Samanvitha Complex, Mayura Street, BBMP, Ring Road, Hebbal, Bengaluru - 560094 | Ph: 022-4128 9999/41282888 | Website: www.nueclear.com | Email: banp@nueclear.com

Mrs. Shabana Banu	**Patient Id: 4080**	**Age/Sex: 34/ F**
	Ref. By. Syed Abdul nayen	**Date: 06.10.2025**

F-18 FDG WHOLE BODY PET-CECT SCAN

Whole body PET-CECT scan was performed after injection of about 10 mCi of F-18 FDG on multidetector PET-CT scanner from base of skull to mid thigh. Serial multiplanar sections were obtained after intravenous contrast injection. A separate sequence with breath hold was performed for lung examination. A semiquantitative analysis of FDG uptake was performed by calculating SUV value corrected for dose administered and patient body weight.

Blood Sugar:- 166 mg/dl.

Patient is a case of carcinoma left breast, post mastectomy. PET-CT scan is being done for further evaluation.

FINDINGS:

Brain:-

- The overall biodistribution of FDG is within normal physiological limits.
- The visualized portions of the brain are normal in appearance on CT. No evidence of abnormal hypo or hypermetabolism noted in the visualized brain parenchyma. The ventricular system appears normal. (NOTE: If there is a strong suspicion for brain metastases, then MRI is suggested for further evaluation as small lesions may not be detected on an FDG PET/CT study due to normal high physiological uptake in the brain).

Neck:-

- The thyroid gland is sharply demarcated and shows homogeneous pattern on CT scan. No abnormal FDG uptake is seen in the thyroid.
- Salivary glands are unremarkable with no abnormal FDG uptake.
- No focal lesion with abnormal FDG uptake is seen involving nasopharynx, oropharynx or laryngopharynx/ hypopharynx.
- **FDG avid left level II cervical lymph nodes are noted, (SUVmax 6.0).**

Thorax:-

- The heart and mediastinal vascular structures are well opacified with I/V contrast. The trachea and both main bronchi appear normal and showing no abnormal FDG uptake.
- ***Left breast is not visualized – status post MRM. No abnormal FDG uptake / lesion is seen at operative bed.***
- Right breast/ axillae appear unremarkable showing no abnormal FDG uptake.
- There is no significant mediastinal/ hilar lymphadenopathy and showing no abnormal FDG uptake.
- **FDG avid and indeterminate nodular / mass lesions are seen in both upper lobes of lung, largest ~ 40 x 42mm, (SUVmax 10.0).**

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- Bilateral lung fields are otherwise clear with no other focal pulmonary parenchymal lesion and showing no abnormal FDG uptake.
- There is no evidence of pleural effusion noted.

Abdomen:-

- *The liver is enlarged in size (20.0 cm) and show low CT attenuation pattern.* The intra hepatic biliary radicals are not dilated. The portal vein is normal. No focal lesion / abnormal FDG accumulation seen in the liver parenchyma.
- The spleen is normal in size and demonstrates physiological FDG uptake.
- The pancreas demonstrates normal attenuation with no evidence of abnormal FDG uptake.
- Both adrenal glands demonstrate near normal size, homogeneous enhancement on CT and no abnormal FDG uptake.
- Bilateral kidneys appear normal in size, shape and attenuation and FDG uptake. No evidence of calculus or hydronephrosis is noted.
- The stomach, small bowel and large bowel loops appear normal in calibre and fold pattern. No focal lesion / abnormal FDG uptake is seen in relation to them.
- There is no significant lymphadenopathy noted in abdomino – pelvic regions.
- No free peritoneal fluid is seen.

Pelvis:-

- Urinary bladder is well distended. No abnormal FDG uptake/wall thickening noted in the urinary bladder.
- Uterus appears unremarkable with no abnormal FDG uptake

Musculoskeletal:

- **FDG avid lytic lesion with soft tissue component is seen involving sternum and left 2nd & 3rd ribs, size ~ 89 x 60 x 97mm, (SUVmax 7.0). Posteriorly, the lesion is seen showing ill-defined fat planes with pericardium.**
- No other abnormal FDG avid lytic/ sclerotic lesions in the whole body bone surveyed.

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IMPRESSION:

PET-CT SCAN REVEALS:

- **Metabolically active left level II cervical lymph nodes are noted.**
- **Metabolically active and indeterminate nodular / mass lesions are seen in both upper lobes of lung.**
- **Metabolically active lytic lesion with soft tissue component is seen involving sternum and left 2nd & 3rd ribs. Posteriorly, the lesion is seen showing ill-defined fat planes with pericardium- Likely metastases**
- **No other abnormal FDG avid lesion seen in rest of the body region surveyed.**

As compared with previous PET-CT dated: 17.07.2023, there is interval above mentioned findings are new and in favour of metastatic disease.

Kindly bring all previous reports and PET- CT CD for follow up PET - CT scans.

Advise clinical and histopathological correlation.

DR. M U Siddiquie
Consultant PET CT and NM
DMC-170777

This is a professional opinion based on imaging findings and not the diagnosis. It should be correlated clinically and with other relevant investigations to arrive at a proper conclusion. Not valid for medico-legal purpose.

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