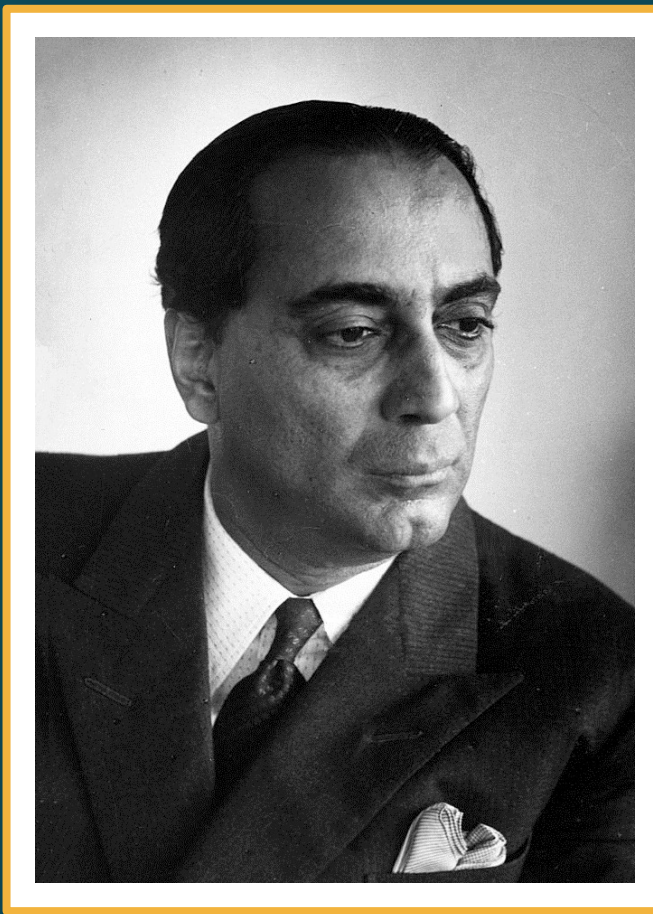




Nuclear Medicine Week 2026

“WHERE IT ALL BEGAN: LEGACY OF SCINTIGRAPHY & SPECT”

25th October 2026 – 31st October 2026



Nuclear Medicine Week India 2026

The Society of Nuclear Medicine India (SNMI) celebrates Nuclear Medicine Week in the last week of October to commemorate the birth anniversary (30 October) of Dr. Homi J. Bhabha, the great Indian visionary and Father of the Indian nuclear programme.

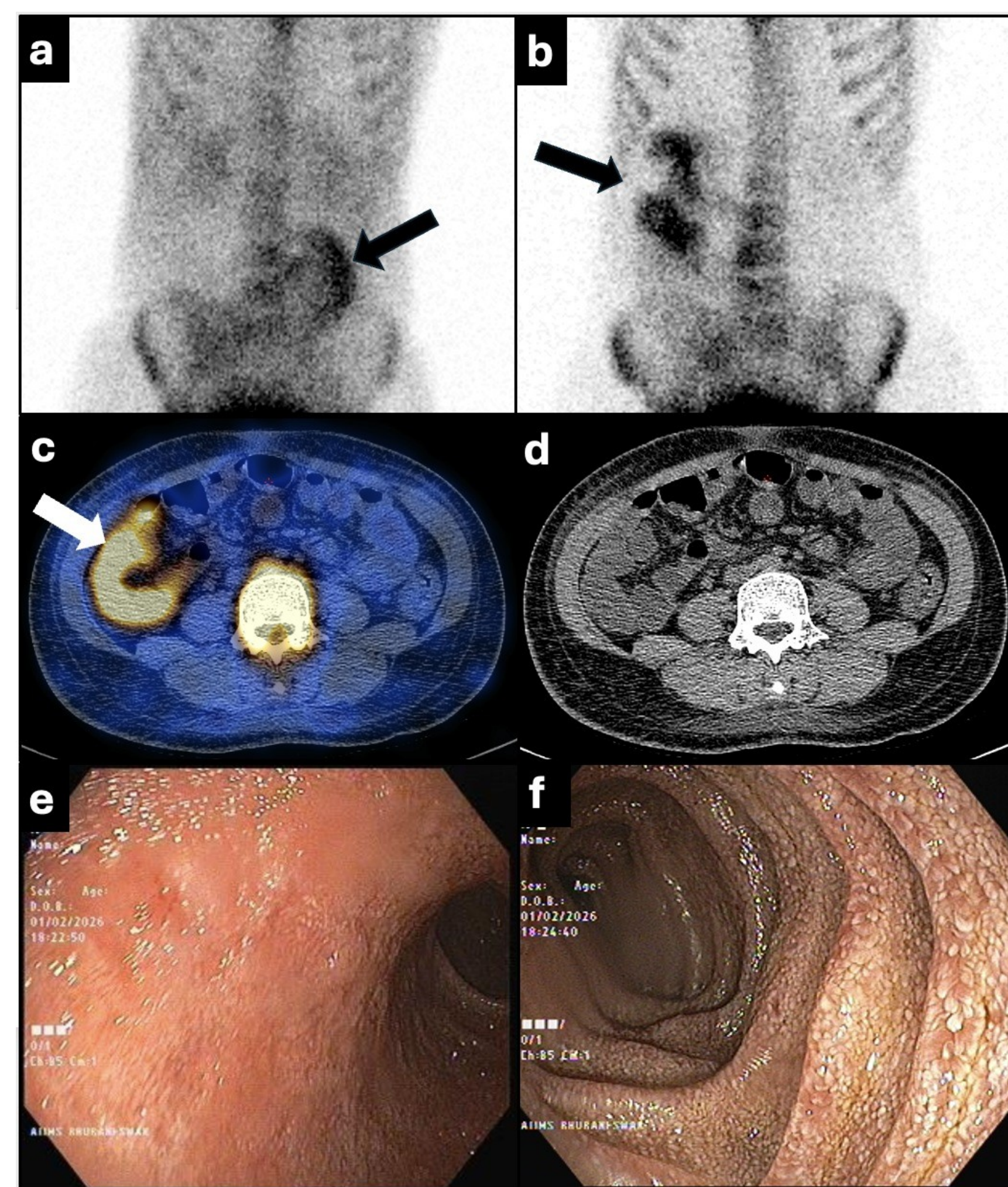
Dr. Homi J. Bhabha (1909–1966)

Theme 2026: Where It All Began

Scintigraphy and SPECT remain the foundation of our specialty — time-tested techniques that continue to answer critical clinical questions in everyday practice, even in the era of advanced PET/CT imaging.

This poster celebrates and reaffirms the enduring diagnostic value of these classic modalities through cases from centres across India.

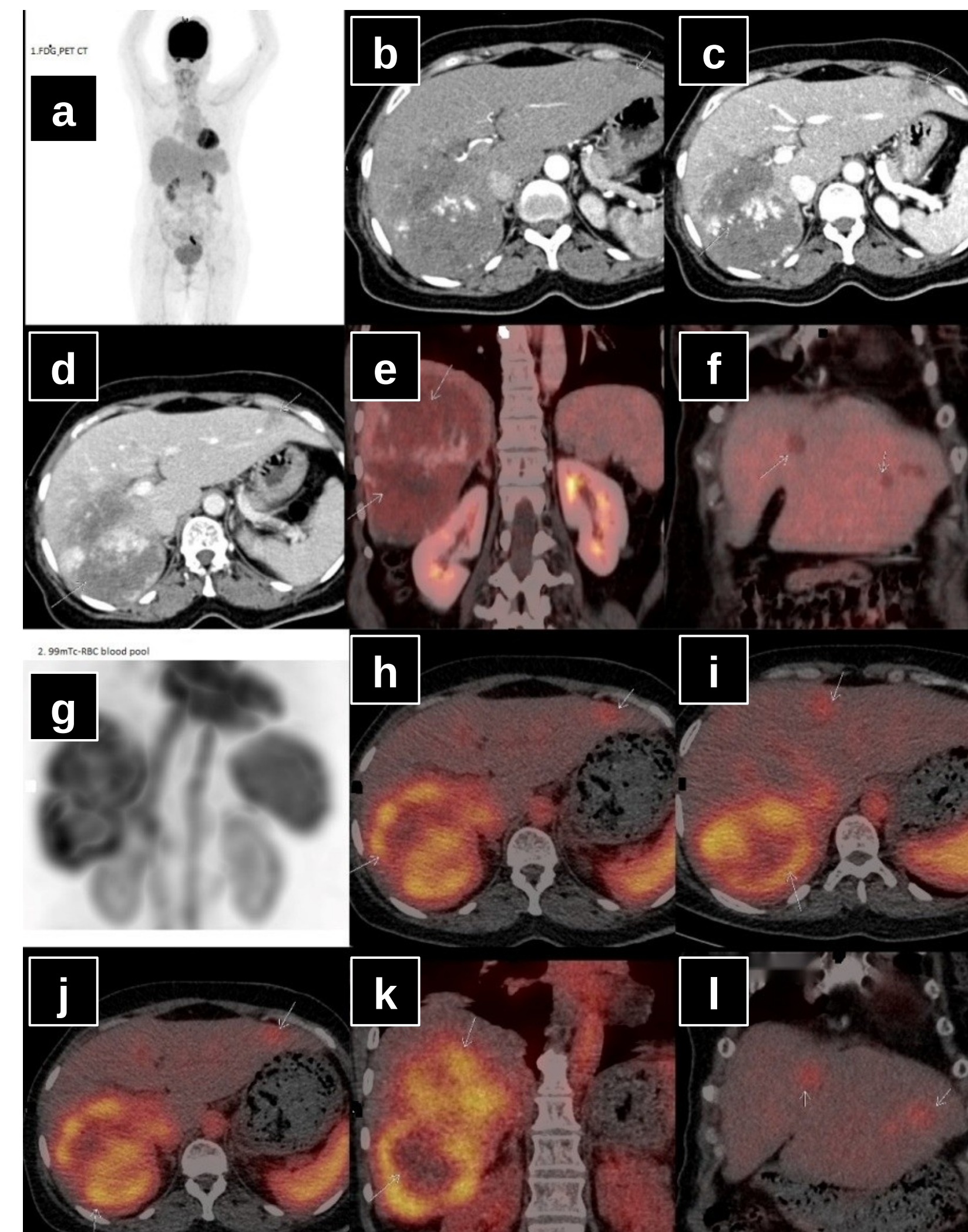
Protein-Losing Enteropathy: Scintigraphy with Enteroscopic Correlation



^{99m}Tc-MDP scintigraphy with enteroscopic correlation in protein-losing enteropathy. (a) One-hour planar image shows focal tracer accumulation in the left lower lumbar region (arrow). (b) Three-hour delayed planar image shows migration of activity to bowel loops in the right abdomen (arrow). (c, d) SPECT/CT localises the tracer to bowel loops in the right lumbar and right hypochondriac regions. (e, f) Enteroscopic images show a snowflake appearance of the mucosa with dilated lacteals, consistent with intestinal lymphangiectasia.

Image courtesy: Department of Nuclear Medicine, All India Institute of Medical Sciences (AIIMS), Bhubaneswar

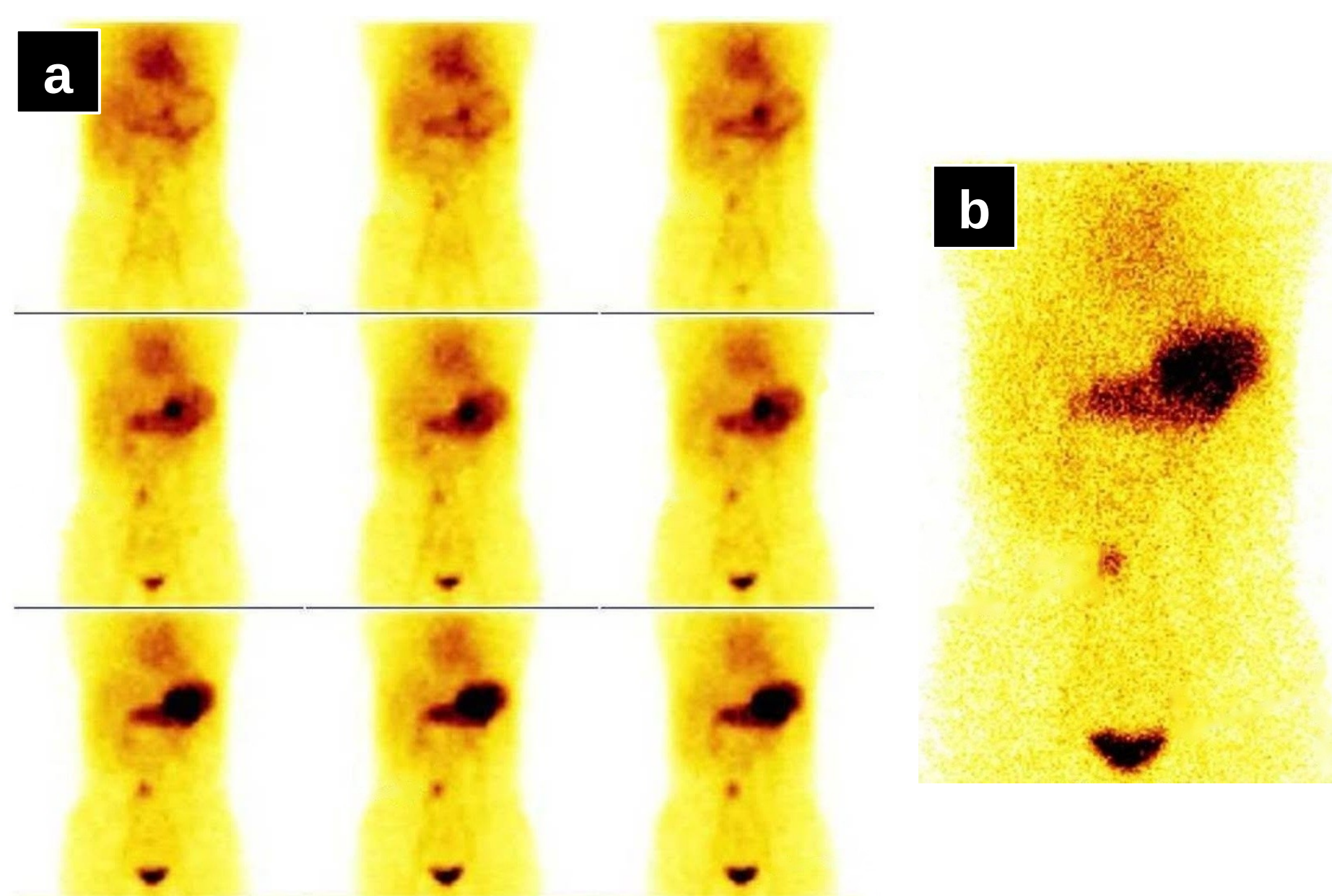
Hepatic Hemangiomas Confirmed on ^{99m}Tc-RBC Blood Pool SPECT/CT



A 55-year-old woman with multiple liver lesions on CT, suspicious for hepatocellular carcinoma (HCC), with normal AFP, was referred for ¹⁸F-FDG PET/CT. (a) MIP image shows no FDG uptake in the liver lesions. (b) Arterial-phase CT shows mild peripheral arterial enhancement of lesions in both lobes, the largest in segments VI and VII measuring 8 × 8 cm. (c) Portal venous phase shows contrast fill-in, sparing the central area. (d-f) No FDG uptake is seen in the lesions. Findings were inconclusive in differentiating HCC from hemangioma. (g-l) ^{99m}Tc-RBC blood pool SPECT/CT, acquired 2 hours after in vivo RBC labelling, shows blood pooling in all liver lesions, confirming hemangiomas rather than HCC and avoiding biopsy.

Image courtesy: Department of Nuclear Medicine, Kovai Medical Center and Hospital (KMCH), Coimbatore

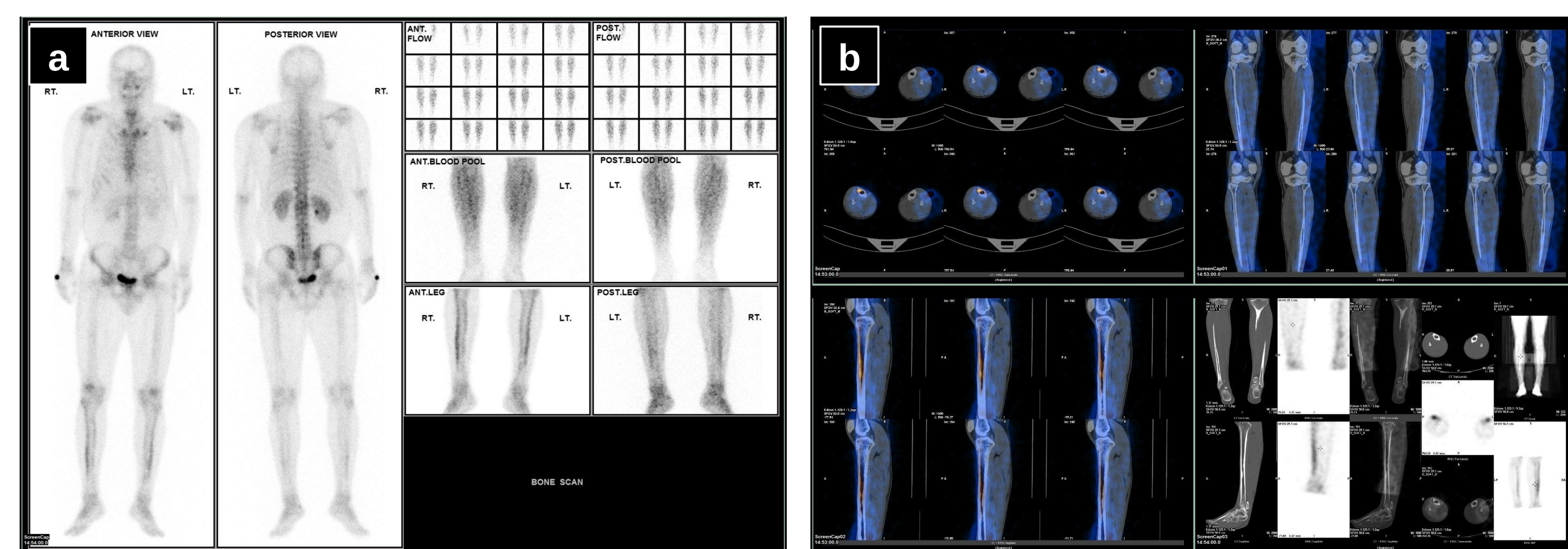
Meckel's Scintigraphy: Ectopic Gastric Mucosa



A 2-year-old child presented with recurrent episodes of blood in stools; ultrasonography showed non-specific mesenteric adenitis. Owing to clinical suspicion of ectopic gastric mucosa, Meckel's scintigraphy was performed. (a) Dynamic images show focal tracer uptake in the umbilical region beginning simultaneously with physiological gastric uptake and increasing in intensity with time. (b) Static image shows persistent focal uptake in the umbilical region, suggestive of Meckel's diverticulum with ectopic gastric mucosa. Surgical resection confirmed the diagnosis, and thereafter, no episode of bleeding was observed.

Image courtesy: Department of Nuclear Medicine, Kamalnayan Bajaj Hospital, Chhatrapati Sambhajnagar, Maharashtra

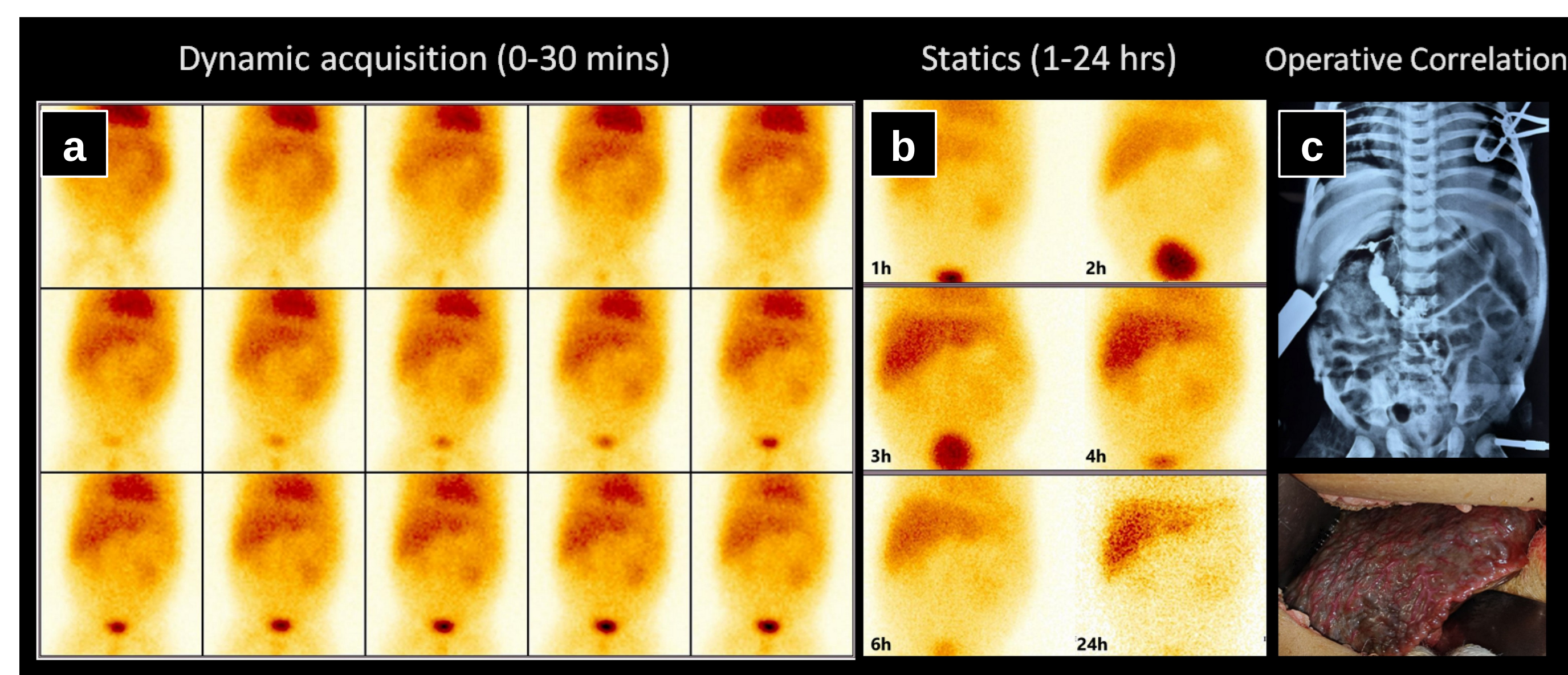
Medial Tibial Stress Syndrome on Three-Phase Bone Scan & SPECT/CT



A 33-year-old male athlete presented with bilateral calf pain for 4 years; radiographs and CT showed no fracture or cortical break. (a) Three-phase bone scan shows increased blood flow and blood pool, with linearly increased tracer uptake along the posteromedial cortex of the mid-to-lower tibial shafts bilaterally. (b) SPECT/CT shows the remodelling activity confined to the surface cortex (periosteal bone remodelling), without extension into the marrow — consistent with medial tibial stress syndrome (shin splints).

Image courtesy: Nuclear Medicine, Mahajan Imaging & Labs, SDA, New Delhi

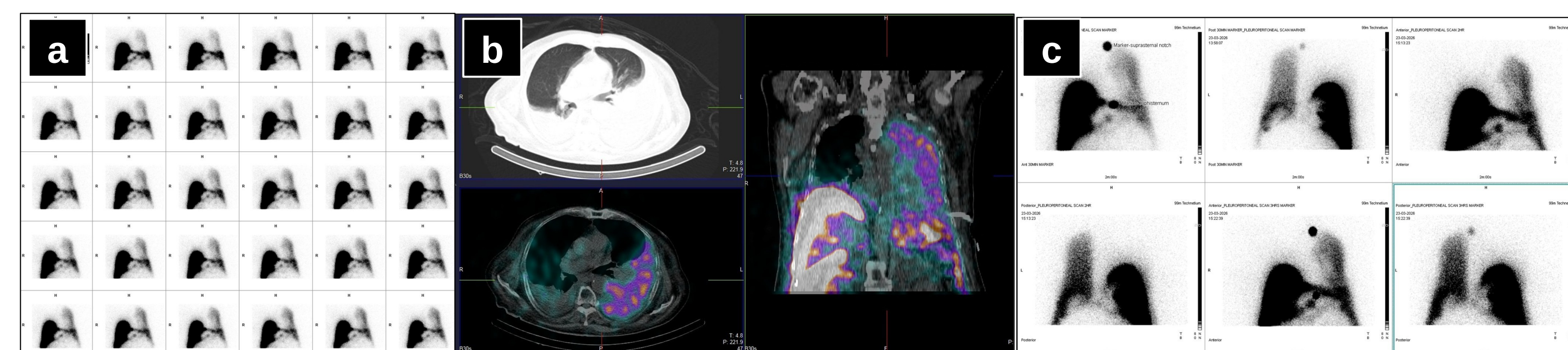
Hepatobiliary Scintigraphy in Biliary Atresia



A 5-month-old infant presented with persistent jaundice. Despite marked conjugated hyperbilirubinemia, stools remained pigmented and GGT was normal (35 U/L); USG and CT showed hepatosplenomegaly without biliary dilatation. ^{99m}Tc-mebrofenin scintigraphy: (a) dynamic (0–30 min) and (b) static images (1–24 h) show hepatic uptake with prolonged transit and persistent retention, with no bowel excretion even at 24 hours. (c) Per-operative cholangiography shows an atretic gallbladder with almost no contrast flow into the hepatic ducts, corroborating biliary atresia. Biopsy showed ductular proliferation and bridging fibrosis; liver transplantation is planned.

Image courtesy: Department of Nuclear Medicine & Theranostics, Bhailal Amin General Hospital, Vadodara

Pleuroperitoneal Communication in Non-Cirrhotic Portal Fibrosis



A 73-year-old man with plasma cell myeloma developed recurrent, refractory pleural effusion; evaluation suggested non-cirrhotic portal fibrosis with no clinically demonstrable ascites. To evaluate suspected hepatic hydrothorax, about 1 litre of saline was instilled through an ultrasound-guided peritoneal catheter, followed by 3 mCi ^{99m}Tc-sulfur colloid. (a) Early dynamic images, (b) SPECT/CT and (c) serial static images show progressive tracer migration from the peritoneal cavity into the left hemithorax, confirming a left-sided pleuroperitoneal communication. Scintigraphy demonstrated the functional pathway where anatomical imaging was inconclusive, supporting the diagnosis of hepatic hydrothorax.

Image courtesy: Department of Nuclear Medicine, Amrita Hospital (Amrita Vishwa Vidyapeetham – Deemed University), Faridabad, Haryana