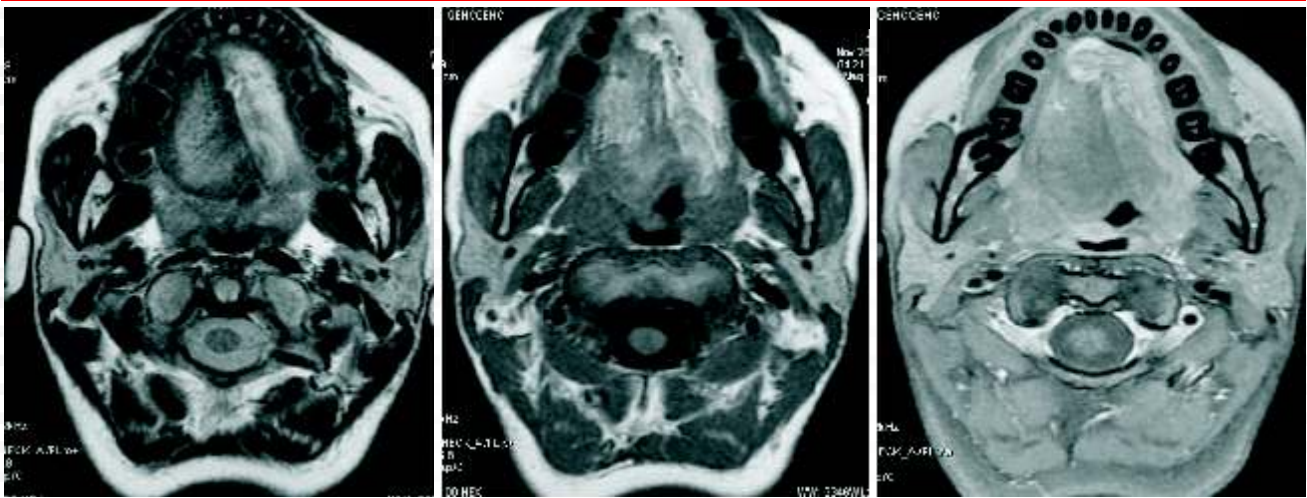




#### CASE STUDY 1

**History :** A 32-year-old female patient presented with unilateral tongue atrophy



**CT Findings :** MRI- T2WI, PRE AND POST CONTRAST IMAGES THROUGH ORAL TONGUE SHOWS LEFT HEMIGLOSSAL ATROPHY WITH FATTY REPLACEMENT



**CT Findings :** FIESTA MRI AND CT SHOWS ENPLAQUE CALCIFIED MENINGIOMA ALONG LEFT HYPOGLOSSAL CANAL

**Diagnosis :** Left Hypoglossal canal meningioma compression nerve



## CASE STUDY 2

**History :** A 48-year old male patient presented with complains of neck pain with radiculopathy and was screened for cervical spine MRI. Lesions in thoracic spine and ribs were incidentally found..

CT / MRI shows thickening of trabeculae with sclerosis and mild enlargement of upper thoracic vertebrae and ribs which show high tracer uptake on bone scintigraphy.

**Diagnosis :** Paget's disease. It is a metabolic disorder characterized by abnormal osseous remodeling.

**Pathophysiology :** Uncertain. Viral infection possibly of paramyxoviridae family. Evolves through 3 stages. Early lytic or hot phase. An intermediate or mixed phase. Final or cold phase marked by dense bone.



**Frequency :** Rare in Asia and Africa.

10% population older than 85 yrs in Europe.  
M : F = 1.8 : 1, Uncommon before 45 yrs of age.

**Anatomy :** More commonly polyostotic. Bones frequently affected are pelvis, calvaria, lumbar and thoracic spine, femur, tibia and humerus.

**Clinical presentation :**

- Asymptomatic
- Pain commonly in back & hip followed by pain in long bones and pelvis.
- Insufficiency fracture

**Preferred examination :** X-Rays, Bone Scan, CT Scan, MRI

**Differential diagnosis :** Bone metastases, fibrous dysplasia, Myelofibrosis, renal osteodystrophy, fluorosis, mastocytosis, tuberous sclerosis, osteomalacia, hyperphosphatasia in young patients.



## CASE STUDY 3

**CT Enteroclysis :** A hybrid technique that combines the method of fluoroscopic intubation – infusion small bowel examination with that of abdominal CT.

### Technique / Preparation

Low – residue diet  
Ample fluids  
Laxative on the day prior to examination  
Nil orally on the day of examination

A 13 F Freka's NG catheter introduced upto DJ FLEXURE and either positive or neutral oral contrast given through it.



### Clinical indications :

1. Small bowel obstruction
2. Crohn's disease
3. Small bowel neoplasms
4. Obscure GI bleeding
5. Miscellaneous application like in resolving false – positive and false – negative interpretation from routine abdominal

**Disadvantages :** Discomfort associated with nasoenteric tube placement – can be alleviated with use of conscious sedation and smaller tubes.

**A 72-year old male patient presented with abdominal pain.**



### Findings :

Markedly dilated proximal – jejunal loops without evident wall thickening and acute zone of transition at right paraumbilical region with collapsed distal small bowel loops with ascites.

### Diagnosis :

Dynamic small bowel obstruction (distal jejunum / proximal ileum) with acute zone of transition at right paraumbilical level, - possibility of band / twist is likely.



## **INTRODUCING SOON PET / CT – 600**

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### **Consultant & Head,**

Department of Nuclear Medicine & PET - CT Centre  
InFocus Diagnostic Centre, Ahmedabad, Gujarat.

Diploma in Radiation Medicine from INMAS, New Delhi. Was awarded the Brig. Mazumdar award for the best outgoing student. A gold medalist who received the presidential award for securing the highest marks in DRM.

Has experience in working with all Nuclear Medicine brands across the board both convectional gamma camera & PET CTs, including state-of-the-art gamma camera “Infinia IV Hawkeye system” and 16 slice GE PET CT scanner.

Has handled about 5000 gamma camera cases and about 1500 PET CT cases per annum.

Trained in premier institutes like Sanjay Gandhi Post Graduate Institute ( SGPGI ), Lucknow & Rush Medical Centre, Chicago IL, USA.

Has around 20 national & international publications.

Has worked on about 15 clinical trials across the country.

Has given about 50 invited talks & guest lectures.