



**National  
Cancer Institute™**

Patient Name: MR. VIJAY KUMAR BANTE / AM048351  
Age / Gender: 45 Yr/M  
Address: WARD NO 9, GRAM BABARIYA POST CHHINDLAYI LALBURRA BALAGHAT  
CHHINDLAI, Balaghat, MADHYA PRADESH, India, 481441  
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

### **<sup>18</sup>F-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 <sup>18</sup>F-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 cavitory 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.



Dr. Chaitali Bongulwar  
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Dr. Chaitali Bongulwar  
NMD Consultant

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Age: 46 Yr

Sex: Male

Garden, Nagpur - 440012  
Processing Location:- Metropolis  
Healthcare Ltd, Unit No409-416, 4th  
Floor, Commercial Building-1, Kohinoor  
Mall, Mumbai-70

30/07/2024 4:51PM  
Reported On:  
05/08/2024 01:03 AM

## METROPOLIS HISTOXPRT

INTERNATIONAL & NATIONAL  
SUBSPECIALTY PATHOLOGY

Breast Pathology  
Dermatopathology  
Gastrointestinal Pathology  
Genitourinary Pathology  
Gynecologic Pathology  
Head & Neck Pathology  
Hematolymphoid Pathology  
Hepatobiliary Pathology  
Neuropathology  
Paediatric & Perinatal Pathology  
Pulmonary Pathology  
Renal Pathology  
Soft tissue Pathology  
Transplant Pathology (Renal & Hepatic)

Chief Scientific Officer,  
Senior Consultant Oncopathologist

Dr Kirbi Chaudha

In - House Facility

Senior Consultants  
Dr Anuradha Murthy  
Dr Amita Joshi  
Dr Meenal Hastak  
Dr Leena Naik  
Dr Vikas Kavishwar

Consultants  
Dr Barodawala S.M  
Dr Kunjal Lila  
Dr Shital Munde  
Dr Shraddha More

## IMMUNO HISTO CHEMISTRY

### CASE SUMMARY

CASE NO	:24MLI11730
SPECIMEN	:Paraffin block
RESULT	: <ul style="list-style-type: none"><li>Pan CK : Positive</li><li>GFAP : Negative</li><li>CK7 : Positive</li><li>CK20 : Negative</li><li>TTF1 : Positive</li><li>NKX3.1 : Negative</li><li>Napsin A : Positive</li><li>Synaptophysin : Negative</li></ul>
DIAGNOSIS	:Metastatic adenocarcinoma. IHC panel consistent with Lung primary
ADVICE / COMMENT	:Molecular analysis for EGFR, ALK, ROS1 and PDL1 (Test code-L0133 And I0337) OR Oncomine focus assay of 52 theranostic genes by NGS (O0042) and PDI1 (I0337)

### Clinical Notes

:A well-defined intra-axial heterogeneously enhancing T2/FLAIR high and T1 low signal intensity mass lesion seen in the left frontal lobe with areas of blooming in the GRE images (calcifications/hemorrhage), moderate to severe perilesional edema, mass effect & midline shift as described - Favor of Neoplastic etiology - Differential diagnosis: 1. High-grade glioma, 2. Metastasis. Suggested MRS correlation. Chronic small vessel ischemic changes.

### Gross Examination

:Received three paraffin blocks labelled as NH/348 A/24, NH/348 B/24, NH/248 D/24.

### Original H & E Report

:Features suggestive of papillary glioneural tumor - left motor strip WHO grade 1



*Dr. Shaikhali Barodawala*

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Reg No.2005/02/1235

Page 1 of 2

*Dr. Shital Munde*

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Reg No.2011/05/1650

## INNER HEALTH REVEALED

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The Pathology Specialist

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**Neuron**

Brain, Spine & Critical Care Centre

A UNIT OF NAGPUR NEURO SCIENCES CLINICS PVT. LTD.

CIN NO.-U85190MH2010PTC207787

**PATHOLOGY LABORATORY**



**IN CASE OF EMERGENCY HELP LINE NO :- 08888828004.**  
32 B-C, Balraj Marg, Opp. Dhantoli Garden, Dhantoli, Nagpur. 440 012, Mob. 08010255949, 08087488883 Fax:- 0712 - 2444999  
FOR THE PATHOLOGY REPORT ENQUIRY Mob. 07722089987

## HISTOPATHOLOGY REPORT

Patient name- Mr. Vijay Bante Age/sex -46/male

Ref by – **Dr Pakhmode** ID – NH348/24 reported on – 27/07/2024

**Gross** – Received a specimen which consists of fragmented ,grey white, soft tissue bits altogether measuring 02cm.All processessed.

**Microscopy** – Multiple sections studied from all processed tissue bits reveal a highly cellular neural tumour featuring biphasic pattern . The pseudo papillary glial structures consist of hyalinized vascular core lined by pseudostratified layer of small uniform cuboidal glial cells . The interpapillary neuronal component is composed of uniform neurocytes.

**IMPRESSION- FEATURES SUGGESTIVE OF PAPILLARY GLIONEURAL TUMOUR – left motor strip**

**WHO GRADE 1**

**SUGGESTED IHC**

Slides and blocks Enclosed with this report

  
**Dr. Vartika Patil**

**MD Pathology, MRCP (path)**

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