PET-CT Scan Report

NAME:SABIHA NAZNEEN PATIENT ID: HNP 22342 AGE/ SEX: 44YRS /F

REFERRED BY: DR.G PRASHANTH KUMAR DATE: 10 JUNE 2023

WHOLE BODY PET CECT SCAN

Following intravenous injection of 8.1 mCi of ^{18}F FDG Whole body FDG PET CT with CECT scan was performed from the vertex to mid thigh with GE Discovery 600 PET/CT system without breath holding instruction. High resolution CT scan was performed using a dedicated PET scanner with 16 slice/sec MDCT. A separate sequence with breath hold was performed for lung examination. A semiquantitative analysis of FDG uptake was performed by calculating SUV value corrected for dose administered and patient body weight. The blood sugar at the time of tracer injection was 102 mg/dl.

History: Carcinoma of left breast, for evaluation.

The overall biodistribution of FDG is within normal physiological limits

Brain: The supra and infra tentorial brain parenchyma appears normal and show normal physiological FDG uptake. No focal lesion or abnormal focal uptake is noted.

Sinuses: The bilateral sinuses are well pneumatized shows no abnormal FDG distribution.

Head and Neck: The nasopharynx, oropharynx including posterior tongue, tonsillar fossa, and rest of the hypo pharynx shows no abnormal FDG uptake. The supra glottis including epiglottis and aryepiglottic folds, infraglottic larynx and upper trachea shows no abnormal FDG uptake.

The thyroid gland is normal in size and is sharply demarcated and shows homogenous pattern on CT scan shows no abnormal FDG uptake.

No abnormal FDG avid significant cervical /supraclavicular lymph nodes are seen.

Breast:

FDG avid spiculated enhancing lesion is seen in the upper outer quadrant of left breast measuring 2.3 x 2.4 x 3.0 cm (SUVmax27.7).

Rest of the bilateral breasts appear normal.Nipple areolar complex and overlying skin appears normal. No underlying chest wall infiltration is seen.

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Prominent bilateral axillary nodes are seen with no abnormal tracer uptake. Left axillary nodes show thickened cortex.

No significant FDG avid bilateral internal mammary nodes.

Thorax: The heart and mediastinal vascular structures are well opacified with I/V contrast. The trachea and both main bronchi appear normal.

The bilateral lung fields are clear. No other abnormal FDG uptake is seen in the lungs and pleura bilaterally. There is no evidence of pleural effusion. No other significant mediastinal / hilar lymphadenopathy is noted.

Abdomen: The liver is normal in size . No focal intra hepatic lesion seen. The intra hepatic biliary radicals are not dilated. The portal vein is normal. No abnormal FDG accumulation seen in the liver parenchyma.

The gall bladder is normally distended with no evidence of an intraluminal radio-opaque calculus noted.

The spleen is normal in size and demonstrates physiological FDG uptake. The pancreas demonstrates normal attenuation with no evidence of abnormal FDG uptake.

Both adrenal glands demonstrate near normal size, uniform homogenous enhancement on CT and no abnormal FDG uptake.

The bilateral kidneys appear normal in size, shape and attenuation and FDG uptake. No evidence of hydronephrosis is noted.

The stomach, opacified small bowel and large bowel loops appear normal in caliber and fold pattern. There is no evidence of significant obvious any other abdominal / retroperitoneal adenopathy or ascites.

Urinary bladder is normal in shape, size and distention.

The uterus appear unremarkable shows no abnormal FDG uptake.

No abnormal FDG uptake is noted in the bilateral inguinal region.

Skeleton: The bones under survey appear normal and demonstrate no abnormal FDG uptake.

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IMPRESSION

HISTORY:Carcinoma of left breast, for evaluation.

- **Metabolically active spiculated enhancing lesion is seen in the upper outer quadrant of left breast-proven carcinoma.**
- **Rest of the bilateral breasts appear normal.Nipple areolar complex and overlying skin appears normal. No underlying chest wall infiltration is seen.**
- **Prominent bilateral axillary nodes are seen with no abnormal tracer uptake. Left axillary nodes show thickened cortex-appears reactive, however, suggested sentinel node biopsy correlation on left side .**
- **No significant FDG avid bilateral internal mammary nodes.**
- **Rest of the scan findings are negative for any FDG avid significant hypermetabolic pathology in the regions surveyed.**

Dr.Naveen Kumar J
Consultant Nuclear Medicine

NUECLEAR HEALTHCARE LIMITED

NOTE:

- Routine whole body PET CT scan covers vertex to mid thigh. It does not include extremities. They are included only on clinician request or as per clinical status.
- It may kindly be noted that all brain metastases may not be apparent on a PET CT scan and an MRI head may be performed where clinically indicated.
- All modern machine/procedures have their own limitations. FDG PET CT scan does not exclude the presence of any microscopic disease.
- This report is not valid for any medico-legal purpose.
- If there is any discrepancy due to typing error, please get it rectified.

Interpretation of the scan should be done in correlation with the clinical picture and other relevant radiological and laboratory evidence