



**GAUTENG PROVINCE**

HEALTH  
REPUBLIC OF SOUTH AFRICA

**STEVE BIKO ACADEMIC HOSPITAL**

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DEPARTMENT OF NUCLEAR MEDICINE  
FACULTY OF HEALTH SCIENCES

Patient Name: VENTER, DAVID  
Patient DOB: 01.07.1987 (Age:37)  
Patient ID: 0005646611  
Gender: M  
Exam date: 18.03.2025  
Examination: PET/CT scan whole body without contrast from 18.03.2025  
Clinic/Ward: n.a.

Thank you for your referral.

**Performed Study:**

**F-18 FDG PET/CT whole body without contrast done 18 March 2025**

**Indication:**

Restaging

**Clinical History:**

A 37 year old male known with hodgkin's lymphoma. Presenting with right axillary and right pectoral lymphadenopathy. Suspected recurrence.

**Previous imaging:**

18F- FDG PET/CT done 20 June 2018 demonstrated metabolic activity noted in the anterior mediastinum is unlikely to be lymphomatous (Deauville X). Residual metabolic activity on the anterior mediastinum likely to be the thymus gland and a reduction in the nodal size when compared to the previous study

**Procedure:**

The patient was fasted overnight.

Fasting blood glucose = 5.0 mmol/L

Patient weight: 57 kg

6.2 mCi of 18F-FDG was injected intravenously followed by whole body non-contrast enhanced PET/CT imaging at 60 minutes post tracer injection.

**PET findings:**

Physiological FDG uptake was noted in the brain, ocular muscle, pharynx, myocardium, liver, spleen and gastrointestinal tract with excretion via the renal system.

**Lymph nodes:**

Increased uptake in following multiple lymph nodes as referenced with provided SUVmax:

- Conglomerate right axilla, ref - 8.0
- conglomerate right pectoral, ref - 10.56
- Right paratracheal level T3 - 3.83
- Right prevascular - 7.75
- Left hilar - 3.40
- Left costophrenic, ref -





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- Periportal - 5.15
- Para-aortic chain level L2-L4 - 4.27
- Aorto-caval chain level L2-L4 - 3.56
- Bilateral common iliac, ref: right - 5.17
- Right internal iliac - 4.6
- Right external iliac - 5.84

**Lungs:** Increased metabolic activity in left upper lung nodules, suggestive of lung metastases, ref - SUVmax: 3.06.

**Skeleton:** Increased metabolic activity in the right ischial bone - SUVmax: 6.31

**PET comment:**

- Known hodgkin's lymphoma , previous chemotherapy with metabolic evidence of lymph nodal disease above and below the diaphragm with pulmonary and skeletal metastases.
- Compared to previous imaging findings are in keeping with disease recurrence (Deuille 5).

**CT findings:**

Comparison made to previous CT from 20 June 2018 - images on agfa

**Disease burden**

New right axillary lymphadenopathy (largest in short axis)

- Level I - 17.2mm
- Level II/prepectoral - 21.2mm
- Multiple right pectoral nodes (laterally) - 8.3mm.

Cervical

- Level IV - Rt - 7.2mm.

Thoracic

- New prevascular - 12.2mm (prev 6.3mm).
- Para-aortic (around aortic arch) - 9mm (6.3mm) increased in size.
- Left para-tracheal - 7.0mm.
- No hilar nodes.

Multiple new abdominal

- Left para-aortic/peripancreatic - 12.8mm.
- Para-aortic - 11.8mm.
- Aortocaval - 9mm.
- Retrocaval - 10.4mm.
- Periportal - 15mm.
- Distal precaval - 10.5mm.
- Distal para-aortic nodes - 13.7mm.
- Right common iliac - 6.3mm.
- Left common iliac - 11.2mm.
- Right internal iliac - 9.5mm.
- Paracaval - 11.9mm





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### **Brain**

- No cerebral or cerebellar lesions noted.
- Brain parenchyma has normal appearance.
- No abnormal enhancement.
- Ventricles are normal - no hydrocephalus.
- Midline is central.
- Basal cisterns are patent.
- Paranasal sinuses are clear.
- Mastoid air cells are clear.
- Cranial bony elements are intact

### **Neck and Chest**

- Multiple new pulmonary nodules in the lingula segment of the left upper lobe - some with 'tree-in-bud' pattern - most likely infective.
- The rest of the lung fields are clear.
- No pleural effusions noted
- Heart and great vessels are within normal limits.
- Tracheobronchial tree is normal.
- Thyroid gland and oesophagus are normal.

### **Abdomen and Pelvis**

- No free intra-abdominal fluid or air.
- Liver has normal homogenous appearance with no dilated intrahepatic ducts.
- Gallbladder, pancreas and spleen are normal.
- Kidneys and adrenal glands are normal bilaterally.
- Stomach, small bowel and colon have normal appearance
- Urinary bladder is normal.
- Prostate gland is not enlarged.
- Bilateral testes are homogenous.

### **Skeletal**

- No lucent or sclerotic lesions in spine, pelvis or thoracic cage

### **CT impression:**

- Known with Hodgkin's lymphoma with disease progression:
- Multiple new right axillary/pectoral nodes, thoracic and abdominopelvic nodes as described.
- No splenic or hepatic lesions.
- No skeletal lesions noted on CT.
- Multiple new pulmonary nodules in the lingula segment of the left upper lobe - some with 'tree-in-bud' pattern - most likely infective. However, pulmonary metastases cannot be entirely ruled out. Interval follow up CT chest is advised to evaluate nodules.

### **Conclusion/Impression:**

- Known Hodgkin's lymphoma, previous chemotherapy with metabolic and morphologic evidence of lymph nodal disease above and below the diaphragm.





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- In view of the overall picture, the findings in the lungs and skeleton are thought to be metastatic.
- Compared to previous imaging findings are in keeping with disease recurrence (Deuille 5).

ADDENDUM: Version 1 from 01.04.2025 09:07 of Kabunda, Joseph

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Approved by RAD Consultant

Approved date/time

Approved by NUK Consultant

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18.03.2025 17:38

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