

PATIENT INFORMATION

Patient Name : Mr. Sample Patient
UHID / Patient ID : PETCT/250521/0001
Age / Gender : 55 Years / Male
Referring Doctor : Dr. Sample Referrer
Clinical History : Known case of diffuse large B-cell lymphoma. PET/CT for disease status & further work up.

Study Date : 20 May 2025
Report Date : 21 May 2025
Report Time : 10:30 AM

SCAN PROTOCOL

Radiopharmaceutical : 18F-FDG
Blood Glucose Level (RBS) : 98 mg/dl
Dose Administered : 10.2 mCi (378 MBq)
Uptake Time : 60 minutes
Scanner & Technology : 128-Slice Digital PET-CT
CT Protocol : Low dose CT for attenuation correction & anatomical correlation.

Note: This PET/CT study is not a substitute for diagnostic CT in view of relatively lower resolution & low dose CT to prevent high radiation exposure to the patient. CT used in this scan is only for purpose of anatomical correlation.

FINDINGS

BRAIN

The visualized supratentorial & infratentorial portions of the brain are normal in appearance on CT.

(NOTE: If there is high suspicion of brain metastasis, MRI evaluation should be considered as all the brain lesions are not appreciated on FDG PET/CT or false negatives may occur due to high physiological uptake of FDG in brain parenchyma, lower resolution & comparative low dose CT).

HEAD AND NECK

- FDG avid multiple enlarged discrete and coalescent right cervical level V and right supraclavicular lymph nodes are noted, largest coalescent lymph nodal mass measuring approximately 42 x 37 mm, SUV max 21.5.
- Few non FDG avid subcentimetric bilateral cervical lymph nodes are noted - likely infective/reactive.
- Increased FDG uptake noted in bilateral palatine tonsils - likely inflammatory.
- Normal physiological FDG distribution noted in visualized base of skull, salivary glands, nasopharynx, oropharynx, hypopharynx, larynx, adjacent neck region and thyroid.

THORAX (CHEST)

- Minimal right pleural effusion noted with FDG avid enhancing diffuse increase right pleural thickening noted (maximum thickness approximately 16 mm, SUV max 20.5).
- FDG avid multiple enlarged discrete and coalescent bilateral axillary level I - III lymph nodes are noted largest coalescent lymph nodal mass in right axilla measuring approximately 58 x 29 mm, SUV max 20.6.
- FDG avid multiple enlarged mediastinal and right hilar lymph nodes are noted largest measuring approximately 20 x 25 mm, SUV max 17.1.
- Large airways, heart, great vessels and other mediastinal structures appear normal with no significant abnormal FDG uptake.

ABDOMEN AND PELVIS

- Physiological FDG uptake noted in gastrointestinal & genitourinary systems.
- Multiple FDG avid subcentimetric and enlarged aortocaval, right common iliac, bilateral external iliac and left inguinal lymph nodes are noted largest measuring approximately 30 x 16 mm, SUV max 13.1.
- Mild splenomegaly noted with diffuse increase FDG uptake noted in the splenic parenchyma (SUV max 13.1) with multiple relatively ill-defined hypodense lesions are noted in the spleen (largest measuring approximately 22 x 19 mm).
- The liver, gall bladder, pancreas are normal.
- There are no adrenal nodules.
- The calibre of the abdominal aorta is normal.

MUSCULOSKELETAL SYSTEM

- Degenerative marginal osteophytes are noted at multiple dorso-lumbar levels.
- Marrow uptake is within normal range.
- There are no suspicious hypermetabolic osteolytic or osteosclerotic lesions.

INCIDENTAL FINDINGS

- None significant.



128-SLICE PET-CT TECHNOLOGY ADVANTAGE

A 128-slice PET-CT scanner produces much sharper images than older machines. It provides higher spatial resolution, faster acquisition, lower radiation dose, and more accurate detection of small lesions for better diagnostic confidence.

Page 1 of 3

QUANTITATIVE ANALYSIS (SUV)

Lesion / Region of Interest	Size (Approx.)	SUV Max	SUV Mean
Right Cervical Level V / Supraclavicular LNs	42 x 37 mm	21.5	10.2
Right Axillary Lymph Node (Largest)	58 x 29 mm	20.6	9.8
Mediastinal Lymph Node (Largest)	20 x 25 mm	17.1	8.6
Right Pleural Thickening (Max Thickness 16 mm)	16 mm	20.5	9.7
Abdominal Lymph Node (Largest)	30 x 16 mm	13.1	6.1
Spleen (Diffuse Uptake)	—	13.1	6.0
Metabolic Tumor Volume (MTV)	: 145.6 ml		
Total Lesion Glycolysis (TLG)	: 1250.3		

IMPRESSION

- Hypermetabolic enlarged discrete and coalescent right cervical level V, right supraclavicular, mediastinal, bilateral axillary and abdominal pelvic lymph nodes with hypermetabolic diffuse increase irregular right pleural thickening and diffuse hypermetabolism in the spleen parenchyma with multiple relatively ill-defined hypodense lesions as described - suggestive of disease involvement.
- No definite scan evidence of metabolically active malignant disease elsewhere in the scan surveyed.

RECOMMENDATION

- Clinical correlation and follow up.
- Response assessment as per treating physician's advice.
- Follow up PET/CT may be considered for treatment monitoring.

WHOLE BODY PET-CT MIP IMAGES



REPORTED BY

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Registration No. _____

DISCLAIMER

This report is based on the available data and information at the time of reporting and should be interpreted in the light of other clinical information and relevant investigations.

Kindly correlate clinically.



Reported by Nuclear Medicine Specialist using advanced 128-Slice PET-CT technology for superior image quality and diagnostic confidence.

