

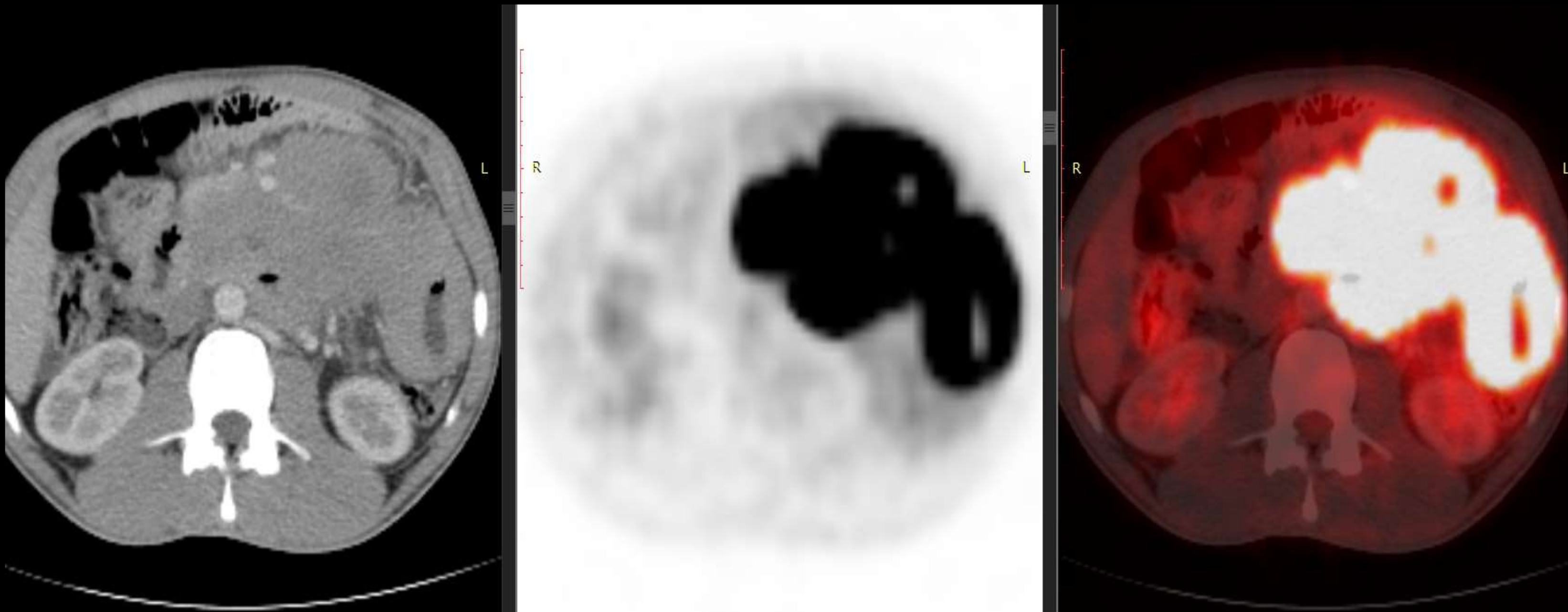
FDG PET CT in DIFFUSE LARGE B-CELL LYMPHOMA: A Pictorial Review

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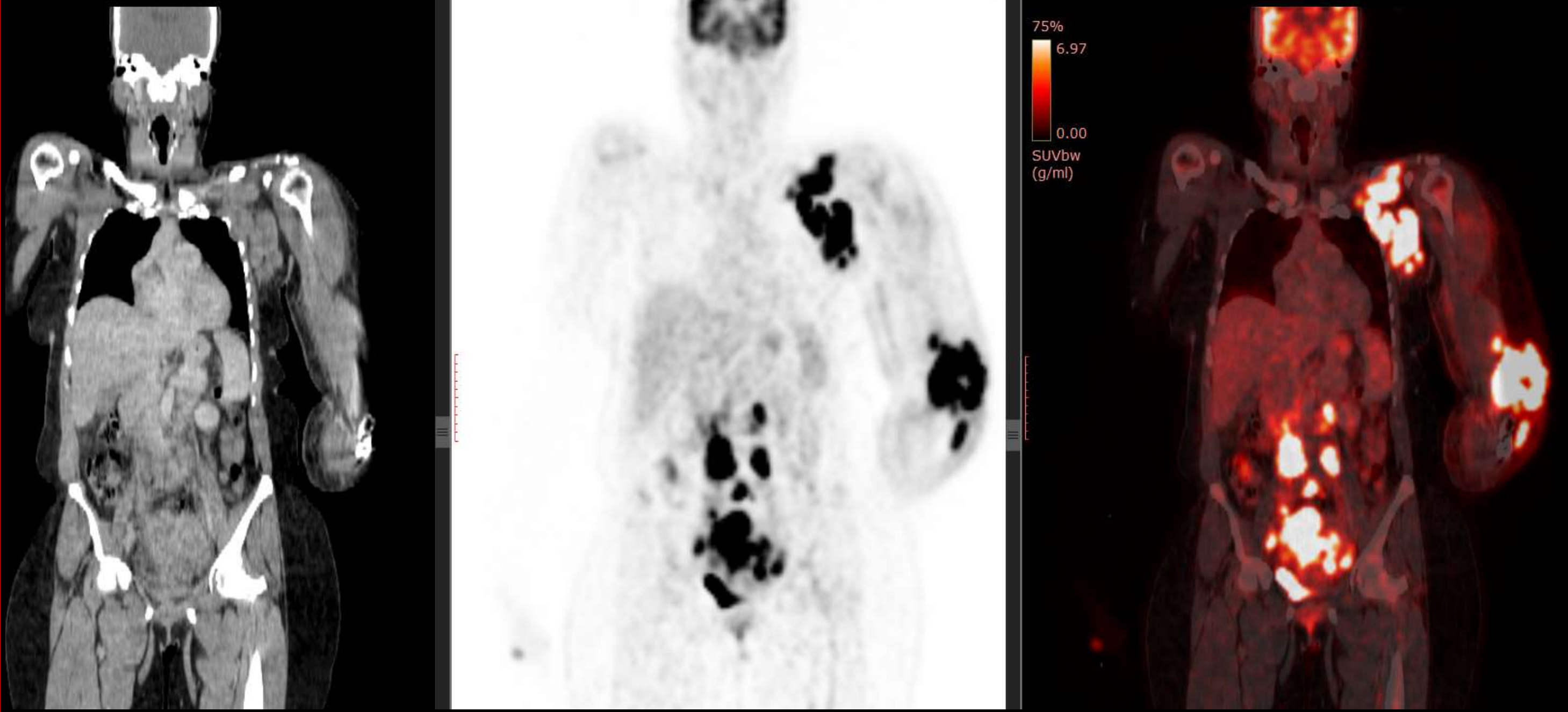
INTRODUCTION

FDG PET CT plays a vital role in diagnosing, staging and assessing response to treatment in Diffuse Large B-Cell Lymphoma. Various uptake patterns are seen, involving lymph nodes, viscera as well as bone marrow. Here we present a few interesting cases from a total of 517 patients from 2023-2025 highlighting how the same primary tumor can have such different results on PET CT.

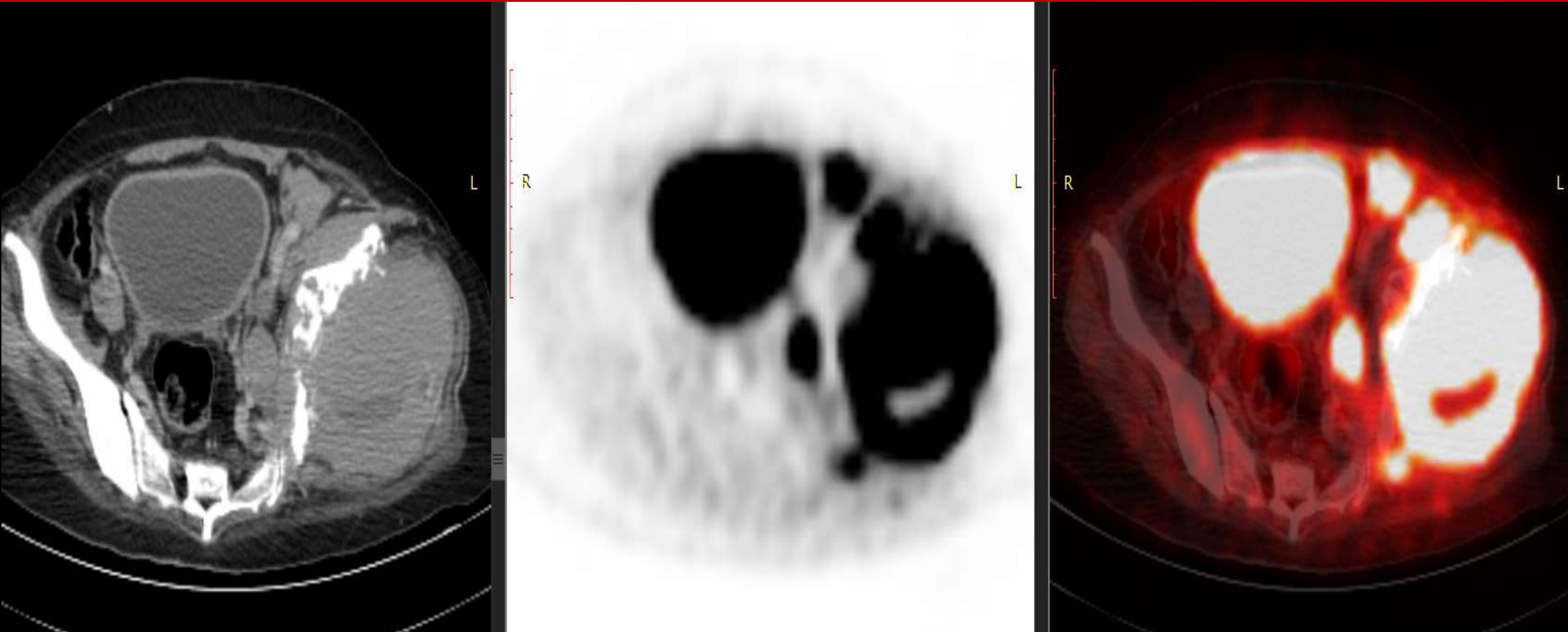
CASES



A 26 year old male diagnosed with on bowel biopsy. DLBCL. PET CT showed hyper metabolic lymphomatous involvement of small bowel with mesenteric nodes.



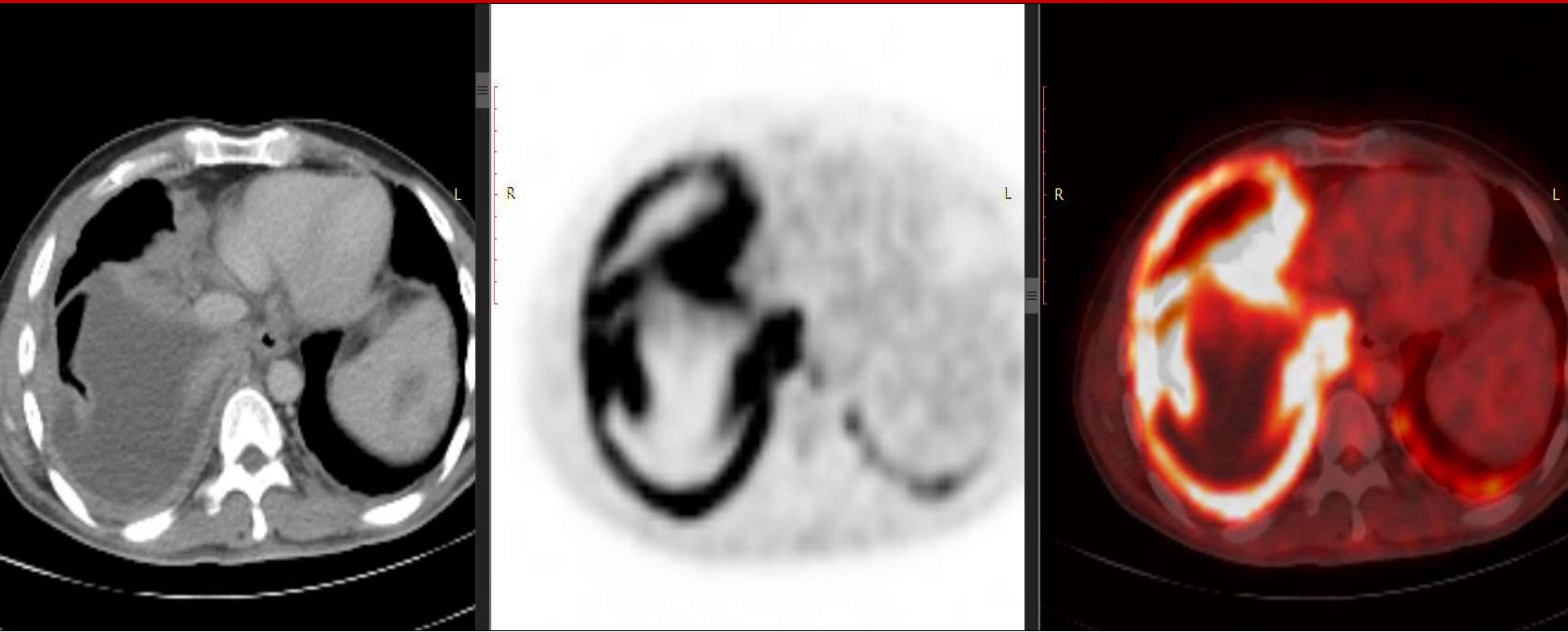
A 32 year old female. Axillary biopsy showed DLBCL. FDG PET CT showed hypermetabolic lymph nodes with FDG avid lesions in soft tissues of left arm and forearm.



A 57 year old female; DLBCL biopsied from left pelvic side wall node. PET CT showed FDG avid large soft tissue mass causing destruction of right iliac bone and avid left pelvic side wall nodes.



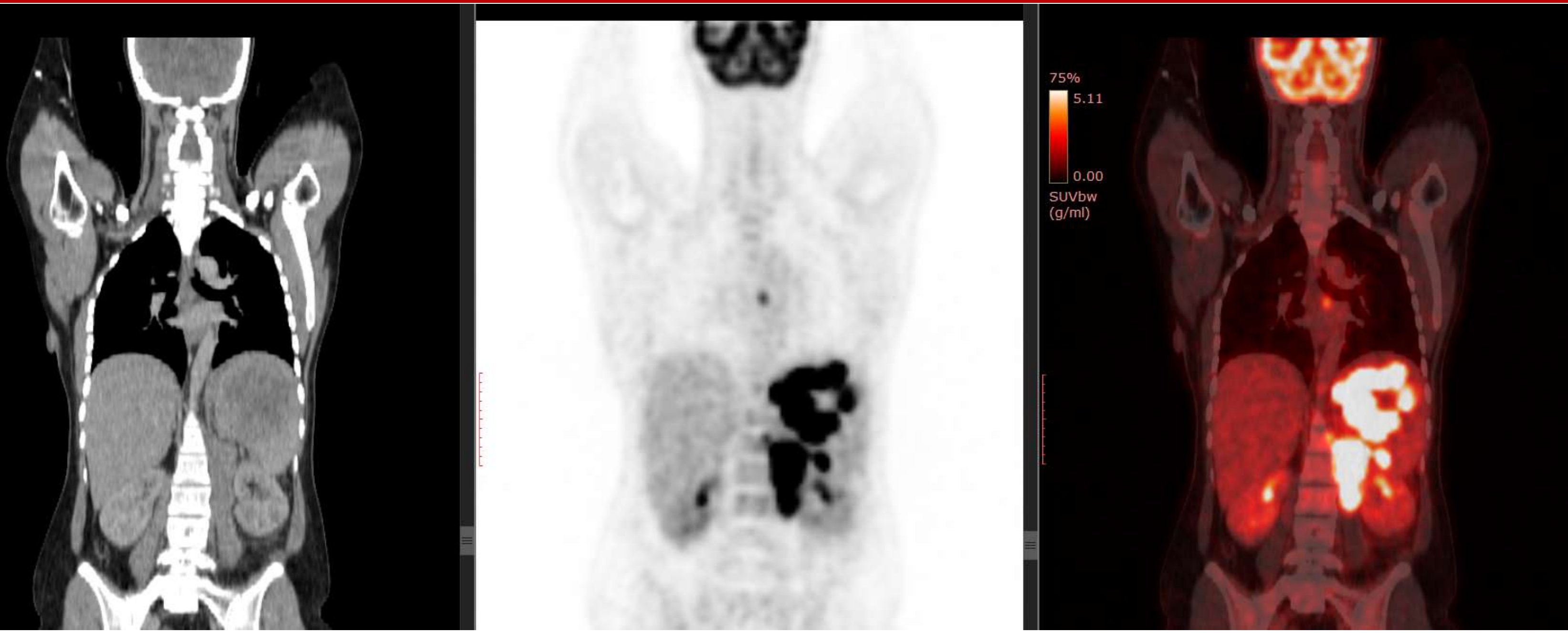
A 32 year old male. Peritoneal nodule biopsy showed DLBCL. FDG PET CT showed avid lymph nodes above and below diaphragm with hepatic, splenic and osseous metastases.



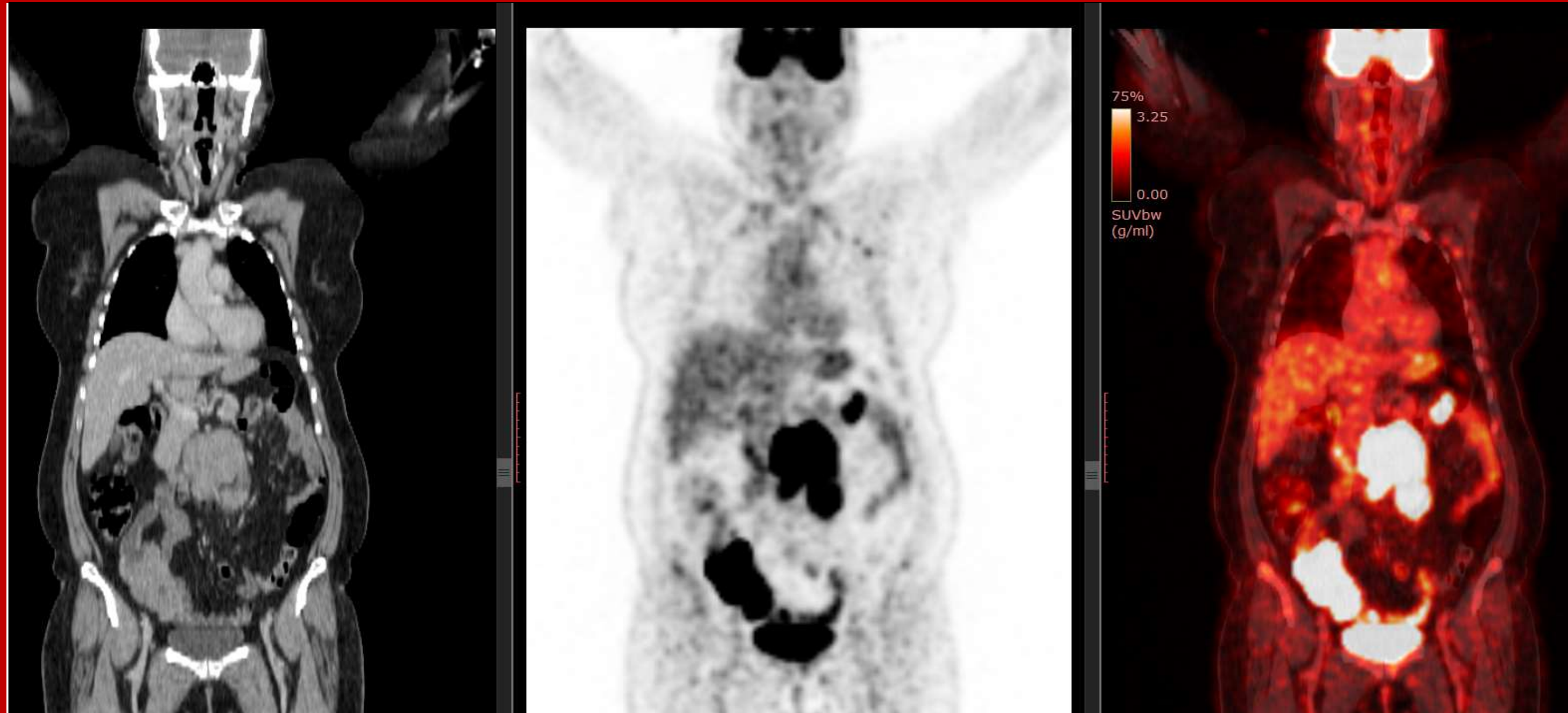
A 39 year old man. Biopsy from gastrosplenic recess nodal mass showed DLBCL. FDG PET CT showed avid right sided pleural thickening.



A 77 year old male. Biopsy of right nasal region showed DLBCL. FDG PET CT showed FDG avid hyper dense lesions in brain, representing metastases.



34 year old female with DLBCL biopsied from para aortic node . FDG PET CT showed avid lymphadenopathy above and below diaphragm with splenic and peritoneal involvement



52 year old female. Biopsy from para aortic node showed DLBCL. FDG PET CT showed large avid retroperitoneal nodal mass with involvement of terminal jejunum and ileum.