



MOLECULAR

IMAGING & THERAPY

...where technology meets patient care



MIS-2019-0087

Accession No.	16248878	Registration Date	: 15/11/2024 09:07:15
Patient ID	P16100010737	Sex / Age	: Female 4 Yrs
Patient Name :	Baby RADHA DEVI	Report Released on	: 15/11/2024 11:56:12
Client Name :		Aadhar/ Passport No	:

DIGITAL WHOLE BODY PET CT

Clinical History: Patient is a case of Burkitt's lymphoma. H/O colon surgery (18.10.2024). PET/CT study for pre-treatment evaluation.

Procedure: 3.5 mCi of ¹⁸F-fluorodeoxyglucose was administered intravenously. To allow for distribution and uptake of radiotracer, the patient was allowed to rest quietly for 60 minutes in a shielded room. Imaging was performed on an integrated 80-slice PET/CT scanner (UMI 550). CT images for attenuation correction and anatomic localization followed by PET images from vertex to toes were obtained. SUVmax was normalized to body weight *SUV max bw*. Serum Creatinine and blood glucose was 0.76 mg/dL and 98 mg/dL respectively. CT scanning was performed using non-ionic intravenous and oral contrast. No adverse reaction was observed during the scan.

Observations:

Brain: -

Normal physiological radiotracer distribution noted in the brain parenchyma. No focal lesion or abnormal FDG uptake noted in the brain.

(NOTE: If there is a strong suspicion for brain metastases / lesion, 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).

Head and Neck: -

Non FDG avid mucosal thickening is noted involving bilateral maxillary sinuses- Inflan. itory.

Nasopharynx, oropharynx, hypopharynx and larynx appear unremarkable with no significant abnormal FDG uptake in relation to them.

Thyroid gland appears unremarkable with no focal abnormal FDG uptake.

Mildly FDG avid and non-avid small irregular lymphnodes noted in bilateral level II cervical regions- Likely reactive. No other significant FDG avid cervical and supraclavicular lymphadenopathy.

Thorax: -

The heart and the mediastinal vascular structures are well opacified with I/V contrast. The trachea and main bronchi appear normal.

Both lung fields appear unremarkable. No focal abnormal FDG uptake is noted in the lung parenchyma.

No obvious pleural thickening / effusion seen.

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Phone: 011-40028830
Page No: 1 of 4

Empanelments: CCHS | ESI | DGHS | OAK

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Ref. By :			

No significant FDG avid mediastinal lymph nodes.

Bilateral axillae appear largely unremarkable.

Abdomen and Pelvis: -

Liver parenchyma is normal in attenuation values and enhancement pattern. No significant focal lesion / abnormal increased FDG uptake is seen. Intrahepatic biliary radicals are not dilated. Portal and hepatic veins appear unremarkable.

FDG avid hypodense nodular lesions involving bilateral adrenal glands (L ~1.7. .3 cm, SUV max 12.8; R~ 1.5 x 0.7 cm, SUV max 13.7).

Multiple FDG avid subtle hypodense lesions noted involving bilateral renal parenchyma (largest ~ 3.6 x 2.6 cm, SUV max 16.1 in relation to right inferior pole).

Gallbladder, pancreas and spleen appear unremarkable. (USG is the modality of choice to evaluate for cholelithiasis/choledocholithiasis).

FDG avid enhancing lymphnodes noted in bilateral external iliac region and indenting adjacent urinary bladder wall (L ~ 3.2 x 2.5 cm, SUV max 13.8). Another FDG avid small right internal iliac lymphnode noted. No other significant FDG avid abdominal lymphadenopathy noted.

There is no ascites.

Post surgical changes with evidence of possible colonic resection and ileo-colic anastomosis noted.

The stomach and rest of the bowel loops appear normal in calibre and fold pattern and show physiological FDG distribution. **No focal abnormal FDG uptake noted in relation to bowel loops.**

Uterus and bilateral adnexae appear unremarkable (USG is the modality of choice for pelvic organs evaluation).

Musculoskeletal: -

No obvious increased FDG uptake is seen in relation to bone marrow of visualized skeleton.

No focal lesion with abnormal FDG uptake noted in axial and visualized appendicular skeleton.

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OPINION:

PET-CT study reveals: -

- Metabolically active bilateral external iliac & right internal iliac lymphnodes, bilateral adrenal nodules and renal cortical lesions-Consistent with lymphomatous involvement.
- No other significant abnormal hypermetabolic lesion in rest of the body surveyed.

Clinical correlation is advised.

*This report is not valid for medico-legal purpose.
In case of any discrepancy due to machine error or typing error, please get it rectified.
Kindly bring all previous reports and PET- CT CD for follow up PET - CT scans.*

*** End of Report ***

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Consultant Nuclear Medicine
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DMC Reg No 69751
Sr. Consultant & Director
Molecular Imaging

Dr. Nikunj Jain
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POST GRADUATE INSTITUTE OF CHILD HEALTH
बाल चिकित्सा एवं स्नातकोत्तर शैक्षणिक संस्थान
 Sector-30, Noida, G.B. Nagar (U.P.) सेक्टर-30, नोएडा, गौतमबुद्ध नगर (उ.प्र.) Website: www.ssphpgtinoida.ac.in

An Autonomous Institute under Government of U.P. / उत्तर प्रदेश सरकार का स्वायत्तशासी संस्थान

Name: Rachha Age/Sex: 4y1f Regn. No. CD/W Dr. Neeta

12/11/2024

4:40 PM

- CBC, KFT, LFT.

- Nat/Ker.

- Vial markers.

wt - 11.9 kg

ht - 95 cm

BSA - 0.55 m²

symptomatic

LM

vomiting

↓

had signs of intestinal obstruction for which she was operated in PACH & she was admitted

from 16/10/24 - 3/11/2024

surgery done on 18/10/2024

intea operatively, ileocaecal junction was resected & margin of 5cm & anastomosis done

USG w/A showed = ileocolic Intussusception

Biopsy taken & now histopathological report showing high grade Burkitt's Lymphoma

HR - 138 bpm } crying

RR - 32/min

SpO₂ - 97% } RA

PIA: transverse incision (healed) in Rt sided.

no tenderness

no HSM

ऑनलाइन फीडबैक फॉर्म रकॉर्ड करें और भरे।



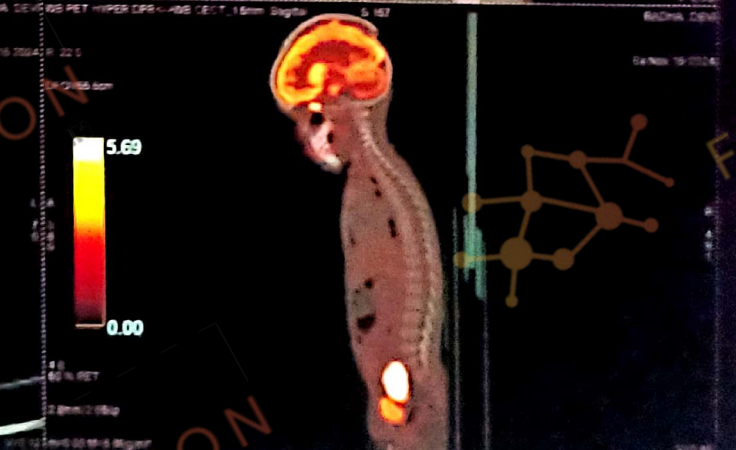
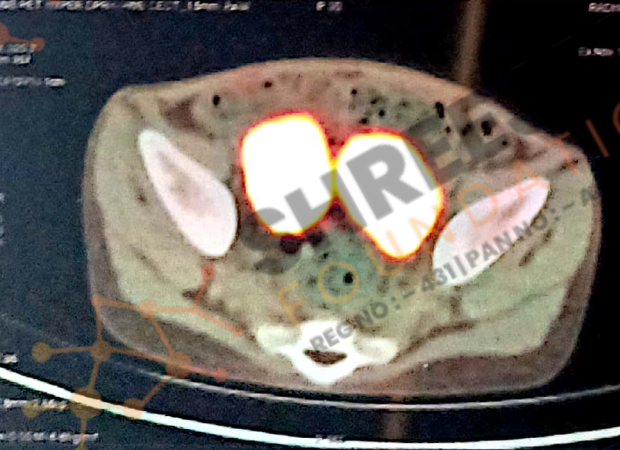
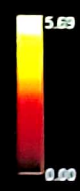
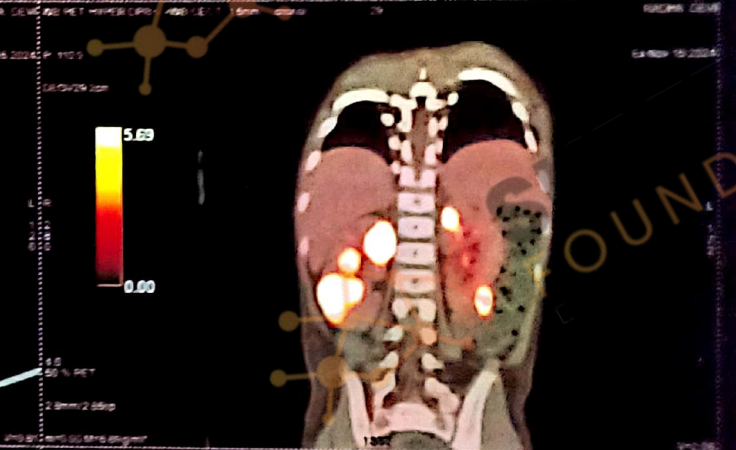
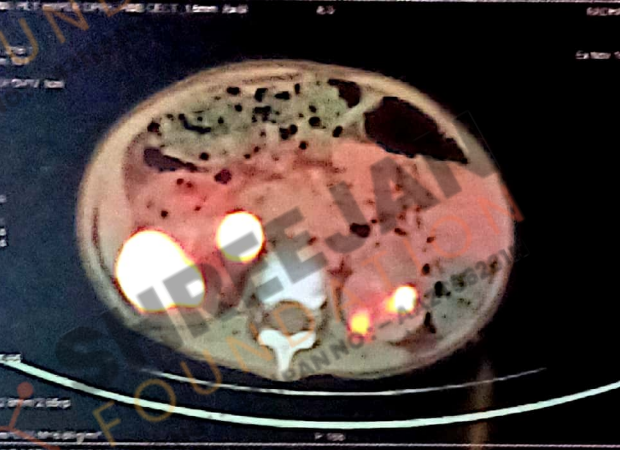
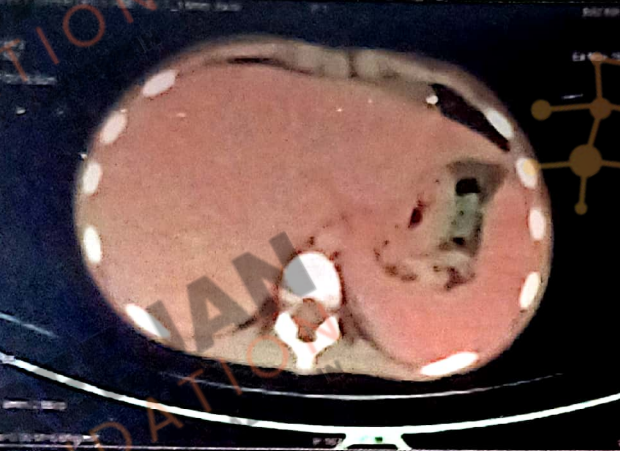
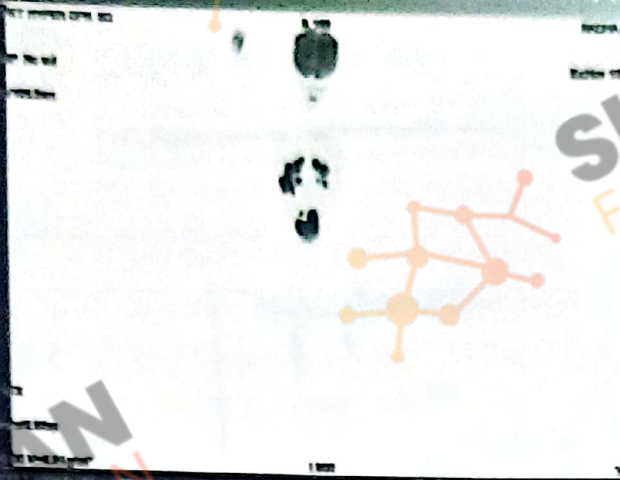
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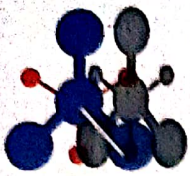
RADHA DEVI
P16100010737
Sex: F Birth date: -

REG NO: - 4311

jhwtc
Acc. No.: 16248878
Date: Nov 15 2024

1/1





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भारत सरकार
Government of India

अरविन्द
Arvinda

जन्म तिथि / DOB : 01/01/1986

पुंलिंग / MALE

3628 8267 2847

मेरी आधार, मेरी पहचान

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