



DEPARTMENT OF NUCLEAR MEDICINE
WHOLE BODY PSMA PET CT

Name: Gour Prasad Banerjee	NM ID: OCT/24/12/24
Sex: Male Age: 76 Years	UPID: UM0000009399
Referring Physician: Dr. S S Panda	Date: 07.02.2025

Clinical History and Indication: Case of treated carcinoma prostate post orchidectomy on enzalutamide for restaging. Present scan findings are compared to previous PET CT dated - 25.10.2024.

ACQUISITION PROTOCOL

Scanner: Seimens Biograph Horizon
Radioisotope: 68 Gallium PSMA (5 mci)/40 minutes uptake period
Study Mode: PET-3D mode, Ultra HD PET with TOF & CT: 130 Kv with care dose on Mode, motion free acquisition.
Extent of Study: Vertex of the skull to mid thighs
Contrast: Intra venous contrast was given.
Semiquantitative analysis of tracer activity: Calculated as SUV BW g/ml.

FINDINGS

HEAD & NECK

- Physiological tracer uptake is seen in bilateral lacrimal and salivary glands.
- No abnormal tracer uptake in skull base, paranasal sinuses, oropharynx/nasopharynx/ hypopharynx and thyroid gland. No focal mass lesion/mass effect is seen within the visualized brain parenchyma.

CHEST

- No focal abnormal tracer uptake is seen in bilateral lungs, mediastinum and thoracic wall. Large airways, pleura, heart, great vessels and other mediastinal structures appear unremarkable. No evidence of pleural effusion is seen.

ABDOMEN & PELVIS

- Stomach, GE junction and esophagus appear unremarkable.
- Physiological tracer uptake is seen in the spleen, bilateral kidneys, bladder and bowel loops.
- Liver appears normal in size. There is no focal abnormal tracer uptake or hypodense lesions. Gall bladder, pancreas, bilateral adrenal glands appear unremarkable. Spleen appears unremarkable. No free fluid is seen in the abdomen and pelvis.
- No evidence of abnormal PSMA avid abdominal or pelvic lymph nodes.
- Bilateral kidneys appear normal in shape and location. No hydronephrosis or calculi found. Urinary bladder appears to be normal.
- Prostate gland appears normal in size (size 2.6 x 3.8 x 3.2 cm, AP x TR x CC). No focal abnormal increased PSMA uptake in the prostate gland or seminal vesicles. Bilateral testicles are not seen.



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SKELETAL

- Focal increased PSMA uptake is seen in extensive lytic sclerotic lesions with marrow involvement in extensive lesions in skull bones (SUVmax - 5.1 compared to previous SUVmax - 8.3), multiple vertebrae of the entire spine (SUVmax - 19.5 compared to previous SUVmax - 30.5), bilateral humeri (SUVmax - 7.5 compared to previous SUVmax - 22.9), bilateral scapulae (SUVmax - 15.6 compared to previous SUVmax - 32.4), clavicles (SUVmax - 19.07 compared to previous SUVmax - 26.1), sternum (SUVmax - 16.05 compared to previous SUVmax - 26.6), multiple bilateral ribs (SUVmax - 11.2 compared to previous SUVmax - 32.7), sacrum, bilateral pelvic bones (SUVmax - 8.1 compared to previous SUVmax - 10.2) and bilateral femora (SUVmax - 3.1 compared to previous SUVmax - 15.1).

Impression:

In context of clinical history of treated metastatic carcinoma prostate, present scan findings show no significant PSMA expression in residual prostate gland.

No abnormal PSMA avid abdominal or pelvic nodes.

Extensive PSMA avid lytic sclerotic lesions in visualized skeleton as described above are residual metastatic disease.

No evidence of abnormal PSMA uptake in rest of the scanned segments of the body.

Compared to previous PSMA PET CT Dated - 24.10.2024, present scan findings show interval reduction in PSMA expression of skeletal sites, likely indicative of stable disease. No evidence of disease progression.

Dr. Sudatta Ray, DNB (Nuclear medicine)

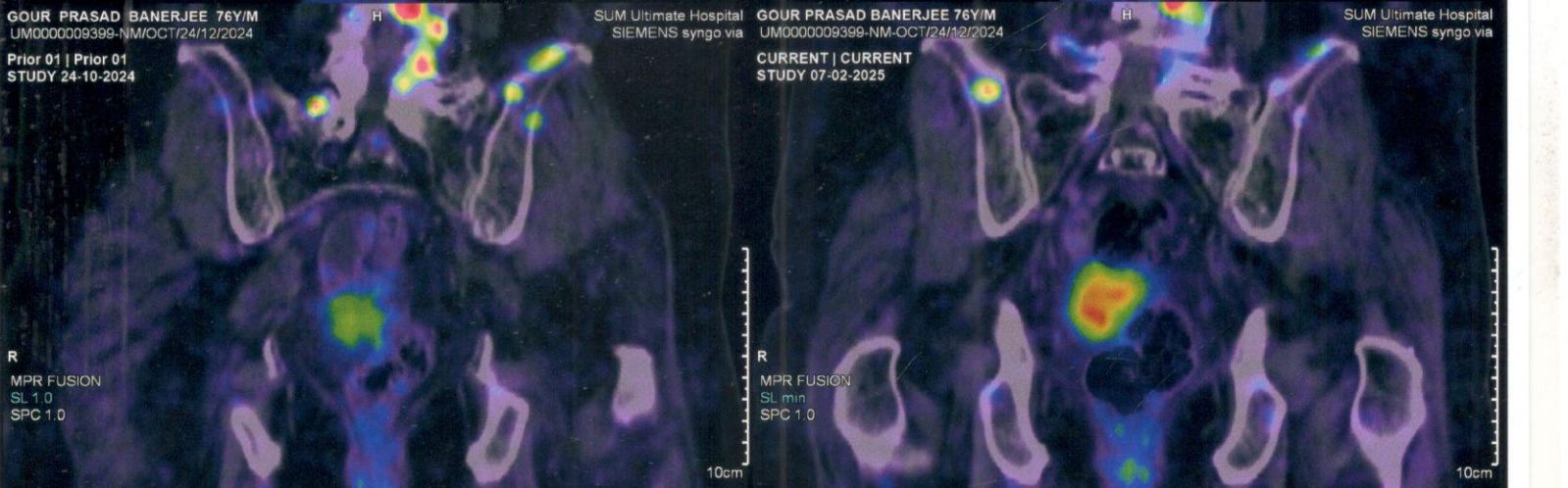
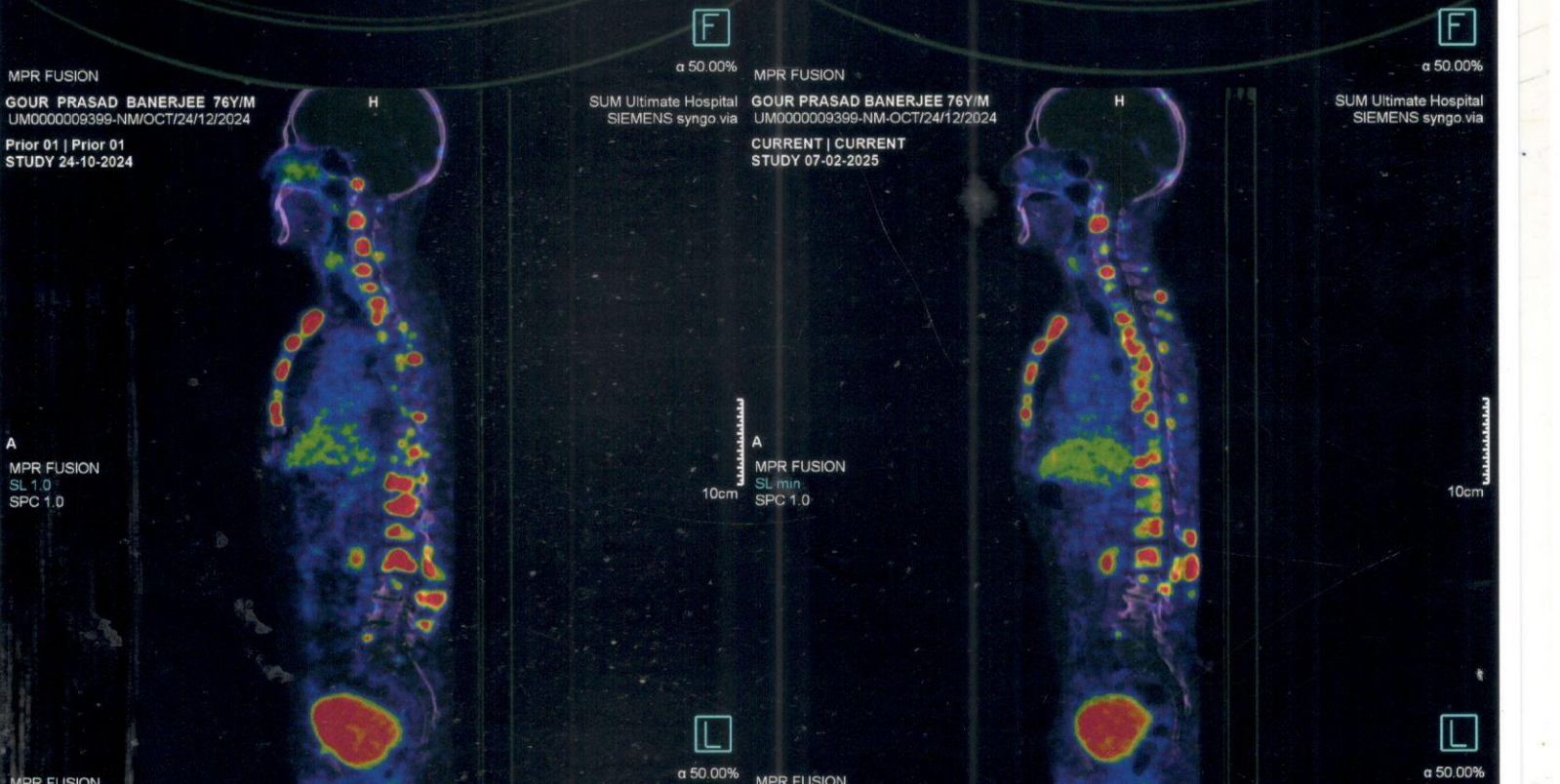
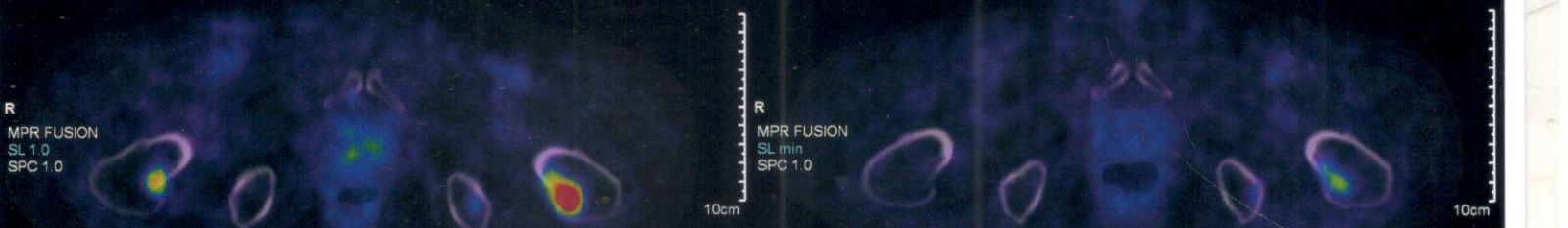
SR. CONSULTANT NUCLEAR MEDICINE & PET CT

Prior 01 | Prior 01
STUDY 24-10-2024

CURRENT | CURRENT
STUDY 07-02-2025

24.10.2024

07.02.2025



GOUR PRASAD BANERJEE 76YM
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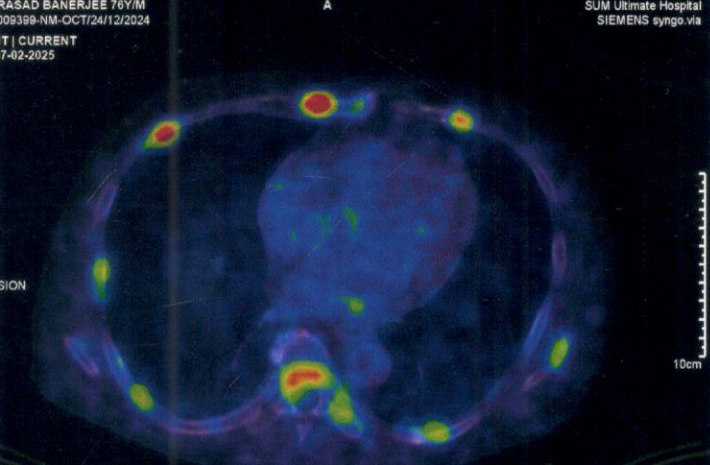
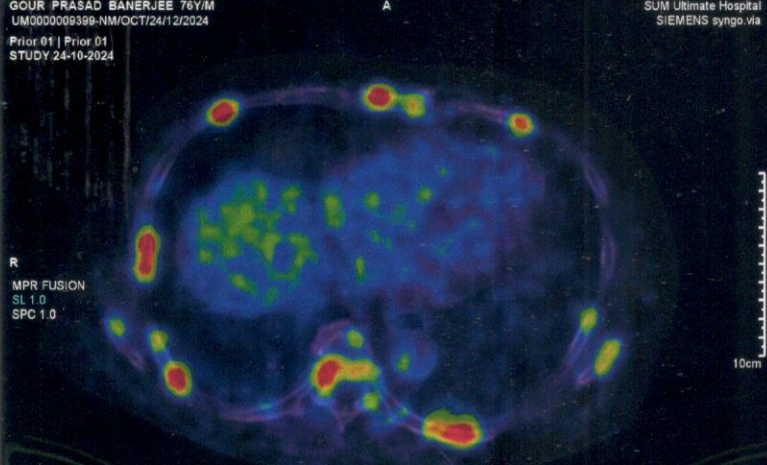
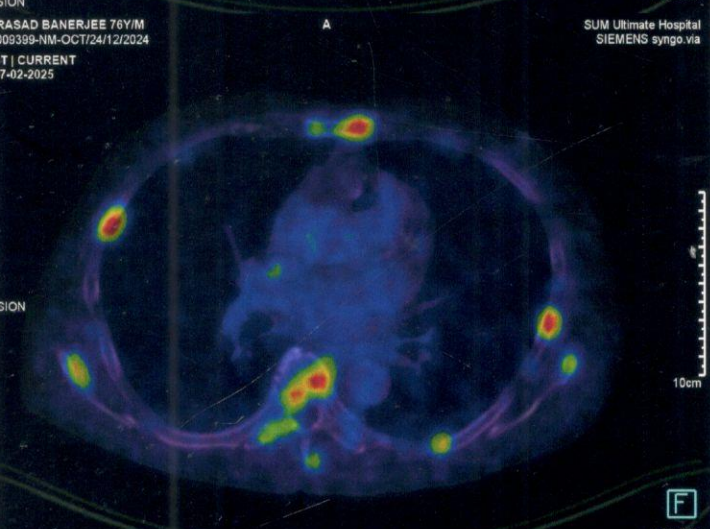
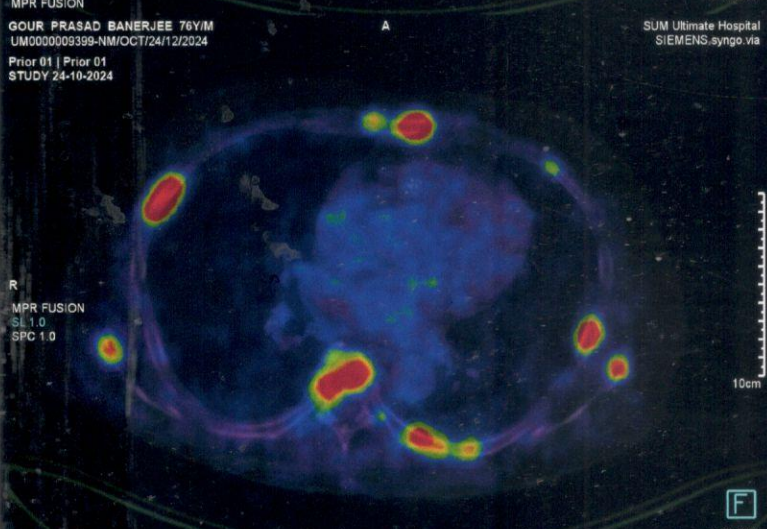
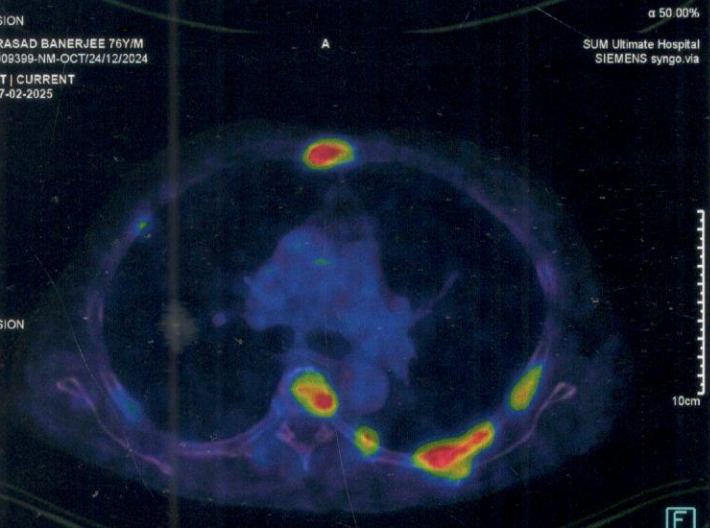
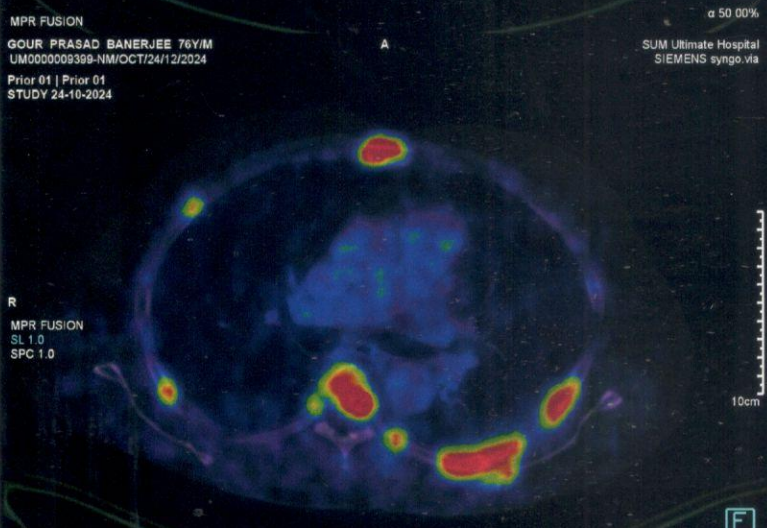
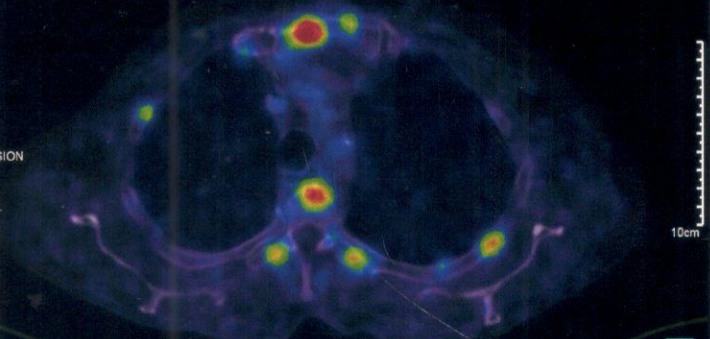
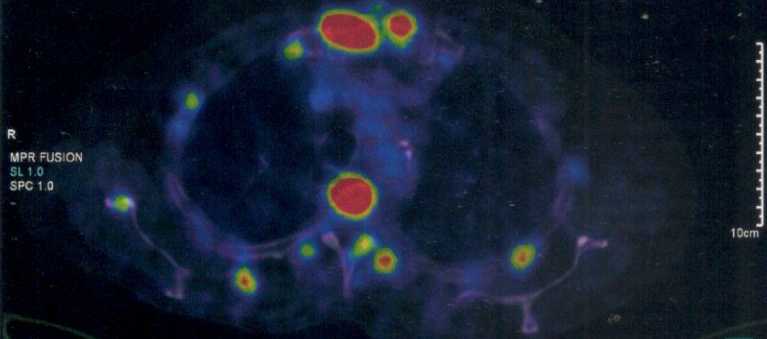
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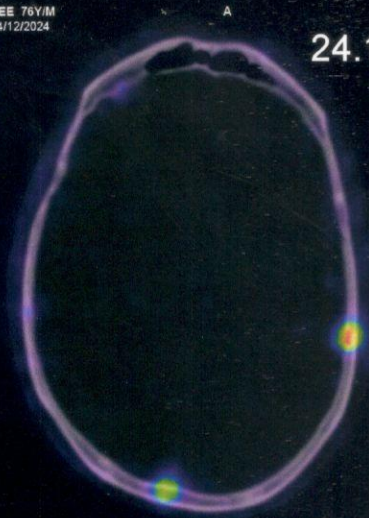
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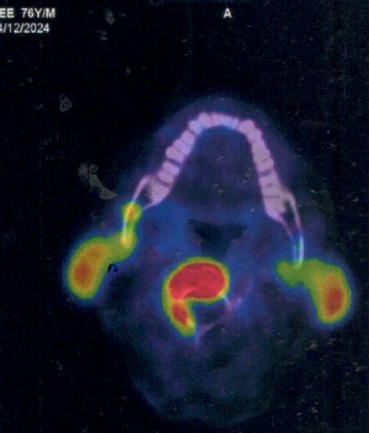


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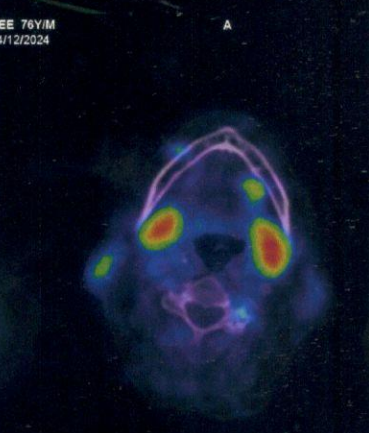


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