

## DEPARTMENT OF NUCLEAR MEDICINE

**Name: Mrs. Rina Basu**  
**Age: 62 yrs/F, UHID NO: KH1000994126**

Ref Doctor: Dr. Yashwanth Kulkarni  
Date: 13/12/2025

## DIGITAL WHOLE BODY <sup>18</sup>FDG PET-CT SCAN

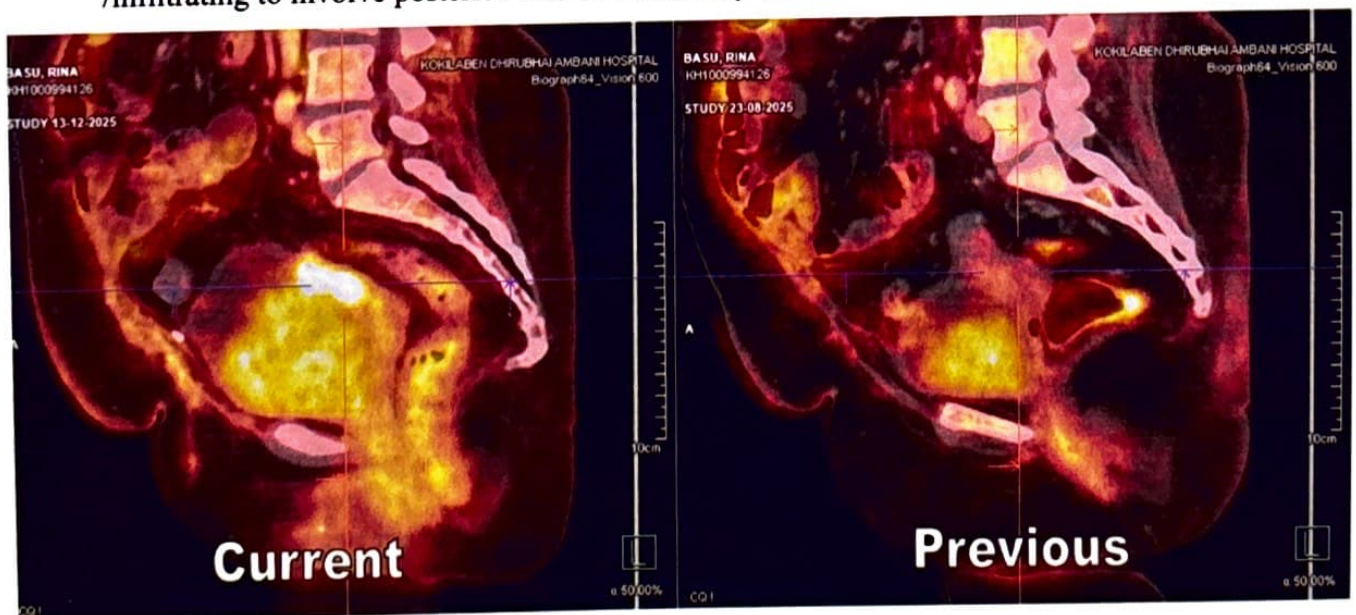
**HISTORY** - Known operated case of high grade serous Ca – bilateral ovaries and small cell neuroendocrine type Ca, post exploratory laparotomy + excision of right fallopian tube mass + bilateral SPO (04/04/25), post 6 cycles of chemotherapy (last on 06/08/25), post exploratory laparoscopy + hysterectomy + interbowel adhesion adhesiolysis + total omentectomy + falciform ligament excision + peritonectomy (04/09/25), post 2 cycles of chemotherapy (last on 11/11/25), for follow up evaluation

**PROCEDURE:**

After atleast 6 hrs fasting 5.7 mCi of  $^{18}\text{F}$ FDG was administered intravenously and whole body Positron Emission Tomography acquired from vertex to mid thigh after 1 hour after 1 hour on **Siemens Biograph Vision 600 Digital PET-CT scanner**. SUV calculated based on body weight. Plain CT scan & contrast CT of the same region was performed after oral and intravenous contrast for PET-CT fusion. Additional breath hold CT of lungs also acquired.

**FINDINGS:** As compared to previous PET-CT scan dated 23/08/25, present study shows:

- Post hysterectomy with salpingo-oophorectomy status noted. FDG PET/CT-defined soft tissue lesion noted at the operated site /vaginal vault region (SUVmax- 15.8). The lesion is extending /infiltrating to involve posterior wall of the urinary bladder .



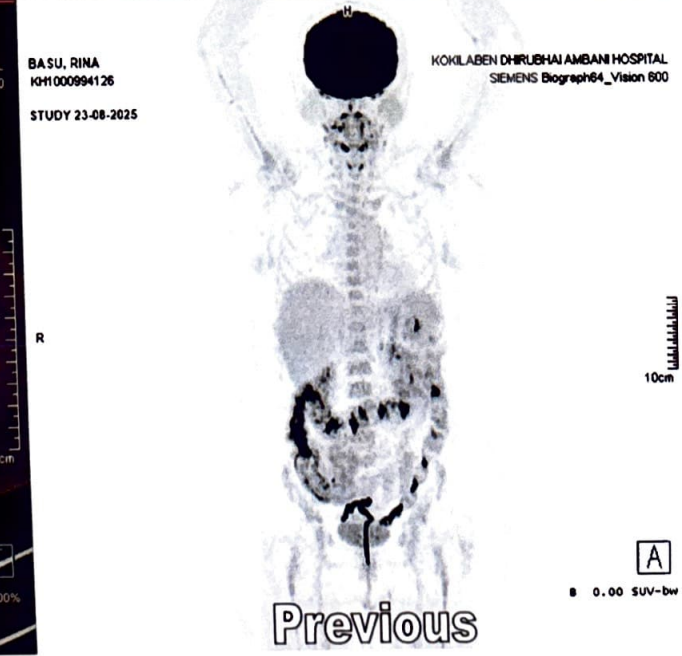
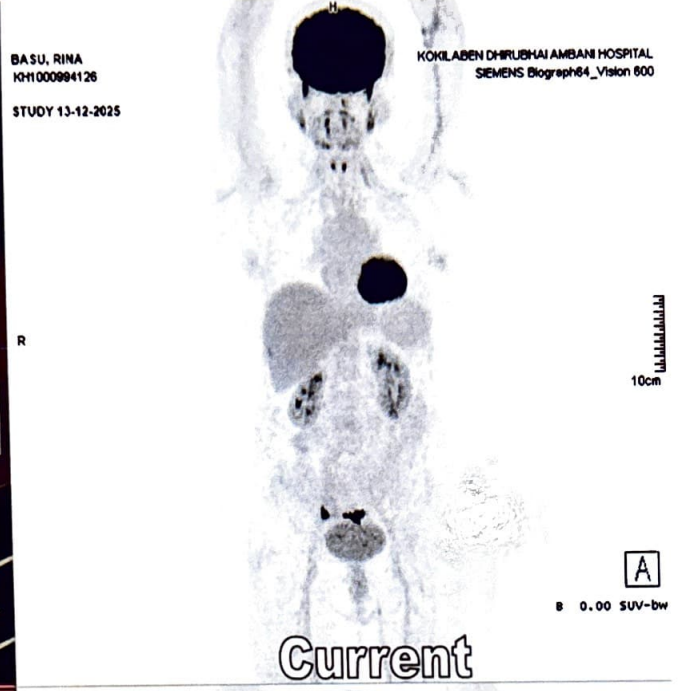
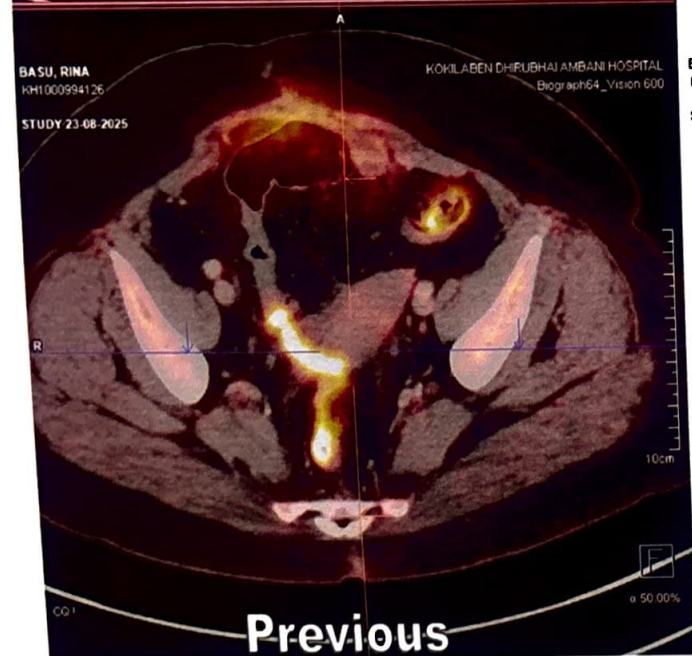
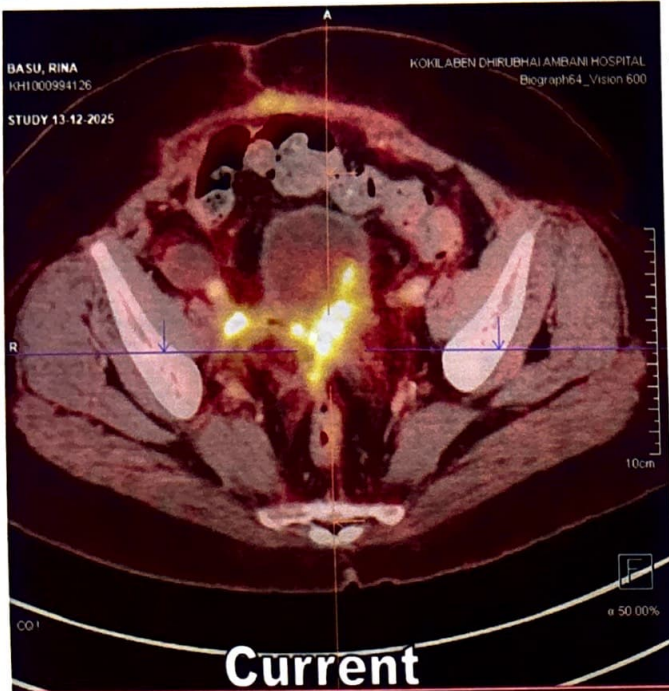


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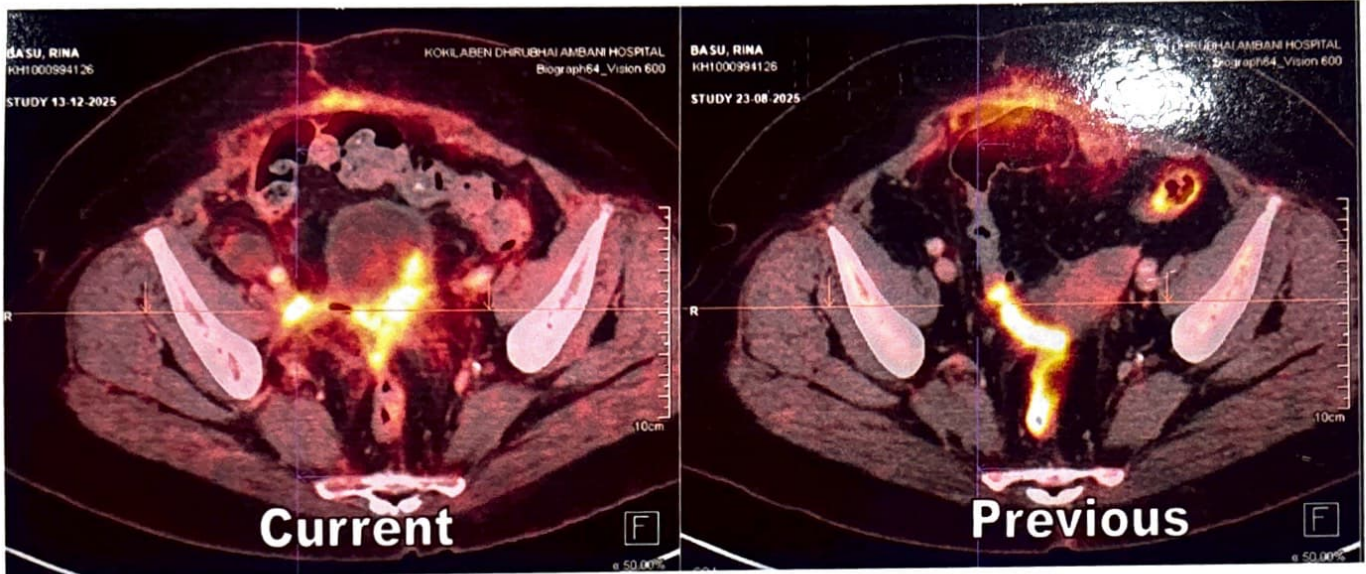




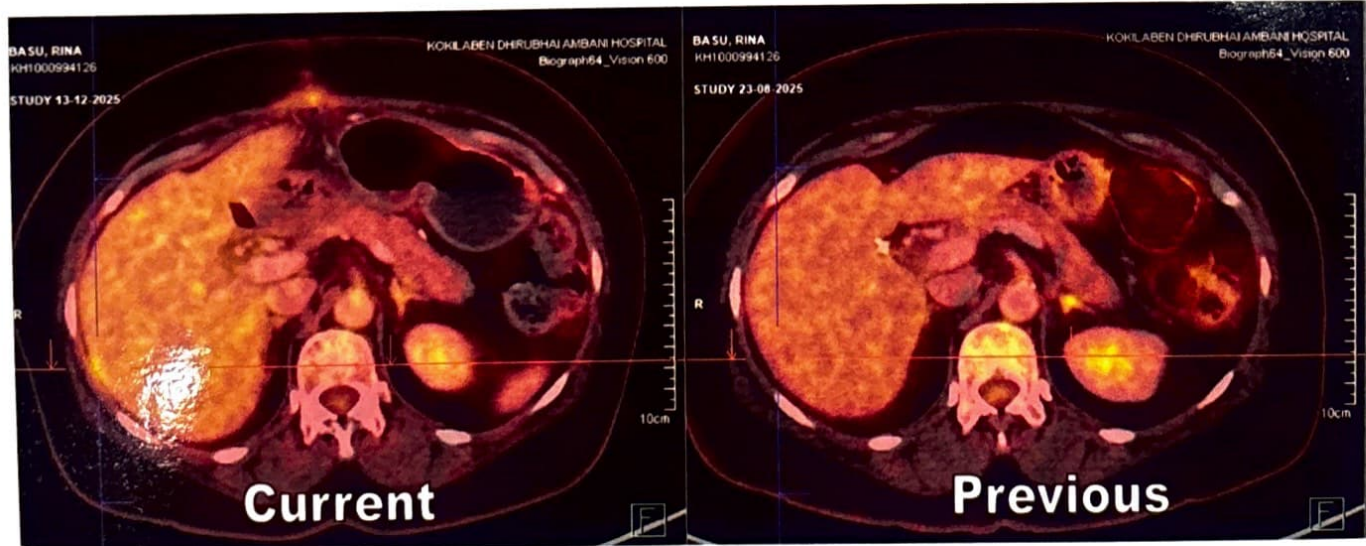
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- FDG avid ill-defined nodular soft tissue is seen in the right external iliac region (SUVmax- 10.6), measures 1.3 x 1.3 cm.



- Liver shows normal lobar anatomy. No abnormal focal increased FDG uptake or morphologically abnormal lesion is seen in the liver. Post cholecystectomy status noted.
- Small ill-defined FDG uptake noted over the capsular surface of the liver (SUVmax- 1.8).



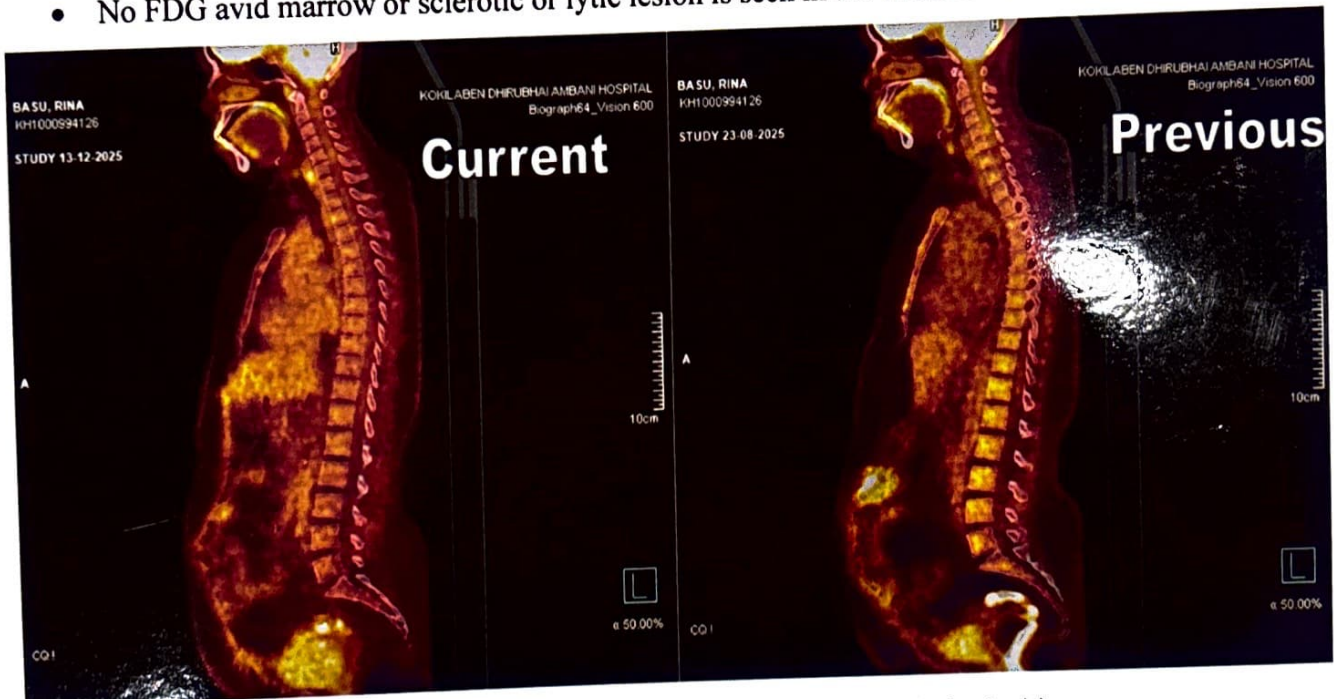


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- Patchy increased FDG uptake noted along the incision site representing postoperative inflammatory changes.
- Spleen is normal in size, attenuation and enhancement. No abnormal focal increased FDG uptake or morphological lesion is seen within.
- Adrenals appear unremarkable.
- Pancreas appears normal in size and shape. No focal FDG avid pathological lesion is seen within. Pancreatic duct appears normal.
- Kidneys appear normal in size and showing normal contrast enhancement.
- No FDG avid or size significant lymph nodes noted in neck, axillary, mediastinum, retroperitoneum, iliac group and inguinal regions.
- A tiny calcified granuloma is seen in the lateral basal segment of lower lobe of right lung.
- No FDG avid marrow or sclerotic or lytic lesion is seen in the visualised skeleton.



- No abnormal focal FDG uptake or morphological lesion is seen in brain \*\*.
- Rest of the PET-CT is unremarkable with physiological distribution of FDG.



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**IMPRESSION:** Known operated case of high grade serous Ca – bilateral ovaries and small cell neuroendocrine type Ca, post exploratory laparotomy + excision of right fallopian tube mass + bilateral SPO (04/04/25), post 6 cycles of chemotherapy (last on 06/08/25), post exploratory laparoscopy + hysterectomy + interbowel adhesion adhesiolysis + total gastrectomy + falciform ligament excision + peritonectomy (04/09/25), post 2 cycles of chemotherapy (last on 11/11/25), for follow up evaluation

As compared to previous PET-CT scan dated 23/08/25, present study shows:

- ✓ Metabolically active ill-defined lesion add the hysterectomy site/vaginal vault region infiltrating posterior wall of urinary bladder.
- ✓ Metabolically active nodular lesion in the right external iliac region.
- ✓ Suspicious metabolically active deposit over the capsular surface of liver.
- ✓ No evidence of metabolically active disease elsewhere within the body.

*Above findings are suggestive of disease progression/recurrence.*

*Suggested: clinical correlation and corroboration with other investigation reports.*



**Dr. Hemant Khandare** DNB (Nuclear Medicine), DRM, MNAMS, MBBS  
Consultant -Nuclear Medicine

**Dr. Anshu Rajnish Sharma**  
Head & Consultant-Nuclear Medicine

**Note:**

1. For direct PET/CT appointment call (022)-42699914
  2. Kindly bring previous relevant clinical details and previous scan CD for next follow up study.
- \*\*PET/CT is less sensitive for brain lesion. MRI is recommended for accurate evaluation of brain lesion.**
- Not all tumours are FDG avid and also non all FDG avid lesions are malignant. If current study is showing no FDG uptake but there is other evidence of presence of disease then further investigations like histopathological examination may be required. PET-CT help in diagnosing the disease in correlation to clinical symptoms and other related investigations. Please interpret accordingly.**