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HOUSE of DIAGNOSTICS

Patient Name	: **CHINTA DEVI**	**Lab No.**	: ROH2205145195
Age / Sex	: 50 Y / F	**Registration On**	: 18-05-2022
Referred By	: **Dr. SUNIL KUMAR**	**Collection Date**	:
Patient ID	: UROH.0000075414	**Received Date**	:
Centre	: PRASHANT VIHAR	**Approved Date**	: 19/May/2022 02:15PM

F18-FDG WHOLE BODY POSITRON EMISSION TOMOGRAPHY WITH CONTRAST CT SCAN

Whole body PET/CT scan was done following intravenous administration of F^{18} – FDG. Imaging was performed on PET scanner with Multidetector Computerised Tomography (MDCT), scanning from eyes to mid-thigh. A separate sequence with breath hold was performed for lung and a separate series for brain examination. A semiquantitative analysis of FDG uptake was performed by calculating SUV corrected for dose administered and patient lean body mass (Weight: 45 kg, Height: 155 cm). The blood sugar at the time of tracer injection was 154 mg/dl.

Patient is being evaluated for mediastinal mass. PET/CT scan is being done for pretreatment staging.

The overall bio distribution of FDG is within normal physiological limits.

Brain: The supra and infra tentorial brain parenchyma appears unremarkable. There is no ICSOL seen. The ventricular system appears normal**.** The brain parenchyma demonstrates normal FDG uptake. *MRI is a better modality to evaluate brain metastases*.

Head and Neck: Bilateral paranasal sinuses appear clear. The nasopharynx including the fossae of Rosenmuller is normal. The oral mucosa and the tongue appear normal.

Both lobes of the thyroid gland appear normal in size and demonstrate physiological FDG uptake. Rest of head and neck structures appear unremarkable.

Thorax: The heart and mediastinal vascular structures appear normal. The trachea and both main bronchi appear normal.

A large FDG avid (SUV max-25.2) hypodense mass lesion, measuring ~ 4.2(AP)x4.5(TR)x5.0(CC) cms in size is seen in left superior mediastinum crossing the midline and compressing the esophagus with indistinct fat planes. Partial compression of tracheal lumen is also noted with deviation of trachea towards right.

Few FDG avid (SUV max-15.2) left supraclavicular and right upper paratracheal lymph nodes are seen, largest measuring ~ 1.7x1.1 cms in size in left supraclavicular region.

FDG avid (SUV max-24.2) asymmetrical circumferential wall thickening (maximum thickness ~ 11 mm) is seen involving a length of ~2.8 cms of lower thoracic esophagus at D9 vertebral level.

Other focal areas of increased FDG uptake (SUV max-21.2) with no obvious wall thickening are seen in middle thoracic esophagus at the level of D5 & D6 vertebrae.

Lungs: *A non FDG avid fibrotic infiltrate is seen in right middle lobe.* Rest of the lung fields appear normal. There is no pleural or pericardial effusion noted.

Breasts: Both breasts appear unremarkable. There is no FDG avid lesion noted in either breast parenchyma.

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Abdomen: The liver appears normal in size. *The hepatic parenchyma demonstrates diffuse hypoattenuation suggestive of fatty changes*. The intra hepatic biliary radicals are not dilated. The portal vein is normal. No abnormal FDG accumulation is seen in the liver parenchyma.

Gall bladder is distended with physiological FDG uptake.

Few FDG avid (SUV max-16.4) perigastric and paraaortic lymph nodes are noted, largest measuring ~ 2.7x2.4 cms in size.

Spleen, Pancreas and both Adrenal glands appear normal in bulk and demonstrate physiological FDG uptake.

Bilateral kidneys appear normal in size. Bilateral ureters are defined. Urinary bladder is normal in shape, size and distention.

The stomach is well distended with the orally administered contrast media. The small and large bowel loops appear normal in caliber and fold pattern and shows physiological FDG uptake.

Post hysterectomy status is noted with no FDG avid lesion in vaginal vault.

Non FDG avid cystic lesion is seen in left external iliac region – ***likely seroma.***

Skeleton: The bones under survey appear normal and show normal FDG uptake.

Opinion: In this case being evaluated for mediastinal mass, PET/CT scan findings reveal:

- **A large FDG avid hypodense mass lesion in left superior mediastinum crossing the midline and compressing the esophagus with indistinct fat planes -** ***? esophageal lesion ? lymph nodal mass*****.**
- **FDG avid asymmetrical circumferential wall thickening involving a length of ~2.8 cms of lower thoracic esophagus at D9 vertebral level -** ***? Carcinoma esophagus*****.**
- **Other focal areas of increased FDG uptake with no obvious wall thickening in middle thoracic esophagus at the level of D5 & D6 vertebrae.**
- **Few FDG avid left supraclavicular, right upper paratracheal and abdominal lymph nodes –** ***likely metastatic*****.**
- **No other FDG avid visible disease is seen elsewhere in the regions of the body surveyed.**

Please correlate clinically.

***** End Of Report *****

In case of any discrepancy due to typing error, kindly get it rectified immediately.This is professional opinion, not a diagnosis.

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Scan to Validate Report

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- The report results are for information and interpretation for your referring doctor. Reports are to be correlated with the patient's clinical history.
- Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by physician's advice for your specific care.
- This Medical Report is a professional opinion, not a diagnosis.
- The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
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- Results of tests may vary from laboratory to laboratory and in some parameters from time to time for the same patients. Test results and reference range may also vary depending on the technology and methodology used. Laboratory test results may also vary depending on the age, sex, time of the day sample has been taken, diet, medication and limitation of modern technology.
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Facilities Available

Radiology
- 3T MRI & 1.5T MRI
- CT Scan
- Digital X-Ray
- Mammography
- Open / Standing MRI
- Bone DEXA Scan

Pathology
- Biochemistry
- Immunoassay
- Hematology
- Clinical Pathology
- Serology
- Microbiology

Nuclear Medicine
- **India's First** Simultaneous PET-MRI
- Whole Body PET/CT Scan
- DTPA / DMSA Renal Scans
- Thyroid Scan
- Whole Body Bone Scan
- HIDA Scan • Rest MUGA

Cardiology Investigations
- ECG (Electrocardiogram)
- Echocardiography
- TMT
- Stress Echocardiography
- Stress Thallium

Neurology Investigations
- EEG - ElectroEncephaloGram
- EMG - ElectroMyoGraphy
- NCV - Nerve Conduction Velocity
- VEP - Visual Evoked Response
- SSEP

Dental Imaging
- CBCT - Cone Beam CT Scan
- OPG - OrthoPantomoGram

Other Tests
- PFT

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