



SHANYA SCANS & THERANOSTICS

Diagnostics | Interventions | Therapies

BIGGEST DIAGNOSTICS & THERANOSTICS CENTER IN UTTAR PRADESH

DEPARTMENT OF NUCLEAR MEDICINE AND PET-CT

NAME	SAJID	AGE/SEX	18 Y/M	DATE	17-05-2025
UHID	SAN2510722	REF BY	DR. JIGAR KIRITKUMAR SHAH		

PET-CECT WHOLE BODY

Clinical Details: Complain of chest pain, breathing difficulty and on/off fever. CT Thorax (12.05.2025) showed a well-defined hypodense lesion in anterior mediastinum -? Thymoma. Right pleural thickening. NCCT Abdomen (12.05.2025) showed partially calcified hepatic SOL. No therapy received yet.

Indication: Diagnosis

TECHNIQUE: Whole body PET-CT scan (Vertex to mid-thigh) was performed after I.V. administration of ~ 0.15 mCi/kg F-18 FDG. Fasting period before F-18 FDG administration was 5-6 hours and waiting period after F-18 FDG administration was 45-60 minutes. Semi Quantitative analysis of FDG uptake was performed by calculating SUV value expressed in lean body mass (lbm). PET and contrast enhanced CT images were acquired and reconstructed to obtain transaxial, coronal and sagittal views. Fused PET-CT images were generated. The fasting blood sugar level at the time of injection was 111 mg/dl.

PET-CT Scan findings: Physiological uptake of radiotracer is noted in the visualized brain parenchyma, tonsillar region, vocal cords, myocardium, gut, pelvicalyceal system and bladder.

Brain: No obvious abnormality detected. Further evaluation may be done with MRI if clinically indicated.

Head and Neck:

- Symmetrically increased FDG uptake is noted in the bilateral palatine tonsils (SUVmax 9.95 on the right side) with low grade FDG avid subcentimetric bilateral level II cervical lymphnodes - likely infective/inflammatory.

Nasopharynx and oropharynx are normal. There is no obvious nasopharyngeal mass. Bilateral valleculae, epiglottis aryepiglottic folds and pyriform sinuses are normal. Supra glottis, glottis and subglottic larynx appears normal. No size significant lymph node is noted.

Chest:

- Heterogeneously FDG avid heterogeneously enhancing soft tissue density lobulated lesion with central cystic/necrotic areas is noted involving the anterior and superior mediastinum and extending upto the level VI cervical region (measuring approximately 4.2 AP x 7.3 TR x 11.3 CC cms, SUVmax 23.07). The lesion is seen abutting the brachiocephalic vein, IVC, ascending aorta, right atrium and ventricle.
- Mildly FDG avid subcentimetric to centimetric right upper and lower paratracheal, subcarinal and right hilar lymphnodes are noted (Highest SUVmax 2.20 in right hilar station).
- FDG avid enhancing nodular pleural thickening is noted in the right costo-phrenic recess (measuring approximately 1.0 cms maximum thickness, SUVmax 6.15.)
- Low grade FDG avid subcentimetric right level I axillary lymphnode with preserved hilum is noted (SUVmax 3.25).

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- Non FDG avid subcentimetric subpleural calcified nodule is noted in the lateral basal segment of the right lung lower lobe- benign.

No focal lung mass or nodule is seen. Trachea mainstem bronchi appear normal.

Abdomen:

- Non FDG avid peripherally calcified hypodense subcapsular lesion is noted in segment VII of the liver (measuring approximately 3.3 x 1.5 cms) - likely benign.

No evidence of intra/extr-hepatic biliary dilatation noted. Spleen, pancreas, and bilateral adrenals appear normal. Both kidneys are normal in size with no focal lesion noted. No calculus or hydronephrosis. Urinary bladder is distended without intramural and intraluminal pathology. Prostate appears unremarkable. Bowel loops appear normal. No free fluid seen in the abdomen or pelvis. No size significant or FDG adenopathy noted in the abdomen or pelvis.

Musculoskeletal:

- Intensely FDG avid thickening is noted in the C7-D1 left intervertebral neural foramen on the left side (SUVmax 17.44).
- FDG avid lytic lesion is noted in the lateral epicondyle of the right humerus (SUVmax 8.98)

Final Impression: FDG PET-CT scan findings are suggestive of -

- Hypermetabolic heterogeneously enhancing soft tissue density lesion in the mediastinum with extensions as described - malignant.
- Hypermetabolic thickening in the left C7-D1 neural foramen and lytic lesion in the right humerus as described - likely malignant.
- Hypermetabolic pleural deposit in the right costophrenic recess as described - suspicious for malignancy.
- Mildly hypermetabolic mediastinal and right axillary lymphadenopathy as described - ?malignant ?infective.
- Non hypermetabolic calcified lesion in the liver as described - likely benign.
- No other malignant or metastatic hypermetabolic foci seen in rest scanned body parts.

Overall scan findings are suggestive of following differentials -

1. -? Lymphoma with neurolymphomatosis
2. -? Metastatic thymic malignancy. Needs histopathological correlation.

M
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*Disclaimer: Not all tumors may show FDG uptake. In the absence of metabolically active disease reported in other imaging modalities • Neuroradiology • Dental Imaging
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evidences to suggest presence of disease, further complimentary investigations might be undertaken. Please interpret accordingly.

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