

Patient Name	:	MR. VERLA SRINIVAS		
Ref- Doctor	:	BASAVATARAKAM	Age/Sex	: 54/M
Patient ID	:	WB-PET-CT	Date	: 23.05.2026

¹⁸F-FDG Whole Body PET/CT Scan

Clinical History: Known case of carcinoma urinary bladder, post TURBT, post RT. PET/CT (18.02.2026): lesion in anterior wall of the urinary bladder with skeletal lesions.

Indication: For disease evaluation.

Procedure: 6.9mCi 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 16-slice PET/CT scanner. CT images for attenuation correction and anatomic localization followed by PET images from vertex to mid-thigh were obtained. SUVmax was normalized to body weight SUVmax bw. Serum Creatinine and blood glucose was 0.8 mg/dL and 90 mg/dL respectively. CT scanning was performed using non-ionic intravenous contrast.

Observations:

Brain: -

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

(NOTE: If there is a strong suspicion for brain metastases, 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 subcentimetric bilateral level Ib, II, left level IV cervical lymphnodes are noted – likely infective/inflammatory in etiology.

Non FDG avid soft tissue thickening is noted involving right ethmoid and bilateral maxillary sinuses - likely infective/inflammatory in etiology.

Diffuse FDG uptake is noted in the thyroid gland (SUV max 6.2) – likely benign thyroid disease.

Diffuse FDG uptake is noted involving bilateral palatine tonsils and dorsum of tongue- likely physiological.

Diffuse FDG uptake is noted in the muscles of floor of mouth – likely physiological/inflammatory in etiology.

Oropharynx, hypopharynx and larynx appear normal with no abnormal FDG uptake is seen in relation to them.

Bilateral major salivary glands appear normal with no abnormal FDG uptake.

No significant FDG avid supraclavicular lymphadenopathy.

Thorax: -

FDG avid fibro-nodular change measuring approx 1.3x2.8cm vs 1.4x2.5cm (SUV max 2.5 vs 4.4) is noted in the posterior segment of right upper lobe of lung. Compared to previous scan, there is significant decrease in the metabolic activity of the lesion.

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Faint to FDG avid right lower paratracheal, aorto-pulmonary window, thoracic paraaortic, subcarinal (SUV max 6.3 vs 2.8, ~1.2x1.2cm vs 0.9x1.3cm) and bilateral hilar lymphnodes are noted. Compared to previous scan, there is increase in the metabolic activity of the few lymphnodes.

Non FDG avid pleural based nodule measuring approx 0.4x0.6cm is noted in the superior segment of left lower lobe of lung – likely benign.

Non to faint FDG avid fibrotic changes (SUV max 2.1) are noted in the apical posterior segment of the left upper lobe of lung – likely infective/inflammatory in etiology.

Non FDG avid subcentimetric bilateral level I axillary lymphnodes are noted – likely infective/inflammatory in etiology.

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

Rest of the lung fields are showing normal attenuation. No focal abnormal FDG uptake is noted in the lung parenchyma.

No obvious pleural thickening/ effusion.

Abdomen and Pelvis: -

FDG avid soft tissue density lesion, with foci of calcification and area of hypometabolism, measuring approx. 4.5(AP) x 5.1(TR) x 3.8(CC)cm vs 4.2(AP) x 4.7(TR) x 4.1(CC)cm (SUV max 10.5 vs 10.4) is noted involving the anterior wall of the urinary bladder. Compared to previous scan, no significant interval change is noted.

FDG avid right external iliac lymphnode (SUV max 3.7 vs 2.5, ~1.5 x0.8cm vs 1.8x 1.4cm) is noted. Compared to previous scan, there is mild decrease in the size of the lymphnode.

Non to faint FDG avid paraaortic, aortocaval, bilateral external iliac (SUV max 2.1, ~0.5x 1.3cm) and inguinal lymph nodes are noted - likely infective/inflammatory in etiology.

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

Gallbladder, pancreas, spleen, adrenals and bilateral kidneys appear unremarkable.

There is no ascites.

The stomach and small bowel loops appear normal in calibre and fold patterns and shows physiological FDG uptake.

Diffuse FDG uptake is noted in the large bowel loops (SUV max 6.4 in sigmoid colon)– likely physiological/inflammatory in etiology.



SUPERIA PET CT DIAGNOSTIC CENTRE

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Musculoskeletal: -

FDG avid lytic - sclerotic lesions are noted involving bilateral ischium (SUV max 4.9 vs 4.5 on left side) and right inferior pubic ramus (SUV max 6.6 vs 10.7). Compared to previous scan, there is significant decrease in the metabolic activity of right ischium and inferior pubic ramus lesion and no significant interval change is noted in the left ischial lesion.

Focal FDG avid lytic lesion (SUV max 5.5) is noted in the left inferior pubic ramus. Compared to previous scan, new finding.

Note is made of focal FDG uptake with fracture in right 6th rib laterally. Compared to previous scan, new finding.

Degenerative changes are noted in the spine.

Diffuse FDG uptake is noted in the bone marrow – likely reactive.

OPINION:

In a known case of carcinoma urinary bladder, post op, post RT, 18F FDG PET/CT findings are suggestive of

- FDG avid soft tissue density lesion involving the anterior wall of the urinary bladder (as described above) – likely residual neoplastic disease.
- Faint FDG avid right external iliac lymphnode with skeletal lesions (as described above) – likely metastatic.
- FDG avid lytic lesion in the left inferior pubic ramus with fracture of right 6th rib (as described above) - ? nature.
- FDG avid fibro-nodular change noted in the right upper lobe with mediastinal lymphnodes (as described above) -? nature, ?? infective/inflammatory in etiology.
- No definite evidence of clinically significant hypermetabolism noted anywhere else in the body in the current study.

Compared to previous scan dated 18.02.2026, there is

- No significant interval change is noted in the urinary bladder lesion.
- Mild decrease in the size of right external iliac lymphnode.
- Increase in the metabolic activity of few mediastinal lymphnodes.
- Significant decrease in the metabolic activity of the lesion in the right upper lobe of lung.
- Significant decrease in the metabolic activity of lesion in right ischium and inferior pubic ramus.
- No significant interval change is noted in the left ischial lesion.
- Interval appearance of lesion in left inferior pubic ramus and fracture in right 6th rib.

Kindly correlate.

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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.