

10.2x8.4mm in size with SUV max of 6.17. No other FDG avid or non FDG avid focal lesions are identified in the prostate gland which is not enlarged, maintains it's smooth regular contour and otherwise normal parenchymal attenuation pattern and normal distribution of metabolic activity.

Previously noted few prominent and minimally enlarged lymphnodes with preservation of it's normal fatty hila in the para aortic group are again identified and largest measures 12.2mm in diameter in the current scan. Previously noted minimally FDG avid prominent lymphnode with preservation of it's normal fatty hilum in the lower para aortic group is non FDG avid in the current scan and measures 8.8mm in diameter.

No new prominent, enlarged or FDG avid lymphnodes are identified in the abdomen or pelvis.

No FDG avid or non FDG avid mass lesions are identified in the abdomen or pelvis. No localized fluid collection or free peritoneal fluid is present.

Previously described abnormality of the distal descending colon, pelvic colon and sigmoid colon up to the colorectal anastomosis is not present in the current scan. There is no abnormal mural thickening at the colo-rectal anastomotic site. No FDG or non FDG avid mass lesions are identified at or adjacent to the anastomotic site.

Moderate degree of fecal loading of the colon is observed. However, colon and residual rectum maintain it's normal mural thickness, normal distensibility and normal distribution of the tracer. Normal distribution of the tracer in the small intestine too is observed.

Few prominent and enlarged non FDG avid lymphnodes with preservation of it's normal fatty hila in the inguinal groups bilaterally are again observed and are most likely representing reactive hyperplasia. Largest lymphnode is in the left inguinal group measuring 1.29cm in diameter and relatively larger lymphnode in the right side measures 1.10cm in diameter.

#### **Musculoskeletal & Miscellaneous**

Early degenerative changes in the spine and the small non FDG avid bone island in neck of the left femur are again observed.

No new sclerotic or lytic lesions or FDG avid osseous lesions are identified in the scanned region.

**IMPRESSION**

The small minimally FDG avid low attenuated parenchymal in the apico-posterior segment of upper lobe of left lung is highly suggestive of a solitary pulmonary metastasis from known upper rectal carcinoma.

No other metabolically active metastatic lesions are identified in the scanned region.

There is no metabolically active recurrence of known upper rectal carcinoma.

Previously observed evidence of chemotherapy induces pneumonitis and chemotherapy induced segmental colitis are not present in the current scan.

Previously observed reactive lymphnodes in upper neck, axillae, inguinal groups bilaterally, mediastinal and para aortic groups are again observed.

Evidence of diffuse fatty infiltration of the liver are again observed.

FDG avid focal lesion in the central glandular zone of the prostate gland. Though this could represent focal prostatitis too, correlation with serological finding and TRUS of the prostate gland are advised.

  
Dr. S. H. Monasinghe  
Consultant Radiologist

### Summary of Marker

Comment of marking reported unstable	0
Comment of marking reported stable	13
Reported unstable ratio	0
Unstable marker	None

First 6 cycles of Chemotherapy once in two weeks started on 03.08.2023 with

1. Bevizozumab
2. Ironiticam
3. Five Fluro Urasil
4. Folinic Acid

Severe diarrhea experienced as a side effect and Shigella infection occur after third cycle of chemotherapy.

Chemotherapy temporally stopped for 5 weeks.

Chemo cycles started again and 6 cycles completed.

First PET scan done one month after completion of chemotherapy.

#### First PET Scan Report :

- No definite metabolically active recurrent or metastatic disease of the upper rectal carcinoma
- Pulmonary metastatic nodules previously seen were not present.

Second part of chemotherapy started on 7th December 2024.

#### Treatment given

Co-Capasitamine xeloda two tablets twice a day for two weeks

Bevizozumab once in three weeks.

Six cycles completed (total 12 cycles) uneventful.

Second PET scan done 3 months after on 10.07.2024 on completion of 12 chemo cycles.

- All margins negative for invasive carcinoma
- Distance from invasive carcinoma to closest margin – 48mm
- Treatment effect: No known pre surgical treatment.
- Regional lymph node status : 6 lymph nodes examined and with tumor 0
- Liver metastasis identified and completely resected.
- TNM description : pT2NoM1

#### DNA test Reports:

##### 1. MGM 332 – Colorectal cancer

Panel (SMVs, In Dels and CNV)

Results :

- Positive.
- Clinically relevant variant detected.

Treatment Recommended:

- Tucatinib +Trastuzumab.

##### 2. BRAF V600 mutation analysis (MGM 177)

Results :

- No V600 mutation detected in BRAF gene.

##### 3. DYPD mutation analysis (MGM 340)

Results:

- No clinically relevant variant have been identified in DYPD gene.
- Normal metabolizer.

##### 4. Microsatellite instability (MSI) by fragment analysis

Results:

- Microsatellite instability status (MSI)
- Status – MSS. Stable

Dr. Ranjith Wickramasinghe

Date of Birth 27.09 1960

### Colorectal Carcinoma

- History of per rectal bleeding and abdominal pain on and off for several months.
- Colonoscopy done on 5.7.2023

### Findings:

- Upper rectal to recto sigmoid tumor 12 -16cm  $\frac{1}{4}$  of circumference involved.

### Rectal Biopsy report:

- G 2 Adenocarcinoma

### CT scan report:

- 6cm long irregular wall thickening in the left wall of the recto sigmoid of the recto sigmoid junction.
- Liver is normal in size and show normal density. Two non-enhancing sub centimeter lesion in the right lobe. 8.3x4.9mm in segment V and 7x7.6mm sub capsular lesion on segment VI.
- Spleen, GB, Pancreas adrenal glands and both kidneys are normal.
- Bones are unremarkable and no bone metastasis.
- There are 4 rounded enhancing nodules both lungs.
  - Two nodules in the RLL, 7mm nodule in the apical segment and another 7mm nodule in the lateral basal segment.
  - Two nodules in the left lung, 4mm nodule in the apico-posterior segment of the left upper lobe and 5.5mm nodule in the apical segment of the left lower lobe.
- No plural or pericardial effusions.
- No mediastinal or hiler lymphadenopathy.
- No cardiomegaly.
- No thyroid masses

Anterior resection of tumor done on 14.07.2023

### Histology Report:

#### Adenocarcinoma Grade 2

- No lympho vascular invasion.
- Tumor Bud: Not identified. Score 2

### Second PET scan report:

- Small parenchymal 4.4mm diameter with SUV max of 3.93 is identified in apico-posterior segment of upper lobe of left lung highly suggestive of a solitary pulmonary metastasis from known upper rectal carcinoma identified.

Total Vacuum excision of secondary deposit of lung done on 26.07.2024

### Findings :

- Evidence of solitary pulmonary nodule of left lung apico-posterior segment.
- No other pulmonary nodules of metastasis.
- No significant mediastinal , hilar or supra clavicular lymph adenopathy.
- Demonstrated bones appear normal.

### Histology Report :

#### Specimen

- Atypical wedge resection left lung upper lobe for histology.
- Atypical wedge resection of left lung lower lobe for histology.

#### Diagnosis

- Lung upper lobe atypical wedge resection
  - Metastatic adenocarcinoma 5mm in size completely excised.
  - Moderately differentiated.
  - With free vascular emboli, peri neural invasion, visceral pleura (PLO) and stapled resection margin.
- Lung lower lobe atypical wedge resection
  - Nonspecific change
  - Negative for metastatic carcinoma.

#### Comment :

- Morphologically compatible with metastasis from previous known colonic carcinoma.

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 ADDRESS: NO. 189/17, AMPITIYA ROAD, KANDY.  
 AGE: Y. 63 M. 9 L  
 DOB: 27/Sept1960  
 GENDER: M  
 DATE OF ADMISSION: 25/JUL/2024 4:52:00P  
 ROOM NO: 905  
 DATE OF DISCHARGE: 28/07/2024  
 CONSULTANT: DR. WARUNA KARUNARATHNA  
 ANESTHETIST: THORACIC SURGEON  
 ASSISTANT:

**INVESTIGATION**

PT - 13.6 s  
 TNL - 1.01  
 Bleeding time - 1 min.  
 Clotting time - 10 min  
 Thrombin time - 17 s.  
 Plasma Fibrogn - 240 ug/dl  
 APTT - 30.2 s

**DIAGNOSIS**

Colon Adeno Ca with Left Lung Single metastatic lesion  
 CT completed

Left Single Port VATS

Excision of Two mets 1) UL S2  
 2) LL Post Basal Segment

5th ICR 3cm incision

Two lesions removed with Endo Gia 45/60 staplers

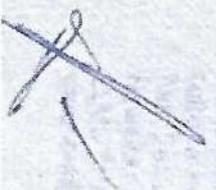
Closure- routine  
 24Fr ICD

Blood group O +

H A E C T - chest

- Evidence of solitary Pulmonary nodules in left lung apico-posterior segment concerning for a solitary metastasis.
- NO other pulmonary nodules or masses.
- No significant mediastinal, hilar or supraclavicular adenopathy.
- De monstrated bones appear normal.

COMMENTS



DR. WARUNA KARUNARATHNA  
 MBBS, US STAPLER  
 THORACIC SURGEON