

<b>Name</b>	: Bhausaheb D. Shinde	<b>MR No.</b>	: 203348
<b>Age/Gender</b>	: 050:01:12/M	<b>Bill Number</b>	: 16B-2025-001062
<b>Referred By</b>	: Dr.Pratik Patil - Reg No. 2014030562	<b>Result No</b>	: NB-2025-0005549
<b>Examination</b>	: Whole Body FDG PET/CT scan	<b>Invest. Date</b>	: 14/07/2025 / 11:37:29 AM
<b>DT</b>	:	<b>Result Date</b>	: 15/07/2025 / 9:54:11 AM

### **F-18 FDG PET-CT Scan**

**Protocol:** F-18 FDG PET/CT scan was performed from vertex to midhigh on GE Discovery IQ PET-CT scanner, after intravenous administration of 7.4 mCi F18-Fluorodeoxyglucose (FDG). Intravenous contrast was administered. A semi-quantitative analysis of FDG uptake was performed by calculating SUVmax based upon body weight and expressed in gm/ml. A separate breath hold CT scan of lung with 1.25 mm slice thickness was also acquired. BSL: 103 mg/dl. Serum creatinine: 1.5 mg/dl. No immediate adverse contrast media reactions noted.

**Indication:** Case of Neuroendocrine tumour (well differentiated grade I). Previous PET/CT scan done on 07.07.2023. Received Octreotide and Everolimus previously; currently not on treatment since past few months. Scan done for present disease status evaluation.

**Comparison:** Previous PET/CT scan done on 07.07.2023.

#### **Findings:**

No obvious FDG avid brain lesion seen.

[Note: All brain lesions may not be detectable on FDG PET in view of intense physiological uptake in the brain. Suggested MRI correlation if clinically warranted].

No abnormal FDG avid lesion seen in oral cavity, pharynx and larynx.  
Thyroid gland appears unremarkable.

No significant FDG avid cervical or supraclavicular lymph nodes seen.

No significant FDG avid lesions or suspicious nodules in the lungs.  
No significant pleural or pericardial effusion noted.

No significant FDG avid mediastinal or axillary nodes seen.

**FDG avid ill-defined soft tissue mass in the gastro-pancreatic region, along the pancreatic head, measuring about 4.6 x 2.6 cm, SUVmax- 8.6. (Previously about 4.5 x 3.3 cm, SUVmax- 10.1). Fat planes are indistinct with the antropyloric region of the stomach. Proximally, the pancreatic duct appears mildly prominent. Associated calcific focus appears stable.**

**Low grade FDG avid necrotic gastrohepatic lymph node, about 1.8 x 1.4 cm, SUVmax- 2.9 (Previously about 1.7 x 1.4 cm, SUVmax- 2.2).**

No other discrete significant FDG avid abdomino-pelvic nodes seen.  
No evidence of ascites noted.

**Marked hepatomegaly with vertical extent about ~ 27 cm (Previously about ~ 25 cm)**

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**Multiple FDG avid lesions scattered in the hepatic parenchyma, predominantly in the right lobe, many with heterogeneously enhancing peripheral solid components and central cystic / necrotic changes; Largest about 15 x 11.5 cm, SUVmax- 14.6 (Previously about 12.5 x 10 cm, SUVmax- 16.9).**

**Lesions in the segments V-VI and II-III, largely show increased FDG uptake, SUVmax- 11.8 (Previously SUVmax-8.1).**

Right kidney pushed infero-medially by enlarged liver.

Spleen, adrenals and left kidney appear unremarkable.

No significant FDG avid lesions involving the rest of the GI tract or pelvic structures.

No obvious FDG avid lytic or sclerotic skeletal lesion seen.

Rest of the scan is unremarkable and represents physiological tracer distribution.

**Impression:**

**Compared with previous PET/CT scan done on 07.07.2023**

- **Hypermetabolic ill-defined mass in the gastropancreatic region along the pancreatic head – appears grossly stable.**
- **Stable necrotic gastrohepatic lymph node with minimal metabolic activity.**
- **Marked hepatomegaly with multiple persistent hypermetabolic lesions scattered in the parenchyma, predominantly in the right lobe. Many of these show persistent and increased cystic/ necrotic changes, with increase in size and some with increase in metabolic activity.**
- **No significant metabolically active lesions elsewhere. No other significant new findings.**

**Overall features suggest disease progression.**

Kindly correlate clinically and with other relevant investigations.



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