

Patient Name	:	Mr. V SRINIVAS			
Ref- Doctor	:	BASAVATARAKAM	Age/Sex	:	54/M
Patient ID	:	WB-PET-CT	Date	:	13.10.2026

¹⁸F-FDG Whole Body PET/CT Scan

Clinical History: Known case of carcinoma urinary bladder, post TURBT & post RT. Previous PET-CT (30.07.2026): FDG avid lesion in anterior wall of urinary bladder. FDG avid skeletal lesions. FDG avid fibronodular changes in right lung upper lobe with mediastinal lymph nodes-? Nature. Post immunotherapy.

Indication: Follow up.

Procedure: 9.5mCi 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 0.9 mg/dL and 100 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 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: -

Diffuse FDG uptake is noted in the thyroid gland (SUV max-8.4 Vs 7.5)-likely inflammatory/benign thyroid disorder.

Non-FDG avid soft tissue thickening is noted in the bilateral maxillary sinuses-likely infective/inflammatory in etiology.

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



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Thyroid gland is normal in size and attenuation pattern with no focal abnormal FDG uptake.

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

No significant FDG avid supraclavicular lymphadenopathy.

Thorax: -

Low grade FDG avid right lower paratracheal, AP window, thoracic paraaortic (SUV max-4.0, ~0.7cm MSAD along descending thoracic aorta), subcarinal and bilateral hilar (left, SUV max-4.5 Vs 5.8) lymph nodes are noted. Compared to previous scan, there is interval appearance of thoracic paraaortic lymph node along descending thoracic aorta and no significant interval change in rest of the previously noted mediastinal lymph nodes.

Non to low grade FDG avid multiple parenchymal & pleural based nodules are noted in the left lung lower lobe (SUV max-2.2, ~1.2x0.6cm in the superior segment of left lung lower lobe). Compared to previous scan, new findings noted.

Low grade FDG avid fibronodular changes are noted in the posterior segment of right lung upper lobe(SUV max-4.2 Vs 2.5) with adjacent few tiny nodules in the right lung upper lobe. Compared to previous scan, there is significant increase in metabolic activity of the previously noted fibronodular changes in right lung upper lobe.

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

Abdomen and Pelvis: -

FDG avid heterogeneously enhancing irregular soft tissue density lesion is noted involving the anterior wall of urinary bladder with diffuse perivesical fat stranding, measuring ~6.1x5.3x3.8cm Vs 4.0x4.3x5.1cm(APxTRxCC) with SUV max-12.1 Vs 10.9. Compared to previous scan, there is significant increase in the size & extent of the urinary bladder lesion with no significant interval change in metabolic activity.

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FDG avid hypodense lesion is noted involving the caudate lobe of liver, measuring ~2.2x2.0cm with SUV max-6.6. Compared to previous scan, new finding noted.

FDG avid bilateral external (right, SUV max-9.3 Vs non-avid, ~0.8cm Vs 0.4cm MSAD) and internal iliac lymph nodes are noted. Compared to previous scan, there is significant increase in metabolic activity, size & number of bilateral external & internal iliac lymph nodes.

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

There is no ascites.

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

Musculoskeletal: -

FDG avid lytic sclerotic changes are noted involving the sternum (SUV max-9.4 Vs 11.5), right ribs, left ala of sacrum (SUV max-4.9) and bilateral pelvic bones (SUV max-8.9 Vs 6.8, ~30% increase in the right inferior pubic ramus with soft tissue component). Compared to previous scan, interval appearance of sacral lesion and significant increase in metabolic activity of lesions in the pelvic bones.



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OPINION:

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

- Metabolically active irregular soft tissue density lesion involving the anterior wall of urinary bladder with diffuse perivesical fat stranding as described above-suggestive of residual primary disease.
- Metabolically active solitary hepatic & multiple skeletal lesions, left lung nodules, mediastinal, bilateral external & internal iliac lymph nodes as described above-suggestive of metastatic disease.
- Low grade metabolically active fibronodular changes in the posterior segment of right lung upper lobe with adjacent few tiny nodules in the right lung upper lobe-appear to be metastatic in the current clinical context.

Compared to previous scan dated 30.07.2026, there is

- Significant increase in the size & extent of the urinary bladder lesion with no significant interval change in metabolic activity
- Significant increase in metabolic activity, size & number of bilateral external & internal iliac lymph nodes.
- Interval appearance of thoracic paraaortic lymph node along descending thoracic aorta and no significant interval change in rest of the previously noted mediastinal lymph nodes.
- Significant increase in metabolic activity of the previously noted fibronodular changes in right lung upper lobe
- Interval appearance of sacral lesion and significant increase in metabolic activity of lesions in the pelvic bones.
- Interval appearance of hepatic lesion and left lung nodules.

Overall findings are suggestive of disease progression.

Moulish

DR. Moulish Reddy

Consultant, Nuclear Medicine (AIIMS, Raipur)

(Please correlate clinically & with other relevant investigations also)

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/ DVD for follow up PET-CT scans.

Page 4 of 4

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