

Patient Name	: MUTHAMMA	Sex/Age	: F / 60Y
YH No.	: 216076529	Diag No.	: 13849105
Ref. Phys.	: DR. RAGHAVENDRA REDDY T	Modality	: CT,PT
Order Date/Time	: 24-10-2025 08:45:19	IP Number	:
Report Date/Time	: 24-10-2025 14:04	Reg Type	: OPD / /

### **PET-CT WHOLE BODY**

**Clinical History:** Patient presented with abdominal pain. For evaluation.

### **TECHNIQUE:**

Whole body PET-CT was done from vertex to mid thigh after injecting 7.6 mCi of F18-FDG and CT images were acquired after injecting IV contrast.

**Blood Glucose level : 207 mg/dl.**

**Serum creatinine : 0.69 mg/dl.**

### **PET / CT SCAN FINDINGS:**

#### **BRAIN:**

Age related cerebral atrophic changes.

Periventricular small vessel ischemic changes.

No abnormal FDG uptake/lesion is noted in the brain parenchyma.

Posterior fossa structures including fourth ventricle are normal.

Ventricular system is prominent.

Cerebral parenchymal shows normal grey and white matter differentiation.

Cortical sulci, sylvian fissures and basal cisterns are prominent.

No midline shift / extra-axial collection.

#### **HEAD AND NECK :**

Few non FDG avid subcentimetric small volume bilateral level II, III, V and left level IV lymph nodes - Likely reactive.

Neck spaces are normal.

Head & neck structures appears metabolically inert.

Note: This is a professional opinion only, Each investigation has its limitations. Final diagnosis needs correlation with clinical context and other investigations. Kindly discuss, if necessary.

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Physiological tracer activity seen in pharyngeal tonsils & vocal cords.

## **CHEST :**

Movement related blurring noted.

Few non FDG avid subcentimetric small volume mediastinal and bilateral axillary lymph nodes with preserved shape and fatty hilum -- Likely reactive.

No abnormal FDG uptake/lesion is noted in the bilateral lung parenchyma.

No evidence of pleural effusions / thickening.

Physiological FDG distribution is seen in myocardium.

## **ABDOMEN AND PELVIS:**

Mild diffuse fatty infiltration of liver.

**Non FDG avid relatively well defined hypodense lesion seen at segment-VIII / VII of liver (Size ~ 0.6 x 0.7cm).**

**Multiple renal calculi noted in right kidney causing moderate hydronephrosis.**

**Calculi noted at left VUJ and left renal pelvicaliceal system causing parenchymal atrophy - Likely Chronic obstructive parenchymal changes.**

**Uterus is surgically absent. FDG avid large ill defined heterogenous enhancing soft tissue density mass lesion with areas of necrosis seen at vaginal vault showing loss of fat planes with the adjacent bowel loops and encasing the bilateral ureters (Rt > Lt) (SUV max: 18.8, Size ~ 8.3 x 6.8cm).**

**Few non FDG avid tiny bilateral external iliac, internal iliac and inguinal lymph nodes.**

Physiological FDG distribution is noted in rest of the liver, spleen, stomach & gut.

No abnormal metabolic activity noted in the abdominal structures.

No evidence of free fluid in abdomen.

Urinary excretion noted in kidneys and urinary bladder.

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### **MUSCULOSKELETAL SYSTEM:**

Mild diffuse osteopenia. Degenerative changes seen involving multiple vertebral levels.

Sclerotic foci seen at sacrum region - Likely Nonspecific.

No abnormal FDG uptake / lytic-sclerotic lesion is noted in the visualized skeleton.

### **FINAL IMPRESSION:**

**In given clinical scenario, present PET CT scan findings revealed --**

**Metabolically active large ill defined heterogenous enhancing soft tissue density mass lesion with areas of necrosis seen at vaginal vault showing loss of fat planes with the adjacent bowel loops and encasing the bilateral ureters as described above - Likely Neoplastic.**

**Few non metabolically active tiny bilateral external iliac, internal iliac and inguinal lymph nodes - More in favor of reactive.**

**Non metabolically active relatively well defined hypodense lesion seen at segment-VIII / VII of liver - ?Hemangioma (For close interval follow up).**

**No other abnormal hypermetabolic lesion elsewhere in the visualized body.**

**Suggested clinical / tumor markers / tissue characterization correlation. Kindly discuss, if necessary.**

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PET CT.

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