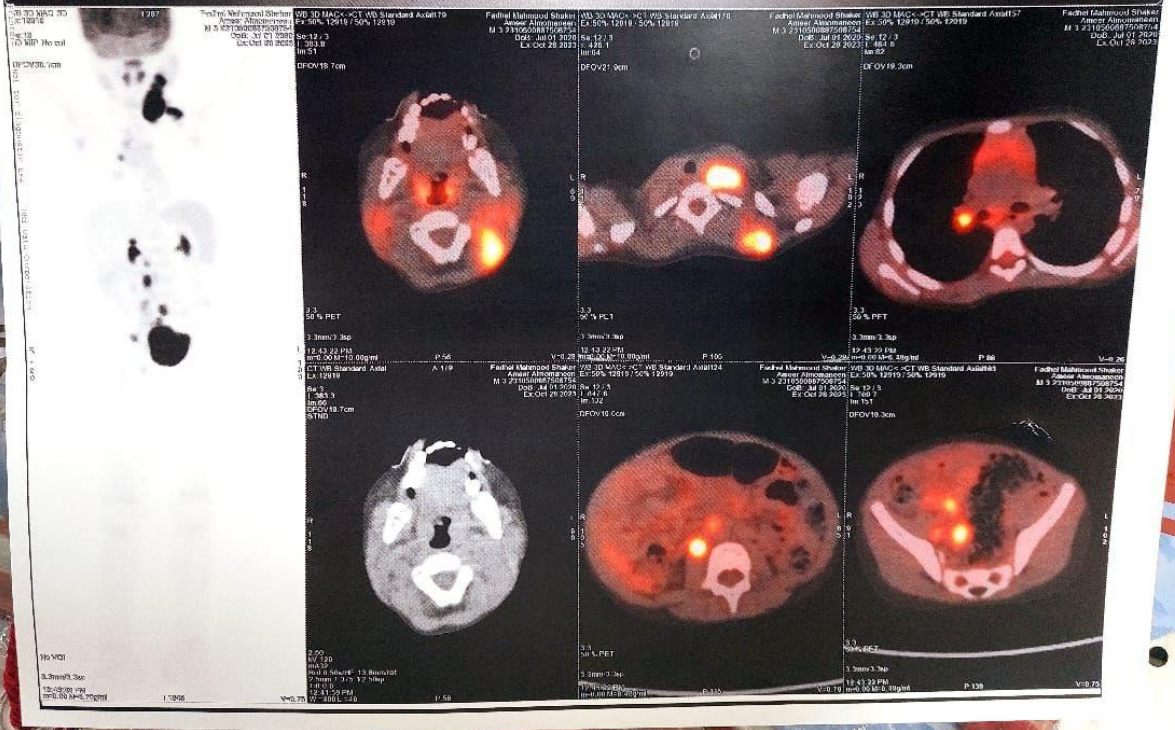


Fadhel Mahmood Shaker
310500887508754
Sex: M Birth date: Jul 01 2020

Amir Al Moumineen Hospital
Acc. No.: CRIS11858
Date: Oct 28 2023





مخاطبة الأخت
الدكتورة الاختصاص
شهادة البورد العربي (ال
B.H.S.RAD.

كافة فحوصات السونار الرباعي والملون / الأشعة

اسم المريض : محمود شاكر

حاضرة الطبيب المختزم : د هنادي

largest measures 26x11 mm in
hypo echoic texture , preserved

vascularity , no focal nodule

subcutaneous tissue and muscles.

Normal neck vessels .



العنوان: السماوة - شارع باقا
رقم التسجيل 35241 بتاريخ 2005\11\14 رقم الموبايل للمبج (07816107432)



HISTOPATHOLOGY REPORT

PATIENT NAME: محمود شاكر فاضل	AGE & SEX: 3 Y; M
DOCTOR: د. هادي	PATHOLOGY #: 4260
ORDER No: 477606	PATIENT MRN: 35846
DATE & TIME RECEIVED: 15-10-2023; 1:30	DATE ISSUED: 19-10-2023

CLINICAL DATA: Lower cervical Lymph node enlargement, his brother known HD stage III
 SPECIMEN: Lower cervical Lymph node excisional biopsy
 Fixation time: hours

DIAGNOSIS

Lower cervical Lymph node excisional biopsy specimen,

- **Classical Hodgkin lymphoma, mixed cellularity variant** (see microscopic description and IHC results please)

-Microscopic description:

- Sections show an enlarged lymph node with near total architectural effacement by mixed inflammatory infiltrate admixed with large abnormal cells have oval multilobated nuclei, vesicular chromatin, prominent nucleoli and abundant cytoplasm, consistent with Reed-Sternberg cells
- Immunostains show that the large abnormal cells are positive for CD30 and CD15 (membranous) and are negative for CD20.

-IHC RESULTS

1. CD15, CD30: Positive, diffuse membranous in Hodgkin cells (Reed-Sternberg cells)
2. CD20: negative in Hodgkin cells (Reed-Sternberg cells)

SPECIMEN DESCRIPTION

Received as single piece of tissue (large lymph node) measure 3*3*2 cm nodular with rupture capsule, white, cut section diffuse homogenous white, multiple sections are done and 4 cassettes were submitted

Page 1

Mohammed Saeed SH. Fadhil
 MD: FICMS path

AYHAM AHMAD
 MD: CA8MS path



NUCLEAR MEDICINE DEPARTMENT

Patient Name: Mahmood Shaker Fadhel

Procedure Date: 28.10.2023

File Number: 2310500887508754

Age: 3

Referring Physician: Dr Hanadi Munaf

Gender: M

¹⁸FDG PET/CT Scan (Whole Body Protocol) on 28.10.2023:

Procedure:

"Images were acquired on GE Discovery IQ 3 rings PET/CT System from Vertex to the toes (whole body protocol) caudocranially. PET acquisition was acquired 2 minutes/bed post 65 minutes uptake time after IV injection of 3.14 mCi ¹⁸F-FDG dose. Axial, Sagittal and coronal PET reconstruction were interpreted with and without attenuation correction and Q-clear algorithm"
"Corresponding CT images without IV/oral contrast were also acquired in an Optima 540 16 slices CT, reconstructed and fused alongside with the PET images."
"Fasting blood sugar at the injection time was 72 mg/dl, Patient weight is 15 kg and height is 100 cm".

Comparison:

No previous ¹⁸-FDG PET/CT scan available for comparison

History:

A 3-Year-old male, newly diagnosed with classical Hodgkin lymphoma diagnosed after cervical lymph node excisional biopsy on 19 October 2023. Therapy naïve.

Indication:

For primary staging.

Findings:

Head and neck:

- Multiple bulky hypermetabolic left cervical and supraclavicular lymph nodes (levels IIa, IIb, III, V, VI), the largest matted measuring about (3.2x1.7cm) with (SUVmax 14.7).
- The brain demonstrates physiologic FDG metabolic activity with no evidence of active focal lesion.
- Physiological FDG metabolic activity in the salivary glands, adenoids and the vocalis.

Chest:

- Multiple hypermetabolic mediastinal (right paratracheal, right peribronchial & right hilar LNs) & bilateral axillary lymph nodes, the most prominent in the right peribronchial area with (SUVmax 6).
- Physiological thymic activity was noted.

ميادة الغدير للأشعة و السونار و الرنين و المفراس
الدكتوروة الاختصاص / ايماءة نعيمه خلاجة الجياهي
شهادة البورد العربي (الدكتوراه) في الأشعة والتصوير الطبي
M.B.CH.B C.A.BH.S.RAD.

(كافة فحوصات السونار الرباعي و الملون / الأشعة العادية و الملونة / جميع فحوصات الرنين و المفراس الحلووني)

التاريخ: 2023/09/24

اسم المريض : محمود شاكر

حضرة الطبيب المحترم : د هنادي

Neck ultrasound report :

Bilateral multiple enlarged cervical Ln s seen largest measures 26x11 mm in right side and 33x13 mm in left side , all of hypo echoic texture , preserved hilum , oval shape , increased vascularity .
Suggestion of infected LN s for fellow up .
Thyroid gland is normal in size , texture , vascularity , no focal nodule .

Normal submandibular salivary glands.

Normal subcutaneous tissue and muscles.

Normal neck vessels .



العنوان: السماوة - شارع باتا

رقم التسجيل 35241 بتاريخ 14\11\2005.....رقم الموبايل للعبز (07816107432)

اسم المريض: محمود شاكر
العمر:
التاريخ:

د. صادق مناف

CT of neck and chest with IV contrast

- There are multiple hypodense lesions in left submandibular and internal jugular region which shows mild enhancement suggestive of enlarged LNs ~~and lymphatic metastasis~~. Biopsy recommended
- Parotid, thyroid, and submandibular glands: normal.
- Lungs: normal density. No evidence of consolidation or GGO. No evidence of lung mass or cyst.
- No evidence of mediastinal or hilar lymph node enlargement,
- Normal appearance of the thoracic aorta and the great vessels.
- No evidence of pleural effusion.

Conclusion :-
left cervical LN enlargement largest
medium 3cm. → for biopsy

دكتور
عمر محمد لشم

٢٠٢٢ / ١ / ٤

NUCLEAR MEDICINE DEPARTMENT

Patient Name: Mahmood Shaker Fadhel

Procedure Date: 28.10.2023

- Normal parenchymal lung pattern with no evidence of hypermetabolic pulmonary nodules.
- Physiological myocardial FDG metabolic activity.
- No evidence of pleural or pericardial effusion.

Abdomen & pelvis:

- Diffusely hypermetabolic enlarged spleen (SUVmax 2.6).
- Multiple hypermetabolic right paraaortic, aortocaval, common iliac, right pelvic, right external iliac & bilateral inguinal lymph nodes, the largest common iliac, measuring about (1.6x1.2) with (SUVmax 8.3).
- Physiological limits of FDG metabolic activity in the liver (SUVmax 1), pancreas, adrenals, and bowel with no evidence of active focal lesion.
- Physiological excreted FDG activity in both pelvicalyceal system and urinary bladder.

Musculoskeletal:

- Physiological limit of FDG metabolic activity in the musculoskeletal system with no evidence of active focal lesions.

Impression:

- Hypermetabolic active lymphomatous disease involving multiple bulky lymph node groups above and below the diaphragm with possible splenic involvement.

Approved by:

Dr. Haider M. Al-Alawi, M.D

Head of Nuclear Medicine Department
Jordanian Board of Nuclear Medicine
Nuclear Oncology Fellowship/Jordan
PET/CT Fellowship/Switzerland
Nuclear Cardiology Fellowship/Italy

Signed On:

29.10.2023 11:36

