


DEPARTMENT OF NUCLEAR MEDICINE AND PET

Patient Details : Mr. ARVIND JAIN | Male | 58Yr 9Mth 19Days
UHID : AGMC.0000028226 **Patient Location:** OP
Patient Identifier: AMHLOPP4418405 
DRN : 4821010209 **Completed on :** 02-SEP-2021 10:25
Ref Doctor : DR. SOUMYA BHATTACHARYA

PET CT BODY/OTHERS-WITH CONTRAST

INDICATION:

Follicular lymphoma. PET-CT for staging.

PROCEDURE:

8.5 mCi of F-18 flurodeoxyglucose (FDG) was injected intravenously following 12 hrs of fasting. After 60 minutes of injection, the patient was scanned on a dedicated 128 slice PET-CT (Philips Ingenuity TOF, 128 slice PET-CT) from vortex of skull to mid thigh. Standard uptake values (SUV) normalized to body weight obtained over lesions. Finger prick blood glucose level at the time of injection was 97 mg/dl.

CT was performed for attenuation correction, anatomical localization, fusion imaging (and diagnostic purposes) with intravenous contrast and images reconstructed with 2 mm slice thickness. A breath-hold HRCT of the chest was separately obtained.

FINDINGS :

Brain:

Visualized cerebral and cerebellar hemispheres are normal.

The ventricular system is normal. No mass lesion or midline shift seen.

Physiological FDG uptake is seen in the brain parenchyma.

NB: Because of high FDG uptake in brain parenchyma small lesion in brain can be missed on PET-CT. Advice: MRI Brain if indicated.

Head & Neck:

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Paranasal sinuses appear normal.

No abnormality is noted in larynx or pharynx.

Thyroid gland appears normal.

Neck vessels are normal bilaterally.

Multiple FDG avid poorly enhancing bilateral supraclavicular, bilateral cervical IV and right cervical III, V nodes are seen; largest is right supraclavicular node measuring 47 x 21 mm (SUV max 7.1).

Thorax:

Bilateral lung fields are showing normal attenuation. No parenchymal nodule is seen in bilateral lung fields.

Calcified granuloma is seen in left lung lower lobe. Atelectatic strand is seen in left lung upper lobe.

No significant FDG avid mediastinal or hilar lymphadenopathy is seen.

No pleural thickening or effusion is seen.

Abdomen & Pelvis:

Liver appears normal in size. No space occupying lesion or focal FDG uptake is seen.

Intrahepatic biliary radicles are not dilated.

Gall bladder appears normal.

Diffuse FDG uptake is seen in bilateral normal size adrenals (SUV max right 4.2, left 3.9) – reactive.

Pancreas, spleen and bilateral kidneys appear normal.

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Apollo Multispecialty Hospitals Limited

(Formerly Apollo Glenagles Hospital Limited), 58, Canal Circular Road, Kolkata, West Bengal - 700054, India.

+91-33-4420-2122 // 2320-3040 // 2122, Emergency ☎ 1066 CIN U630112W/219889PL/045223

✉ info@apollohospitals.com 🌐 www.kolkata.apollohospitals.com



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Physiological FDG uptake is seen in the bowel.

Bilateral testes appear normal.

No significant FDG avid abdomino-pelvic lymphadenopathy is seen.

No ascites is seen.

Musculoskeletal System:

No FDG avid lytic / blastic lesion is seen in the visualized skeleton.


Degenerative changes are seen in the spine.

No focal FDG uptake is seen in the visualized bone marrow.

CONCLUSION:

- PET-CT findings are suggestive of lymphoma involving bilateral neck nodes.
- No definite evidence of infradiaphragmatic nodal or extra-nodal involvement.

--- END OF THE REPORT ---



DR. PUNIT SHARMA

MBBS, MD (AIIMS), FEBNM, FANMB
Consultant Nuclear Medicine & PET-CT

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(Formerly Apollo Glenagles Hospital Limited), 5B, Canal Circular Road, Kolkata, West Bengal - 700 054, India.

+91-33-4420-2122 / 2320-3040 / 2122, Emergency ☎ 1066 ☎ 08833112061908FL045223

✉ info@apollohospitals.com 🌐 www.kolkata.apollohospitals.com



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