

Patient ID:	AAH347627	Patient Name:	Mrs.Rajeswari
Age:	44 Years	Gender:	Female
Ref. Physician:	Dr. Mukesh Kumar	Modality:	PET-CT
Study Date:	21-Apr-2025	Study:	PET-CT Whole Body

Whole Body ¹⁸F-FDG PET-CT Study

Clinical details: Follow up case of multiple myeloma - for evaluation.

Procedure: Whole body PET-CT images were obtained from vertex to mid thigh using a dedicated PET-CT scanner approximately one hour after IV injection of ~8.2 mCi of FDG. The reported blood sugar level at the time of injection was within normal limits. Axial, Sagittal and Coronal PET reconstructions were interpreted with and without attenuation correction. Semiquantitative assessment of FDG uptake was done by calculating standardized uptake value (SUV max) based on body weight and expressed as gm/ml, corrected to lean body mass. Corresponding post i.v contrast CT images were also acquired.

Plasma glucose at the time of investigations: 126 mg/dl.

Findings:

Brain:

No abnormal enhancing lesion or abnormal FDG uptake is seen in brain parenchyma.

Physiological tracer distribution noted in the brain parenchyma.

(Note: All brain metastases may not be apparent on a PET/CT scan and a MRI can be performed where clinically indicated).

Neck:

Faintly FDG avid mild mucosal thickening is seen in right maxillary sinus - likely sinusitis.

Increased FDG uptake is seen in nasopharynx and bilateral palatine tonsils - likely inflammatory.

Streak artifacts are seen in oral cavity with obscuration of regional anatomy due to dental implants.

Oropharynx, hypopharynx and para pharyngeal spaces are normal.

Tongue, epiglottis, pharyngo epiglottic folds, ary epiglottic folds, pyriform sinuses and vocal cords are normal.

Parotid, sub mandibular salivary glands are normal.

Diffuse increased FDG uptake is seen in both lobes of thyroid gland - for TSH correlation.

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Neck vessels and soft tissue planes of neck are normal.

Non FDG avid subcentimetric sized left supraclavicular lymph nodes are seen.

Normal physiologic uptake noted in the nasopharynx, oropharynx, hypopharynx and larynx.

Breast:

Bilateral breast parenchyma appears unremarkable with no demonstrable FDG avid lesion.

Few subcentimetric bilateral axillary lymph nodes with no significant FDG uptake noted. Most of these lymph nodes show preserved fatty hilum.

Chest:

Trachea, main bronchi and oesophagus are normal.

Non FDG avid fibrotic thickening are seen in apical segment of both lung upper lobe.

Rest of the parenchyma of both lungs do not show any abnormality. No pleural pathology is noted.

Low grade FDG avid ill-defined soft tissue density lesion is seen in anterior mediastinum - likely thymic uptake.

Heart and major vessels appear normal.

Normal physiologic metabolic activity noted in the myocardium.

Abdomen & pelvis:

Liver is normal in contours and attenuation. No focal or diffuse lesion is seen. No evidence of intrahepatic biliary dilatation is seen.

Gall bladder appears normal with no evidence of calculi.

Pancreas, spleen and adrenals are normal. Aorta and IVC are normal.

Increased FDG uptake is seen in the anal canal - likely inflammatory.

Stomach and bowel loops appear normal.

Both kidneys appear normal.

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Urinary bladder appears partially distended with mild diffuse wall thickening - ? cystitis. For clinical correlation

Post hysterectomy status.

No ascites. No significant lymphadenopathy is seen.

Physiologic uptake noted in liver, spleen, intestines, both kidneys and urinary bladder.

Musculoskeletal:

FDG avid (SUV max 7.8) and non FDG avid lytic-sclerotic lesions, few with soft tissue components, are seen in bilateral scapulae, sternum, bilateral clavicle, bilateral ribs, cervico-dorso-lumbar vertebrae, sacrum, both pelvic bones, bilateral humerus, bilateral femora and bilateral tibia.

Rest of the visualized portion of the musculoskeletal system appears normal with physiological tracer distribution.

Impression: Whole body PETCT reveals:-

- FDG avid and non FDG avid lytic-sclerotic lesions in multiple skeletal sites as detailed above - likely residual.**
- Non FDG avid diffuse urinary bladder wall thickening - ? cystitis. For clinical correlation.**
- Otherwise no scan evidence of any significant active disease in rest of the visualized segment of the body.**

(Disclaimer: FDG PET CT cannot differentiated between infective and mitotic pathology, histopathology is advice for diagnosis. Few malignant tumor like well differentiated NET, HCC, RCC, mucinous and signet variant as well as low grade tumor can be metabolically inactive in FDG PET CT).



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Clinical correlation is essential for final diagnosis. This report is not valid for medicolegal purpose.

Rajeshri .
AAH347627
Sex: F Birth date: Jan 01 1981

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