



EXAM: PET/CT IMAGING FOR LYMPHOMA INITIAL STAGING

HISTORY: Presented with splenic mass and right retroperitoneal adenopathy on recent CT. Biopsy was reportedly compatible with lymphoma, though flow cytometry negative.

TECHNIQUE: 12.84 mCi of FDG were injected with a fasting blood sugar of 85 mg/dl followed by dedicated PET images from skull base to mid-thigh, and axial CT for coregistration.

FINDINGS

NECK/CHEST: There is normal physiologic, low-level tissue metabolic background activity present throughout the neck and chest with no evidence of primary or metastatic malignancy. On fused CT, the lungs are clear with no pulmonary nodule, mass or infiltrate. There is no pleural effusion present. There is no aggregate hilar or mediastinal adenopathy. Several ametabolic nodal granulomatous calcifications left hilum and mediastinum. No pulmonary nodule, infiltrate or atelectasis. No pleural effusion.

ABDOMEN/PELVIS: Spleen is markedly enlarged with intensely hypermetabolic mass replacing roughly two-thirds of the spleen, with extensive internal necrosis. SUV of 15 reflects very metabolically aggressive tumor. There is hypermetabolic 13 mm right retrocrural node as well as bulky predominantly right retroperitoneal aggregate adenopathy. This extends from the hepatic hilus inferiorly to level of transverse duodenum. There is also a contiguous left periaortic retroperitoneal nodal aggregate approximating 27 mm. The main aggregate approximates 105 mm (long axis coronal) by 86 mm transverse. Separate smaller right retroperitoneal node inferiorly at level of lower poles of kidneys measuring 9 mm. Tracer-labeled urine in distal right ureter.

SKELETON: There is normal, physiologic, low-level skeletal background activity present without any evidence of bony metastatic disease.

CONCLUSION:

1. Hypermetabolic splenic mass with extensive internal necrosis.
Bulky right retroperitoneal hypermetabolic adenopathy.
2. No marrow or visceral involvement.
3. Assuming lymphoma, PET Stage II with SUV of 15 reflecting very metabolically aggressive tumor.

Contact Specialty Teleradiology at 888-671-1076 with any questions or comments about this report.