





Accession No.	1626183	Registration Date	: 04/04/2026 12:56:30
Patient ID.	P16100023239	Sample Collected On	:
Patient Name :	Mst. PRITAM KUMAR	Sample Received On	:
Sex / Age :	Male 8 Yrs	Report Released on	: 04/04/2026 17:05:12
Client Name :		Aadhar/ Passport No	:
Ref. By :	AIIMS NEW DELHI		

**DIGITAL WHOLE BODY PET CT**

**Clinical History: Case of ? Rhabdomyosarcoma under evaluation. PET/CT study for further evaluation.**

**Procedure:** 5.2 mCi of <sup>18</sup>F-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 mid-thigh were obtained. SUVmax was normalized to body weight *SUVmax bw*. Serum Creatinine and blood glucose was 0.83 mg/dL and 80 mg/dL respectively. CT scanning was performed using non-ionic intravenous (Volume: 50ml) and oral contrast & images were reconstructed to obtain transaxial coronel and sagittal views. Fused PET CT images were generated. 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: -**

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.

*Non FDG avid multiple small subcentimeteric bilateral level II to V cervical lymphnodes noted – possibly reactive.*

**Thorax: -**

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

***FDG avid irregular hypodensity noted in the right lung perihilar region in relation to middle lobe bronchus (SUVmax: 3.9) – suspicious for disease involvement. D/D inflammatory.*** No focal abnormal FDG uptake is noted in the lung parenchyma.

***Moderate bilateral pleural effusion noted with passive collapse adjacent lung parenchyma. Mildly FDG avid mild diffuse bilateral (R>L) pleural thickening noted (R SUVmax: 2.7).***

***FDG avid (SUVmax: 6.4) ill-defined diffuse enhancing soft tissue density noted in the anterior mediastinum with contiguous extension along the retrosternal region and reaching upto the bilateral anterior diaphragmatic regions. It is also involving left internal mammary region.***

***FDG avid irregular soft tissue thickening noted in relation to lower paraesophageal region (SUVmax: 4.1).***







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No significant other discrete FDG avid mediastinal or hilar and axillary lymph nodes.

**FDG avid nodular paravertebral deposit noted at D11 level on right side (1.1 x 1.0 cm, SUVmax 5.9).**

**Abdomen and Pelvis: -**

Liver is mildly enlarged (~ 13.2 cm in craniocaudal axis) and shows normal 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 diffuse irregular enhancing soft tissue deposit noted involving perihepatic / subdiaphragmatic regions on both sides and appearing inseparable from diaphragm (maximum thickness ~ 3.9 cm, SUVmax 6.2 in relation to segment IVa). Perihepatic deposit in relation to hepatic hilum is encasing main portal vein.**

**Mild bilateral hydronephrosis noted.** Gallbladder, pancreas, spleen (~ 7.3 mm in craniocaudal axis), adrenals glands and bilateral kidneys appear unremarkable. (USG is the modality of choice to evaluate for cholelithiasis/choledocholithiasis).

**FDG avid large ill-defined infiltrating enhancing soft tissue mass is seen in left side of abdomen involving mesentery, adjacent small (jejunal) and large bowel (left sided colon) loops and causing circumferential bowel wall thickening measuring ~ 13.5 (AP) x 9.7 (TR) x 12.7 (CC) cm, SUVmax: 7.6.**

**FDG avid irregular nodular soft tissue deposit noted involving abdominopelvic wall peritoneal reflections (maximum thickness ~ 3.9 cm along right lateral pelvic wall SUVmax 6.7) as well as omentum. Pelvic peritoneal deposits shows contiguous involvement of rectal wall and posterior urinary bladder wall. Pelvic peritoneal deposits encases bilateral lower ureters.**

**Some FDG avid discrete and conglomerated lymphnodes noted involving gastrohepatic space, peripancreatic, portocaval (~ 3.3 x 2.1 cm, SUVmax: 5.7), aortocaval and left paraaortic regions.**

**Moderate ascites noted.**

The stomach and remaining bowel loops otherwise appear normal in calibre and fold pattern and show physiological FDG distribution.

The prostate appears unremarkable with no focal abnormal FDG uptake.

**Musculoskeletal: -**

**No obvious increased FDG uptake noted in relation to bone marrow of visualized skeleton.**  
**No focal lesion with abnormal FDG uptake noted in axial and visualized appendicular skeleton.**

**OPINION: PET-CT study reveals: -** Page No: 2 of 3





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- Mildly metabolically active mild diffuse bilateral (R>L) pleural thickening.
- Metabolically active ill-defined diffuse enhancing soft tissue density in the anterior mediastinum with extension upto the bilateral anterior diaphragmatic regions and involving left internal mammary region as described above.
- Metabolically active irregular soft tissue thickening in relation to lower paraesophageal region with nodular right paravertebral deposit at D11 level.
- Metabolically active large ill-defined infiltrating enhancing soft tissue mass in left side of abdomen involving mesentery, adjacent small (jejunal) and large bowel (left sided colon) loops and causing circumferential bowel wall thickening as described above.
- Metabolically active diffuse irregular enhancing soft tissue deposits involving perihepatic / subdiaphragmatic regions on both sides with other areas of peritoneal / omental deposits and abdominal lymphadenopathy.
- Evidence of moderate bilateral pleural effusion and moderate ascites. Suggested fluid cytology correlation.
- No other significant abnormal metabolically active focus in rest of the visualized body.

Above findings are likely due to lymphoproliferative disorder. Suggested HPE correlation.

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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30/04/2026

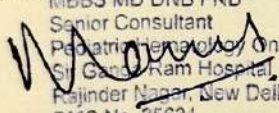
To,

Save Life Trust,

F-56, Lado Sarai, New Delhi.

This is to certify that Mr Pritam Kumar, 7 yrs old boy, Reg. No. 3720333, is a known case of Burkitt Lymphoma (Blood Cancer). This is a serious disease and he will require chemotherapy.

The expected cost of treatment for the same is around INR 15 Lakhs.

  
Dr. Manas Kalra  
MBBS MD DNB FNB  
Senior Consultant  
Pediatric Hematology, Oncology & BMT Unit  
Sir Ganga Ram Hospital,  
Rajinder Nagar, New Delhi-110060  
DMC No. 35631

Kindly consider to extend all help for the family.

Dr Manas Kalra

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