



vial id : A1072090



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Req. Doctor: Dr. Medical Oncologist

Regn. Number: OPD.J.24-25-82275

Request Date : 14-08-2024 09:14 AM

Reporting Date : 16-08-2024 02:07 PM

Report Status : Finalized

¹⁸F-FDG PET CT SCAN

TECHNIQUE: Helical CT study of the whole body was performed from head to mid thigh level on multi-slice CT scanner with axial, sagittal and coronal reconstruction. 10.9 mCi of ¹⁸F-Fluorodeoxyglucose (FDG) was injected IV in euglycemic status. One hour later whole body PET/CT imaging (Head to mid thigh) was performed on a GE Discovery PET multi-slice CT scanner Standardised Uptake value (SUV) calculated for body weight and expressed as 81 g/ml.

CLINICAL SUMMARY: Case of metastatic adenocarcinoma lung. Presented with left frontal lobe lesion. Underwent left craniotomy + subtemporal decompression and excision of lesion on 20-07-2024. IHC - metastatic adenocarcinoma consistent with lung parenchyma. Present scan for initial status evaluation and staging.

FINDINGS:

CHEST:

FDG avid well defined cavitary nodule noted involving posterior segment of upper lobe left lung measuring 14 x 17 x 18 mm (SUV max 4.81) abutting the adjacent costal pleura extending to the adjacent fissure. Rest of the left lung appears to be unremarkable.

Contralateral right lung appears to be unremarkable.

Low grade to non FDG avid 5 mm prevascular node (SUV max 2.86).

No obvious evidence of pleural or pericardial effusion noted.

BRAIN:

Postoperative status - left craniotomy noted. No obvious FDG avid lesion noted involving the visualized brain parenchyma. (*PET CT is less sensitive for brain lesions and in cases with high likelihood of brain lesions a MRI correlation is recommended*) .

ABDOMEN AND PELVIS:

No obvious FDG avid lesion noted involving the liver.



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No obvious FDG avid significant locoregional nodes.

Bilateral kidneys show normal tracer extraction and excretion.

HEAD AND NECK:

No obvious FDG avid lesion noted involving the region of head and neck.

No obvious FDG avid significant supraclavicular or other cervical adenopathy noted.

MUSCULOSKELETAL SYSTEM:

No obvious evidence of metabolically active disease in the visualized axial and appendicular skeletal system.

IMPRESSION:

- Hypermetabolic well defined cavitary nodule noted involving posterior segment of upper lobe left lung abutting the adjacent costal pleura extending to the adjacent fissure. This appears to be the site of primary malignant disease etiology and needs pathology correlation.
- Low grade to non FDG avid 5 mm prevascular node - could be of metastatic disease etiology.
- Postoperative status - left craniotomy with no obvious metabolically active lesion noted involving the visualized brain parenchyma - biopsy proven metastatic disease etiology and needs MRI correlation.
- No obvious evidence of hepatic, adrenal or osseous metastases.



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