bony metastasis as described above.

In comparison to previous <u>Gallium - 68 PSMA PET-CT</u> scan dated (26.11.2021), there is <u>(SUV values cannot be compared as both tracers are different)</u>:

- Decreased size (~35 %) of primary lesion in prostate gland.
- Decreased size (~50%) of right common iliac and left obturator lymphadenopathy.
- Decreased size and number of perirectal nodules.
- Complete resolution of right external iliac lymph node.
- Increased sclerosis of all the bony lesions.

Overall scan findings are suggestive of good but partial response to therapy.

Dr. Narvesh Kumar M.D. (SGPGI), PDCC (SGPGI), EX-SR SGPGI Consultant-Nuclear Medicine & PET-CT

Phone No: 8765583930

Declarate: Not all tumors may show FDG uptake, in the absence of metabolically active alsease reported in the scon, if there are other assistances to suppost presence of disease, further compilmentary investigations might be undertaken. Please interpret accordingly.

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OR ADWAITA GORE ON B IMEDICAL ONCOLOGY - ZOOZD41926

Medical Oncologist | Hernato Oncologist | Bone Marrow Transplant Physician For Appointment: 9619810041 | drgore.onco@gmail.com

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ONB Madical Oncology, ONB Ceneral Medicine

Consultant Medical Oncologist, Hernato Orcologist & Bone Marrow Transplant Physician Registration No. 2002/04/1926.

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PATIENT NAME : ARJUN P GIRI

CODE/NAME & ADDRESS : C000133149

PADAM PATHOLOGY RAJA BAHDAUR PARK, PRATAPGARH, PRATAPGARH PRATAPGARH 230001 9918101000

REF. DOCTOR : DR. MEDANTA HOSPITA ACCESSION NO : 0355WK003711

PATIENTID ARJUM161157355

ABHA NO

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REPORTED 117/11/2023 14:05:20

Test Report Status

<u>Final</u>

Results

Biological Reference Interval Units

SPECIALISED CHEMISTRY - TUMOR MARKER

PROSTATE SPECIFIC ANTIGEN, SERUM

PROSTATE SPECIFIC ANTIGEN METHOD : ELECTROCHEMILLMINESCENCE IMMUNO ASSAY 61,400 High

< or = 4.10

Interpretation(s)
PROSTATE SPECIFIC ANTIGEN, SERUM-- PSA is detected in the male patients with normal, benign hyperplastic and malignant prostate assue prostate. PSA is not detected (or detected at very low levels) in the patients without prostate tissue (because of radical prostate course).

PSA is not detected (or detected at very low levels) in the patients without prostate uson (occase or adjunction with other diagnostic procedures).

It is suitable marker for monitoring of patients with Prostate Cancer and it is better to be used in conjunction with other diagnostic procedures.

Serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and us detecting residual disease and early recurrence of tumor.

Elevated levels of PSA can be also observed in the patients with non-malignant diseases like Prostations and Benigh Prostatic Hyperplasia.

Elevated levels of PSA can be also observed in the patients with non-malignant diseases like Prostations and Benigh Prostatic Hyperplasia.

Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to a Specimens so total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to a Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to a Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to a Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to a Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate Hyperplasia (BPH) from cancer, this is especially true for the course of section of Prostate cancer above the age of 40 years. Following Age specimens for total PSA along may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the course of the prostate massage, since manipulation of the pr

References:

1. Burtis CA. Ashwood ER, Bruns DE. Teltz. Lextbook of clinical chemistry and Molecular Diagnostics. 4th ed.

2. Williamson MA, Snyder LM. Wallach's interpretation of diagnostic tests. 9th edition.

End Of Report

Please visit www.agilusdiagnostics.com for related Test Information for this accession

Dr.Rashmi Rasi Datta-MD,FIMSA DMC-64289 Consultant Biochemist & Section Head Dr. Anurag Bansal LAB DIRECTOR

PERFORMED AT :

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Haryana, India Tel : 9111591115, Fax : CIN - U74899P81995PLC045956

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