



**MAXIS**  
HEALTHCARE

Patient Name	ABDUL AHAD SALMAN ANSARI	Patient Id	
Age	4 yrs	Gender	M
Ref. Doctor	DR PRITI S MEHTA	Reported date and time	28/11/24

## NM PET CT Whole Body

**Clinical history :** Abdominal mass.

### Technique:

<sup>18</sup>F-fluorodeoxyglucose 3.5 mCi was administered intravenously. To allow for distribution and uptake of radiotracer, the patient was allowed to rest quietly for 45 minutes in a shielded room. Fasting blood sugar 98.0 mgm%. 40 mlIV contrast given .CT images for attenuation correction and anatomic localisation followed by PET images from vertex to mid-thigh were obtained.

### Observations

#### Head and Neck:

**Brain:** The cerebral parenchyma shows normal density. Ventricular system & cerebral sulci appear normal. Grey versus white distinction is clear, midline is straight, sulci are symmetrical on both sides. Both capsular tracts, basal ganglia, thalami are normal. Posterior fossa occupants- cerebellum, brain stem & basal cisterns are normal. Nothing abnormal is noted in visualised portion of orbits, skull vault.

(it may be kindly noted that all brain metastases may not be apparent on a PET CT scan & a MRI head may be performed if clinically indicated)

**Sinuses :** Maxillary : both maxillary sinuses are well aerated.

Ethmoid: Normal

**nasopharynx& oropharynx:** appear normal. Physiological metabolic activity in bilateral tonsillar beds.

Parapharyngeal & retropharyngeal spaces are normal. Tongue shows normal morphology with usual CT density. Sublingual spaces are normal.

Epiglottis & aryepiglottic folds appear normal, Pyriform sinus, laryngeal vestibule, valleculae & preepiglottis spaces appear normal.

Mandible & retromolar region appear normal. Arytenoids, hyoid & cricoid cartilages are normal.

Both parotid & submandibular glands show normal configuration. Both carotids, vertebrals & jugulars are normal.

The neck musculature does not reveal any appreciable pathology. Visualised facial bones do not reveal any lytic lesion.

Lymph nodes: FDG avid subcentimeter sized left cervical level II lymph nodes SUV max 2.25.

Thyroid : Both lobes are normal.

Trachea: Central.

**Chest:**

- **Lungs** :Both lungs show normal inflation with usual pattern & even distribution of vascular branches & that of bronchial tree.No focal mass or nodule.
- The anatomical configuration of the structures in the mediastinum is within normal limits.Vascular structures appear normal in course,caliber & display usual relationship.
- The trachea & carina appear normal.Both main bronchi & their divisions do not show any significant abnormality.Both hilar regions are normal.No free fluid in pleural spaces.
- **Lymph nodes** : No mediastinal/hilar lymphadenopathy noted.

**Abdomen and Pelvis:**

1. **Liver** :The liver measures 10.86 cm with uniform density pattern.No intra or extra hepatic biliary dilatation.Portal vein is normal.
2. **Gallbladder** : is optimally distended with usual regular wall thickness.No evidence of high density intra-luminal calculus.
3. **Pancreas**:appears normal in morphology with usual glandular architectural pattern.
4. **Spleen**:is normal in size & shape.No focal differentially attenuating lesion is seen.
5. **Adrenals**: Do not show any appreciable pathology.
6. There is large lobulated FDG avid heterogeneously enhancing soft tissue mass lesion occupying central and lower abdominal cavity showing patchy hypodense areas. It measures 74 x 120 x 105 mm (AP x TR x CC) SUV max 17.44. Superiorly it is abutting transverse colon & on both lateral sides ascending & descending colon. Inferiorly it is abutting with urinary bladder superior surface. Anteriorly it is abutting with posterior surface of anterior abdominal wall,posteriorly abutting with pancreas. IVC & aorta. The mass lesion is lying anterior to the pancreas & showing mass effect on it. Lower down part of the mass lesion lies left lateral to the urinary bladder. No significant metabolically active lymph nodes seen.
7. **Small & large bowel loops**: appear normal in course & caliber.Mesentery & mesocolon appear normal.
8. **Abdominal aorta/ IVC** : Normal.
9. **Kidneys/ Ureter**: Both kidneys show normal morphology.No pelvicaliectasis. Ureters show normal course & caliber.

10. Urinary bladder : is partially distended with normal wall thickness. Perivesical fat planes are well preserved.
11. Prostate: Normal.
12. Scrotum / Testes: Right sided hydrocele.
13. No free fluid is seen in the peritoneal cavity:

**Musculoskeletal:**

Marrow uptake in vertebrae and long bones: Normal.

There are no suspicious hyper metabolic osteolytic or osteosclerotic lesions.

**Impression :**

**Case of large intra abdominal mass.**

- Large lobulated heterogeneously enhancing soft tissue mass lesion showing patchy hypodense areas & diffuse hypermetabolism is suggestive of neoplastic etiology ? Lymphoproliferative – FNAC for further evaluation.
- No lung / liver / skeletal metastases.
- FDG avid subcentimeter sized left cervical level II lymph nodes – likely reactive.

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