



National Cancer Institute™

Patient Name: MR. VIJAY KUMAR BANTE / AM048351

Age / Gender: 45 Yr/M

Address: WARD NO 9,GRAM BABARIYA POST CHHINDLAI 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

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.

MR. VIJAY KUMAR BANTE / AM048351

Reg. NO: OPD.J.24-25-82275
Khasara No. 25, Outer Hingna Ring Road, Mouza - Jamtha, Nagpur - 441108, Maharashtra (India) Failed By: Dr. Chaitali Bonikarwar
Page 1 of 2
16-08-2024 02:34 PM



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.



Dr. Chaitali Bongulwar
MD (Nuclear Medicine)

Reg. No. 2010/07/2440

Consultant - Nuclear Medicine

NATIONAL CANCER INSTITUTE, NAGPUR.

Dr. Chaitali Bongulwar
NMD Consultant

Scan the QR code to download your e-report

24070410

PT NO:
Age: 46 Yrs

Sex: Male

Specimen

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

National

On:

PM

d On:

30/07/2024 4:51PM

Reported On:

05/08/2024 01:03 AM

METROPOLIS
HISTOXPERT
GLOBAL EXPERTS IN OUR SPECIALTY PATHOLOGYINTERNATIONAL & 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 Kirti Chadha

In-House Faculty

Senior Consultants
Dr Anuradha Murthy
Dr Amita Joshi
Dr Meenal Hastak
Dr Leena Naik
Dr Vikas KavishwarConsultants
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"> • Pan CK : Positive • GFAP : Negative • CK7 : Positive • CK20 : Negative • TTF1 : Positive • NKX3.1 : Negative • Napsin A : Positive • Synaptophysin : Negative
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 asa NH/348 A/24, NH/348 B/24, NH/248 D/24.
Original H & E Report	:Features suggestive of papillary glioneuronal tumor - left motor strip WHO grade 1



Dr. Shaikhali Barodawala

M.D (Pathology)

Consultant Surgical Pathologist, Metropolis - GRL

Mumbai,

Reg No.2005/02/1235

Page 1 of 2

Dr. Shital Munde

Consultant Surgical Pathologist,
Reg No.2011/05/1650

INNER HEALTH REVEALED

This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf. **Referred Test

INNER HEALTH REVEALED

This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf. **Referred Test

METROPOLIS
The Pathology SpecialistMETROPOLIS
The Pathology Specialist



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 processed.

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)

Feel the human touch..... Cure with Care