

Name:	VERLA SRINIVAS	Age / Sex:	54 Years/Male
Request Date:	18.02.2026	Consultant:	ASIAN HOSPITAL

18F - FDG PET CT SCAN OF WHOLE BODY

CLINICAL DETAILS: Case of ? carcinoma urinary bladder; 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 ~10 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. Semi quantitative assessment of FDG uptake was done by calculating standardized uptake value (SUV max) based on body weight and expressed as gm/ml, corresponding post i.v contrast CT images was also acquired.

Serum Blood Glucose – 129 mg /dl

Serum Creatinine – 0.9 mg /dl

FINDINGS:

BRAIN:

Brain parenchyma appears normal in attenuation.

Ventricular system, cisternal and sulcal spaces are normal.

There is no shift of midline structures or any hemorrhagic pathology.

There is no evidence to suggest any space occupying lesion either in the supratentorial or in the infratentorial region.

Posterior fossa structures appear normal.

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.)

HEAD & NECK:

Nasopharynx, oropharynx, hypopharynx and para pharyngeal spaces are normal.

Tongue, epiglottis, pharyngoepiglottic folds, aryepiglottic folds, pyriform sinuses and vocal cords are normal.

Parotid, submandibular salivary glands and thyroid gland are normal.

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Neck vessels and soft tissue planes of neck are normal.

No evidence of significant lymphadenopathy.

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

CHEST:

FDG avid fibronodular infiltrates noted in upper lobe of right lung, with SUV max of 4.49.

Few mildly avid small volume prevascular, subcarinal and bilateral hilar nodes noted, with SUV max of 3.63 in left hilar node.

Trachea, main bronchi and esophagus are normal.

Parenchyma of both lungs does not show any abnormality.

Mediastinum appears normal.

Heart and major vessels appear normal.

Normal physiologic metabolic activity noted in the myocardium.

ABDOMEN & PELVIS:

FDG avid irregular heterogeneously enhancing polypoidal lesion noted arising from anterior wall of urinary bladder, measuring ~ 43 x 37 x 32 mm with SUV max of 10.40.

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

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

Stomach and bowel loops appear normal.

Both kidneys and urinary bladder appear normal.

No significant lymphadenopathy is seen.

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

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MUSCULOSKELETAL SYSTEM:

FDG avid lytic lesions noted in both ischium and right inferior pubic ramus, showing SUV max of 10.72.

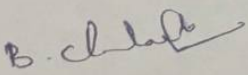
Visualized portion of the musculoskeletal system appears normal with physiological tracer distribution.

Degenerative changes noted in spine.

IMPRESSION: Case of ? carcinoma urinary bladder; Whole body PET-CT reveals:

- **Metabolically active irregular heterogeneously enhancing polypoidal lesion arising from anterior wall of urinary bladder – Likely neoplastic etiology.**
- **Metabolically active lytic lesions in both ischium and right inferior pubic ramus – Likely metastatic.**
- **Metabolically active fibronodular infiltrates in upper lobe of right lung – Likely infective**
- **Few mildly avid small volume prevascular, subcarinal and bilateral hilar nodes – Likely reactive.**
- **No other significant abnormal FDG avid lesions in rest of the visualized body segments.**

-- For clinical correlation.


Dr. CHINNA NAIK BANOTH
MBBS (Osmania), DNB (RMC, BARC Mumbai)
Consultant Nuclear Medicine

Disclaimer: All reports require clinical correlation. Please discuss if necessary. This report is based on subjective interpretation of images and available clinical information at the time of reporting. Any additional information updated to the reporting nuclear medicine consultant could result in changes to the report. Please contact IRIS PET-CT Centre reception @ 9699708708 for any assistance

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