

## DEPARTMENT OF NUCLEAR MEDICINE AND MOLECULAR IMAGING

### PET-CT SCAN REPORT

Patient Name	MARIE WENDY CHRISTELLE NETTA	Age	33Yr
Reg. No.	ACH-PET-364	Sex	Female
Ref. By		Date	25 Aug 2022

**Clinical Indication:** C/o bleeding PV- cervical mass biopsy: SCC. PET CT was done for further evaluation.

**Technique:** Whole body images (vertex to mid-thigh) were acquired in 3-D mode 75 min after i.v. injection 8.2 mCi of 18F-FDG using a dedicated BGO PET-CT scanner. FBS before injecting 18F-FDG was 5 mmol/ L. IV contrast was given. Reconstruction of the acquired data was performed so as to obtain fused PET-CT images in transaxial, coronal and sagittal views.

### FINDINGS:

#### BRAIN

No abnormal mass lesion or focal FDG uptake noted in the brain. Physiological FDG uptake is seen in the brain.

#### HEAD AND NECK

No discrete enhancing mass lesion/focal abnormal FDG uptake is seen in nasopharynx/ oropharynx/ hypopharynx.

No significant FDG avid cervical lymph nodes.

Both lobes of thyroid gland appear normal in size. No evidence of hypodense lesions or focal abnormal FDG uptake.

#### CHEST

Bilateral lung parenchyma appears unremarkable. No significant soft tissue nodules or focal abnormal FDG uptake noted. No evidence of pleural effusion or pleural thickening noted on either side.

No significant FDG avid mediastinal lymph nodes.

Bilateral breast parenchyma appears unremarkable with no abnormal mass lesion or focal FDG uptake.

Few subcentimeter non FDG avid bilateral axillary lymph nodes with preserved shape and fatty hilum are seen.



Esophagus appears normal in morphology with no focal mural thickening or mass lesion or focal abnormal FDG uptake.

## **ABDOMEN AND PELVIS**

Stomach appears normal in morphology with no focal mural thickening or mass lesion or focal abnormal FDG uptake.

Non FDG avid hypodense lesions are seen in liver (largest in segment VI/ VII 1.1 x 1.5 cm)- simple hepatic cysts. No focal abnormal FDG uptake in the liver. No evidence of IHBRD. Gall bladder appears unremarkable with no evidence of calculi.

Spleen appears normal in size. No focal hypodense lesion or abnormal FDG uptake is seen.

Pancreas appears normal in size, morphology with no mass lesion/focal abnormal FDG uptake. No dilatation seen in the main pancreatic duct.

Small and large intestine appear unremarkable with no abnormal wall thickening or mass lesion or focal FDG uptake.

Bilateral adrenal glands appear normal in size with no focal nodularity or focal abnormal FDG uptake.

Both kidneys appear normal in size, shape and position. No abnormal mass lesion or focal abnormal FDG uptake seen. No evidence of renal calculi.

No evidence of free fluid in the abdomen and pelvis.

**Intense FDG uptake is seen in soft tissue density mass lesion involving cervix (size 5.6 x 6.5 x 5.2 cm AP x TR x CC, SUVmax 19.8). Superiorly it is extending into the lower uterine body and inferiorly it is involving upper 2/3rd of vagina. There is significant parametrial fat stranding. The mass lesion is abutting the urinary bladder anteriorly and rectum posteriorly with indistinct fat planes at places.**

**FDG avid bilateral external iliac lymph nodes are seen (largest on the right side 1.6 x 0.6 cm, SUVmax 5.3).**

Bilateral adnexa appear unremarkable with no focal hypodense lesion or abnormal FDG uptake is seen.

Non FDG avid subcentimetric bilateral inguinal lymph nodes are seen with preserved shape and fatty hilum.

## **SKELETAL SYSTEM**

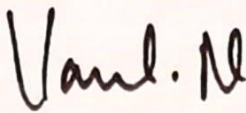
Mild diffuse FDG uptake is seen in marrow of multiple bones of axial and appendicular skeleton, likely due to marrow activation. Visualized bones otherwise appear normal with no lytic or sclerotic lesion or focal abnormal FDG uptake.

Physiological tracer distribution is seen in the brain, myocardium and urinary bladder.

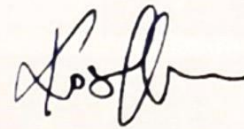


**IMPRESSION:**

- Hypermetabolic mass lesion involving cervix extending into the lower uterine body and upper 2/3rd of vagina as described above- suggestive of primary tumour.
- Hypermetabolic bilateral external iliac lymph nodes- suggestive of metastasis.
- Few simple hepatic cysts.
- No other significant hypermetabolic lesion in the body in this study.



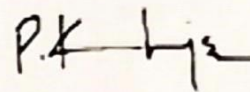
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Note: This is an interpretation of radiological imaging which have to be correlated with clinical, laboratory and other related findings.



