JNIC

Contrast Enhanced 18F – FDG Whole Body PET-CT Scan

Name:[TARA BEN PATEL] **Age:** [72 YRS] **Sex:**[F]

Referred by:[Dr. LALIT SHARMA] **Patient ID:JNIC/03/2021/8071** **Date:** 15/03/2021

Protocol:18F-FDG (10.01 mCi) was injected after 5-6 hrs fasting. PET-CT was performed 45-60 min after the injection on GE DISCOVERY IQ PET-CT scanner. Semi Quantitative analysis of FDG uptake was performed by calculating SUV value expressed in gm/ml. Urografin (76 %) was used as oral contrast. Extent of the scan: from base of skull to mid-thigh. The Fasting Blood Sugar level at the time of injection was 84 mg/dl.

All dimensions mentioned in the report are in the format of transaxial x anterio-posterior x craniocaudal unless specified otherwise.

INDICATION:

K/C/O CA Cervix.

HPE from right rectal wall (07.11.20): Non-keratinizing squamous cell carcinoma.

HPE from cervix (07.11.20): Non-keratinizing squamous cell carcinoma.

PET-CT (17.11.20): Hypermetabolic inhomogenously enhancing soft tissue lesion involving uterine cervix with para-metrial invasion – consistent with primary malignant etiology. A hypermetabolic well-defined lobulated soft tissue density lesion in mesorectal space & a tiny serosal deposit involving anterior wall of rectum – metastatic deposits. A few low grade FDG avid sub-centimeter sized bilateral internal iliac lymphadenopathy – nodal metastasis likely.

Post chemotherapy status.

PET-CT (07.01.2021): As compared to previous PET-CT, there is significant reduction in size & metabolic activity of uterine cervix & mesorectal lesions and complete metabolic regression of serosal deposit & pelvic lymphadenopathy suggests disease regression.

Post chemotherapy status (Last 14 days back).

Follow up study.

FINDINGS:

Brain:

Normal physiological tracer distribution is noted in the brain parenchyma. No focal lesion or abnormal uptake noted in the brain.

Note: All brain metastases may not be apparent on a PET/CT scan and a MRI can be performed where clinically indicated.

Head and Neck:

Nasopharynx, oropharynx, hypopharynx and larynx appear normal with no abnormal FDG uptake seen in relation to them.

Thyroid gland is normal in size and attenuation pattern with no focal abnormal FDG uptake.

Bilateral major salivary glands appear normal with no abnormal FDG uptake.

No significant FDG avid cervical and supraclavicular lymphadenopathy noted.

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Thorax:

The heart and the mediastinal vascular structures are well opacified with I/V contrast. The trachea and main bronchi appear normal.

Both lung fields are showing normal attenuation. No focal abnormal FDG uptake is noted in the lung parenchyma.

No significant FDG avid mediastinal lymph nodes are seen.

No evidence of pleural thickening or effusion.

Bilateral breasts appear unremarkable.

Abdomen and pelvis:

Low grade FDG avid poorly enhancing focal soft tissue thickening is seen involving uterine cervix without significant adjacent fat stranding. No evident infiltration of lateral pelvic wall or urinary bladder is seen. It measures approx. 9 x 8 mm in axial plane with CC extension of 7 mm (Max SUV: 5.2) (Previously 10 x 15 x 13 mm, (Max SUV: 8.4)

A large FDG avid well-defined lobulated soft tissue density lesion is seen in right lateral mesorectal space infiltrating the rectum & vagina. It is also abutting the pelvic floor muscles on right side. It measures approx. 35 x 36 mm in axial plane with CC extension of 40 mm (Max SUV: 23.2) (Previously 30 x 40 x 38 mm, Max SUV: 18.1).

A few non FDG avid sub-centimeter sized lymph nodes are seen in bilateral internal iliac regions – burnt out disease.

Focal increased FDG avidity is seen involving left adrenal gland. (Max SUV: 10.1)

Liver parenchyma is normal in attenuation values and enhancement pattern. No focal lesion / abnormal increased FDG uptake is seen. Intrahepatic biliary radicals are not dilated. Portal and hepatic veins are normal.

Gall bladder, pancreas, kidneys and right adrenal appear normal with no abnormal FDG uptake seen in relation to them.

No significant FDG avid abdominal lymphadenopathy noted.

There is no ascites.

Physiological biodistribution of tracer noted in the liver, spleen, kidneys and urinary bladder.

Musculoskeletal system:

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

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IMPRESSION:

PET-CT reveals:

- **Low grade FDG avid poorly enhancing focal soft tissue thickening involving uterine cervix without para-metrial invasion as described - low volume active residual disease likely.**
- **A hypermetabolic well-defined lobulated soft tissue density lesion in right lateral mesorectal space infiltrating the rectum & vagina as described – active metastatic disease likely.**
- **Focal hypermetabolism involving left adrenal gland - ? Metastasis.**
- **No evident other hypermetabolic distant metastasis elsewhere in the body.**

As compared to previous PET-CT dated 07.01.21, there is marginal reduction in extent & metabolic activity of uterine cervix lesion & static appearance of mesorectal deposit noted.

Clinical-histopathological correlation is advised.

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