

Dr. K.L. Anand
Medical Director



NABH ACCREDITED DIAGNOSTIC CENTRE
MIS-2015-0016



NABL ACCREDITED PATH LAB
M-0884

Dr. Geeta Anand
M.D. (Rad, PGI, Chd.) DNB

**DEPARTMENT OF NUCLEAR MEDICINE
REPORT**

REG.ID DOTA/2/23
NAME: Saurabh Tiwari
REF. BY: METRO SEC-11
TEST NAME: DOTA PET CT

EXAM DATE: 02.08.2023
AGE/SEX: 36 Y/M
REPORT DATE: 02.08.2023

68Ga-DOTATOC PET/CECT SCAN

EXAMINATION: ^{68}Ga -DOTATOC PET/CT Scan, Vertex to Mid-Thigh.

CLINICAL HISTORY: In a case of metastatic neuroendocrine tumour. Post chemotherapy (2022). DOTATOC PET for evaluation. Previous PET/CT is not available for comparison.

PROCEDURE: 3 mCi of ^{68}Ga -DOTATOC was administered intravenously. To allow for distribution and uptake of radiotracer, the patient was allowed to rest quietly for 60 minutes in a shielded room. CT images for attenuation correction and anatomic localization followed by PET images from vertex to mid-thigh were obtained. SUVmax was normalized to lean body mass SUVmax LBM. Serum creatinine was 0.66 mg/dL. Separate series for lung and brain were performed.

FINDINGS:

Normal physiological distribution of radiotracer in pituitary, salivary glands, thyroid, liver, spleen, urinary tract and bowel noted.

BRAIN:

No abnormal enhancing lesion/ abnormal tracer uptake noted in supratentorial compartment and posterior fossa of brain

HEAD AND NECK:

DOTA avid heterogeneously enhancing mass (~3.9 x 4.5 cm, SUVmax 7.9) is noted in the level VI cervical and left supraclavicular regions extending into the anterior mediastinum and displacing the trachea & left lobe of thyroid gland to right.

No abnormal DOTA uptake noted in paranasal sinuses, salivary glands, nasopharynx, oropharynx, hypopharynx, larynx, adjacent neck region and thyroid. No significant abnormalities noted on corresponding CT images.

THIS IS ONLY A PROFESSIONAL OPINION IT SHOULD BE CLINICALLY CORRELATED.

THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSES.

WE WELCOME YOUR CLINICAL AND PROFESSIONAL FEEDBACK.

Other Facilities : **WHOLE BODY DIGITAL MRI • WHOLE BODY PET CT & PET MRI**

- **WHOLE BODY MULTISLICE CT SCAN (100 Slice/Sec) • DUAL HEAD GAMMA CAMERA (NUCLEAR MEDICINE)**
- **3D-4D ULTRASOUND • COLOR DOPPLER • 2D ECHOCARDIOGRAPHY • DEXA SCAN • DIGITAL X-RAY**
- **DIGITAL MAMMOGRAPHY • DIGITAL OPG • ECG • PFT • PATH LAB • EEG • NCV/EMG • BERA • FIBROSCAN**

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THORAX:

DOTA avid subcentimetric and enlarged highest mediastinal, bilateral upper paratracheal (right, ~3.2 x 2.4 cm, SUVmax 5.5), bilateral lower paratracheal and right hilar lymph nodes are noted.

DOTA avid heterogeneously enhancing mass (~24.2 x 15.1 x 19.1 cm, SUVmax 9.3) is noted in the prevascular, left paratracheal, thoracic para-aortic and AP window locations in the mediastinum with areas of necrosis. The mass is seen to abut the mediastinal pleura with ill-defined fat planes extending to the bilateral hemithorax (left > right) partially attenuating the left main bronchus causing segmental collapse of left lung and subsegmental collapse of RUL. The mass is also seen to abut the pericardium, SVC, left brachiocephalic vein, ascending & arch of aorta, main pulmonary trunk and left branch of main pulmonary trunk.

Mediastinal shift to right is noted.

Large airways, lungs, pleura, heart, great vessels and other mediastinal structures appear normal with no significant abnormal DOTA uptake.

Mild right sided pleural effusion is noted.

Moderate pericardial effusion is noted.

ABDOMEN AND PELVIS:

Non DOTA avid cystic lesions are noted in both the lobes of liver - likely benign.

Liver is enlarged measures ~ 20.8 cm in CCD.

Faintly DOTA avid hypodense lesion (~2.4 x 2.4 cm, SUVmax 2.9) is noted in segment VII/VIII of liver - ? significance.

DOTA avid heterogeneously enhancing lesion (~2.3 x 1.6 cm, SUVmax 5.3) is noted in the segment V of liver.

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DOTA avid peripancreatic lymph nodal mass (~4.8 x 5.1 cm, SUVmax 24.2) is noted anterior to the uncinate process of the pancreas. The mass is seen to abut the superior mesenteric vessels and adjacent bowel loops.

Note is made of prominent MPD.

Non DOTA avid cystic lesion (~1.5 x 1.3 cm) is noted in the left adrenal gland - likely benign.

No abnormal DOTA uptake noted in spleen, gastrointestinal tract & genitourinary system. Liver, bile ducts, gall bladder, esophagus, stomach, spleen, right adrenal, pancreas, bowel & associated mesentery, kidneys, ureters, urinary bladder and prostate appear normal on CT.

Mild pelvic ascites is noted.

MUSCULO-SKELETAL SYSTEM:

No focal lesion/ abnormal DOTA uptake noted in visualized bones and muscles.

IMPRESSION: DOTATOC PET CT reveals:

- SSTR expressing mass (~24.2 x 15.1 x 19.1 cm, SUVmax 9.3) in the prevascular, left paratracheal, thoracic para-aortic and AP window locations in the mediastinum with areas of necrosis as described.
- SSTR expressing mediastinal, left supraclavicular/ level VI cervical, peripancreatic lymph nodes and liver lesion as described - likely metastasis.
- Mild right pleural effusion, moderate pericardial effusion and mild pelvic ascites as described - likely metastasis.
- No scan evidence of any SSTR expressing lesion anywhere else in the body.

R.B

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