

DEPARTMENT OF MOLECULAR IMAGING AND NUCLEAR MEDICINE

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WHOLE BODY FDG PET MR REPORT DATED 05/03/2018

Procedure description: Whole body simultaneous MRI PET study was done from the vertex of skull to the mid thigh, 60 min after IV administration of 10.13 mCi of F-18 fluorodeoxy glucose (FDG) with FBS of 120mg/dl and Serum creatine level of 0.9mg/dl. In addition whole body proton MRI including brain was done before and after administration of 10 ml IV gadolinium contrast OMNISCAN (Gadodiamide) with T1W and STIR sequences in axial plane using matrix coil. FLAIR and post contrast MPRAGE for brain, STIR and T1 W sagittal for the spine, DWI for abdomen and pelvis, and high resolution T2W image for the pelvis. MR based attenuation correction was done based on Dixon sequences. Regional diagnostic multiplanar contrast proton MRI of the abdomen and pelvis was done with T1, T2W and 3D multi phase VIBE sequences were acquired to using matrix coil including regional angiography. In addition T2 STIR and 3D SPACE sequences were acquired for assessing the lumbosacral plexus. MR urography was done using T2 haste sequences in coronal planes. Post-acquisition data analysis was done using syngoVIA MR engine with multimodal image fusion. Correlation HRCT chest was also done. Fiducial marker is placed at the site of scar in the left inguinal region.

Clinical history: Reported having trauma to the left groin in Jan 2014. Complaints of urine retention problems, frequent numbness with tingling of left side of the body from left iliac crest to left patella, severe penile erection problems, disorder of cremasteric reflex, pain in groin area.

BRAIN: Physiological FDG uptake was seen in the brain parenchyma with no focal abnormal tracer uptake. Brain parenchyma shows normal MR signal intensity with no focal or mass lesion. No evidence of microangiopathy or white matter lesion demonstrated. Ventricular system is normal.

NECK: Physiological tracer uptake seen in bilateral salivary glands, tonsils and thyroid. Oral cavity, naso-oro-hypopharynx, larynx, subglottic and post cricoid regions are unremarkable with no demonstrable abnormal tracer uptake. Subcentimeter cervical nodes are seen with no significant tracer uptake. Major neck vessels show normal flow.

CHEST (On corroborative HRCT chest): Both lung fields are clear with no focal lesion /abnormal tracer uptake. No enlarged mediastinal nodes. No evidence of pleural or pericardial effusion. Chest wall is unremarkable.

ABDOMEN: Liver reveals physiological tracer uptake and normal MR parenchymal intensity. Gall bladder is distended and appears normal. No intraluminal mass/calculus. Pancreas, bilateral adrenals and spleen show normal MR morphology and tracer uptake. **Left kidney measures 12.18 x4.8 cm and right kidney measures 10.96 x 4.8 cm. Corticomedullary differentiation is maintained. Post contrast nephrogenic phase shows normal opacification and no obstructive uropathy demonstrated with no abnormal signal or soft tissue thickening in the course of bilateral ureters. Regional vessels in the pelvis, ilioinguinal region and upper thigh show normal flow.** Urinary bladder reveals normal tracer accumulation with normal wall thickness. Abdominal parietes, retroperitoneum and bowel are unremarkable. No enlarged / active retroperitoneal/pelvic nodes are seen. Prostate, seminal vesicles and bilateral testicle are unremarkable. No abnormal uptake or demonstrable soft tissue lesion in external genitalia. **No demonstrable altered intensity / enhancing / FDG avid lesion / abnormality seen underneath the fiducial marker. The lumbar plexus appears unremarkable with no evidence of any abnormality in relation to the lumbar plexus.**

EXTREMITIES: Early degenerative changes are seen in the lumbar spine in form of osteophytosis. Disc desiccation and diffuse posterior disc bulges are seen at L3/4, L4/5 levels indenting the sac. Visualised axial and appendicular skeleton otherwise reveals normal marrow intensity and cortical hypointensity. No focal vertebral lesion or evidence of vertebral collapse.

IMPRESSION: No demonstrable soft tissue lesion in pelvis and inguinal region and no other metabolically active abnormality in the remaining whole body. Suggest clinical correlation.


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