AMALA PET SCAN
DEPARTMENT OF NUCLEAR MEDICINE PET - CT AND THERAPY
AMALA INSTITUTE OF MEDICAL SCIENCES
(ISO 9001 : 2008 Certified)

OP. 9830 (KANHORE) CA-Lung

ISO 9001:2008 IRQS

Discovery 600 PET - CT & Infinia - Hawkeye 4 SPECT & 4 Slice CT Fusion

WHOLE BODY FDG PET CT SCAN

NAME	Mr Joseph P V	AGE / SEX	54yrs / Male
REFERRED BY	Dr Jomon	DATE	12/03/2013

Clinical indication:- Case of hypopharynx ($T_3N_2cM_0$) Right tonsilar region and soft plate. Post treatment.

Procedure:- After 6 hours of fasting, serum blood glucose levels were checked (132mg/dl). Whole body images (skull to mid thigh) were acquired 60 minutes after intravenous injection of 18F-FDG. **Intravenous contrast was not used** (Serum Creatinine – 1.4mg/dl). Plain water was used as oral contrast. Images were reconstructed in transaxial, coronal and sagittal views. Standardized uptake values normalized to lean body mass were calculated.

Findings:-

Head & Neck :-

Physiological uptake of FDG is noted in both cerebral hemispheres, basal ganglia, thalami and both cerebellar hemispheres. Brain parenchyma appears morphologically normal.

Parapharyngeal spaces on both sides appear normal. **Non FDG avid mucosal thickening in bilateral maxillary sinus.** The structures of the nasopharynx and oropharynx are normal.

No abnormal FDG uptake is noted in the neck.

The thyroid and salivary glands show normal configuration. Physiological FDG uptake is noted in the salivary glands.

Axilla and both breasts:-

No abnormal FDG uptake is noted in both breasts.

Non-FDG avid morphologically normal nodes are noted in both axillae.

Chest:-

Trachea, carina and both bronchi appear normal. Both hilum appear normal. Thoracic esophagus appears normal without any obvious FDG avidity.

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No enlarged hilar / mediastinal lymph nodes. No abnormal FDG uptake is noted in the mediastinum.

Physiological FDG uptake is noted in the myocardium. Heart and mediastinal vascular structures have a normal anatomical configuration.

No abnormal FDG uptake is noted in either lung fields.
No abnormal FDG uptake is noted in the pleura. Both pleural spaces appear normal.
No evidence of pleural effusion. No pleural thickening.

Abdomen:-

Liver shows physiological FDG uptake. Liver shows homogenous parenchymal tissue density. There is no evidence of intrahepatic biliary dilatation. The gall bladder is seen normally and shows physiological FDG uptake.

Spleen shows physiological FDG uptake.

No abnormal FDG uptake in the pancreas. The pancreas has a normal size and configuration. The tissue attenuation pattern is normal and there is no evidence of any diffuse or focal pathology. The pancreatic duct is not dilated and there are no pancreatic calculi.

Both adrenals are normal in size and show no abnormality / FDG avidity.

Both kidneys are normal in size and shape. There is no evidence of calyceal dilatation or calculi.

Physiological FDG uptake is noted in the visualized bowel loops. The stomach and visualised bowel loops show no abnormality. The retroperitoneal vascular structures are essentially normal. There is no evidence of retroperitoneal lymphadenopathy or ascites.

Pelvis and inguinal regions:-

Tracer excretion is noted into the urinary bladder. No definite FDG avid lesion is noted in the urinary bladder.

No abnormal FDG uptake is noted in the pelvis.

No FDG avid lymph nodes are noted in both inguinal region.

Bone and Bone marrow:-

No abnormal FDG uptake is noted in the visualized part of bones / bone marrow.

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IMPRESSION:-

In a known case of hypopharyngeal cancer; post treatment

i. **No abnormal metabolic activity is noted in the neck.**

ii. **No definite PET evidence of metabolically active disease anywhere in the body in this study.**

Dr CNB Harisankar
MD (Nuclear Medicine, PGI chandigarh)
Consultant & Head
Dept of Nuclear Medicine & PET.

Dr. P. Raghavan MD
Dept of Radio Diagnosis.

Paraseptal emphysematous changes in the apical segments of the upper lobes of the bilateral lungs.

Fibrotic streaks in the anteromedial basal segment of the upper lobe of the left lung.

Thoracic esophagus appears normal without any obvious FDG avidity.

Abdomen:-

Liver shows physiological FDG uptake. Liver shows homogenous parenchymal tissue density. There is no evidence of intrahepatic biliary dilatation. The gall bladder is seen normally and shows physiological FDG uptake.

Spleen shows physiological FDG uptake.

No abnormal FDG uptake in the pancreas. The pancreas has a normal size and configuration.

Both adrenals are normal in size and show no abnormality / FDG avidity.

Both kidneys are normal in size and shape. There is no evidence of calyceal dilatation or calculi.

Physiological FDG uptake is noted in the visualized bowel loops.

Pelvis and inguinal regions:-

Tracer excretion is noted into the urinary bladder. No definite FDG avid lesion is noted in the urinary bladder.

No abnormal FDG uptake is noted in the pelvis.

No FDG avid lymph nodes are noted in both inguinal region.

Bone and Bone marrow:-

Mild diffuse FDG uptake is noted in bilateral iliac bones adjoining the SI joint (?nature).

No abnormal FDG uptake is noted in the visualized part of bones / bone marrow.

IMPRESSION:-

In a known case of Ca oropharynx:

I. **No definite metabolically active lesion in the nasopharynx / oropharynx.**

II. **Elevated metabolic activity in rim enhancing lesion in the right parotid gland, metastatic lymph nodal lesion.**

III. **No other enlarged / metabolically active lymph nodes in the neck.**

IV. **Intense metabolic activity in multiple enhancing soft tissue nodules in both lungs, metastases.**

V. **Intense metabolic activity in an enlarged left hilar lymph node, metastases.**

VI. **No other site of elevated metabolic activity elsewhere in the body.**

17/02

Dr CNB Harisankar
MD (Nuclear Medicine, PGI chandigarh)
Consultant & Head
Dept of Nuclear Medicine & PET.

Dr. Jijoe John DMRD
Dept of Radio Diagnosis.

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Department of Radio Diagnosis

1.5T MRI, 64 Slice volume CT, 3D & 4D ULTRA SOUND SCAN

NAME: Joseph Age/ Sex : 54 /M Hos. No : 2237489 CT NO: C 7365

REFERRED BY: Dr. Anil Jose Thazhath. MD. DM. DATE: 07/07/2014

Clinical details: A case of old Carcinoma. oropharynx with lung mets. Post chemo.

CT SCAN OF CHEST (CONTRAST)

PROCEDURE:

Serial axial sections of the chest were studied with post processed high resolution 3-dimensional images.

FINDINGS:

Right upper lobe anterior segment nodule measuring 8.3 x 7.2 mm. Right lower lobe posterior basal segment nodule measuring 5.1 x 5.4 mm. Anterior segment of left upper lobe shows a fibrotic nodule measuring 10.5 x 7.3 mm .Left lower lobe posterior basal segment nodule measuring 5.5 x 4.6 mm.

Superior segment of left lower lobe nodule measuring 4.9 x 3 mm.

Para septal emphysematous changes noted in bilateral upper lobes and right lower lobe.

The heart and mediastinal vascular structures have a normal anatomical configuration. The thoracic aorta and its branches are normal .

Both the pulmonary hila have a normal configuration and there are no enlarged hilar lymph nodes.

No pleural effusion.

The domes of diaphragm are normal and there is no subdiaphragmatic pathology.

The bones of the chest wall and the dorsal spine show no gross abnormality.

Aortic wall calcification noted.

Visualized upper abdominal organs appear normal.

Small hiatus hernia noted.

IMPRESSION:

- **Few nodules in bilateral lung fields.**
- **All of them shows reduction in size compared to PET CT dated 14/02/2014.**
- **No evidence of hilar lymphnodes at present.**
- **Bilateral paraseptal emphysematous changes.**

DR. INDU K. MD, DNB
Reg. No:37232
Printed by : Mehana

IMPRESSION:-

In a known case of Ca oropharynx:

I. **No definite metabolically active lesion in the nasopharynx / oropharynx.**

II. **Elevated metabolic activity in rim enhancing lesion in the right parotid gland, metastatic lymph nodal lesion.**

III. **No other enlarged / metabolically active lymph nodes in the neck.**

IV. **Intense metabolic activity in multiple enhancing soft tissue nodules in both lungs, metastases.**

V. **Intense metabolic activity in an enlarged left hilar lymph node, metastases.**

VI. **No other site of elevated metabolic activity elsewhere in the body.**

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RADIOLOGY
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SCIENCES

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Name	MR.JOSEPH P V	ID	IGH27461
Age & Gender	55Y/MALE	Visit Date	17/11/2014
Ref Doctor	DR. KRISHNA KUMAR S.		

Plain CT Scan Of Thorax

Volume sections of the thorax were studied from the apices to the base of both lungs using 64 slice MD CT Somatom Sensation .

- Subpleural bullous lesions are seen bilaterally more in upper lobes .
- Thickened vascular pattern is seen in anterior segment of left upper lobe.
- Rest of the areas shows normal lung parenchymal pattern with even distribution of pulmonary vascular branches and that of the bronchial tree .
- The anatomical configuration of the structures in the mediastinum and both hilar regions are within normal limits .
- There is no evidence of pleural effusion / thickening .
- Soft tissues of chest walls and bony thorax show no obvious abnormality .
- Both hemidiaphragms appear normal .
- No evidence of subdiaphragmatic pathology is seen .

Impression:-

- **Subpleural bullous lesions bilaterally.**
- **Chronic inflammatory parenchymal change anterior segment of left upper lobe.**
- **No evident mediastinal / hilar adenopathy or pleural effusion.**

Dr.Anil Kumar MD DNB

Dr.Amel Antony MD DNB MNAMS

Dr.Randall Varghese DMRD DNB

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CIN: U85195 KL 1990 PTC 005887. PAN No.: AABCM 6449H

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LABORATORY TEST REPORT

Reports online : www.medivision.in

PATIENT'S NAME : Mr. JOSEPH
AGE : 56 Years / MALE
REFERRED BY Dr : S. KRISHNAKUMAR
Client Name : NA

Pat. ID : 101481897
Reg. DATE : 17/11/2014
IP/ OP No. :

Sample Coll. : 17/11/2014 11:12
Sample Acc. : 17/11/2014 11:23
Report Auth. : 17/11/2014 13:43
Report Status : FINAL

Department Of Biochemistry

PARAMETER	OBSERVED VALUE	UNITS	REFERENCE RANGE
Triglyceride/HDL Ratio :	10.35		< 3.00
**Ref. ATP III Classification NCEP, 2002.			
* Gamma Glutamyl Trans Peptidase :	16.0	U/L	5 - 85
Technique used : Spectrophotometry			
* Serum Carcino Embryonic Antigen :	2.73	ng/ml	0 - 3.0
Technique used: CLIA			
* Serum Beta 2 Microglobulin :	2.16	mg/l	0.81 - 2.19
Technique used: ELFA			

*** END OF REPORT ***

Manoj Varghese M.Sc.,Med.Biochemistry,
Sr.Biochemist & QM

NOTE : - L= Low , H= High, The tests marked with * are not accredited by NABL.

648284

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AMAL A JOSEPH : 18/11/2014 08:15:18AM