

DEPARTMENT OF NUCLEAR MEDICINE & PET-CT

Name	MR.CHINMAYA MOHANTY	UID NO.	ADH2500001211
Accession No	P2503001633822	Age/Gender	44Y / Male
Referred By	DR.BOMAN N DHABAR	Date	21-Aug-2025

WHOLE BODY ^{18}F -FDG PET-CT SCAN

Technique:

Scanner: GE Discovery IQ GEN2 HD 16-slice MDCT with BGO detector technology. **Radioisotope:** ^{18}F FDG.

Uptake period: 60 minutes. **CT:** Contrast enhanced. **Extent of study:** Vertex to upper mid-third of thigh.

PET Reconstruction method: GE Q.CLEAR algorithm. SUV max was calculated using lean body mass.

Note: All tumors are not FDG avid. In the absence of metabolically active disease reported on the scan, if there are other evidences to suggest presence of disease, complimentary investigations should be undertaken. Investigations have their limitations. Solitary pathological/ radiological and other investigations never confirm the final diagnosis of disease. They help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

PET-CT Scan findings:

Physiological uptake of radiotracer (FDG) is seen in the visualized brain parenchyma, tonsillar region, vocal cords, myocardium, gut, pelvicalyceal system and bladder.

Brain:

No obvious abnormality is detected. Further evaluation may be done with MRI if clinically indicated.

Neck:

The endolaryngeal apparatus appears normal.

No obvious FDG avid lesion is seen in the oral tongue.

No obvious abnormality is seen in the nasopharynx, oropharynx and hypopharynx.

Major salivary glands appear normal in size and signal intensity.

Paranasal sinuses appear normal.

Major neck vessels are unremarkable.

Thyroid gland appears normal in size and signal intensity.

No size significant or FDG avid adenopathy is seen in the cervical region.

Thorax:

Mild interval increase in size of FDG avid peri-bronchovascular nodule noted in apico-posterior segment of left lung- 2cm, SUVmax-2.17, previously- 1.5cm.

Appearance of few atelectatic bands in lower lobes of both lungs. Rest of the lung parenchyma appears normal. No obvious pleural or pericardial effusion is seen.

No size significant or FDG avid adenopathy is seen in the mediastinum or axillae.

Abdomen:

Liver appears enlarged (span- 24.1cm, previously- 21.8cm).

Stable non-FDG avid focal ulcerative thickening is seen along proximal lesser curvature of stomach now measuring length- 2.7cm, previously- 2.8cm.

Interval increase in size of FDG avid multiple heterogeneously enhancing focal lesions are seen scattered in both lobes of liver largest one in V-VI- 8.9 x 8.8cm, SUVmax- 3.61- previously- largest measuring 5 x 4.5cm.

Mild increase in size of low grade FDG avid left gastric and celiac axis lymph nodes are seen largest measuring 3.8cm, SUVmax- 1.74, previously- 3.2cm.

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Gallbladder is partially distended. No obvious radiodense calculi or FDG avid mass lesion is seen. Intrahepatic biliary radicles and common bile duct are not dilated.

Spleen appears normal in size and attenuation.

Pancreas shows no focal lesion within. Bilateral adrenals appear normal in size.

Bilateral kidneys appear normal. Bilateral pelvicalyceal system and ureters are not dilated.

Urinary bladder is partially distended.

No obvious enhancing or FDG avid lesion is seen in the small or large bowel loops.

No free fluid is seen in the abdomen or pelvis.

No size significant or FDG avid adenopathy is seen in the abdomen and pelvis.

Musculoskeletal:

Visualized bones and soft tissue appear unremarkable.

RECIST evaluation

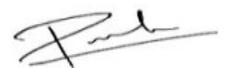
Site of lesions	Date: 5.7.2025	Date: 21.8.2025	+ increase
Left lung nodule	1.5cm	2cm	
Liver lesion 1	7.2cm	8.9	
Liver leison 2	5.2cm	7.2cm	
Left gastric node	3.2cm	3.8cm	
	Sum SPD: 171 cm	Sum SPD: 219cm	+28%

Impression:

Gastric NET with liver metastases- post 6 cycles PRRT (last dose- 07.12.2024) and now on capecitabine. As compared with prior DOTA PET CT scan dated: 05.07.2025, Present PET Scan reveals:

- Stable extent of focal ulcerative thickening along proximal lesser curvature of stomach.
- *Interval increase in size of FDG avid multiple heterogeneously enhancing focal lesions are seen scattered in both lobes of liver.*
- *Mild increase in size of low grade FDG avid left gastric and celiac axis lymph nodes.*
- *Mild interval increase in size of FDG avid peri-bronchovascular nodule noted in apico-posterior segment of left lung.*
- No active disease elsewhere in the whole body scan.

Scan findings suggestive of Progressive disease.



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