SMART HEART AND HEALTH
Preventive Imaging
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MRI OF THE PROSTATE GLAND PRE AND POST GADOLINIUM

HISTORY
63-year-old male with serum PSA of 0.39 ng/mL

TECHNIQUE
Using a 1.5 Tesla magnet, and using detection protocol without endorectal coil, the following pulsed sequences were obtained
1) T1 axial whole pelvis.
2) T2 sagittal high resolution.
3) T2 coronal high resolution.
4) T2 axial high resolution.
5) Axial proton density high resolution TSE.
6) Dynamic enhanced imaging using VIBE sequences post gadolinium.
7) Axial diffusion weighted imaging with B50, B400, B800, and calculated B1800
8) ADC Map B50, B400, B800, and calculated B1800

10 cc of Dotarem were administered.

COMPARISON
CT scan of the pelvis performed the same day, 5/30/2025.

FINDINGS
The prostate gland measures 3.2 AP x 5.0 TR x 3.6 CC cm, corresponding to an estimated volume of 30 cc. Average prostate volume is between 20-30 cc.

The PSA denisty is 0.01 ng/mL. Normal PSA density is less than 0.15 ng/mL.

The prostate gland is at the upper limits of normal in size, largely due to expansion of the transition zone which shows signs of nodular hyperplasia. Very few solid nodules are seen in the transition zone. There is there are cystic changes and dense calcifications throughout the dorsal aspect of the prostate gland. Zone of at least mild suspicion for neoplasm occurs as follows:

Abnormality #1

Zonal Location: Left anterior transition zone
Clock-Face Location: 1:00
Glandular Location (apex to base): Apex
Size: 7 x 4 mm

T2 Signal: Mostly encapsulated hypointense nodule, series 6 image 14, PI-RADS score of 1
DWI Signal: No restriction
ADC Value: 1022
DCE: Negative
Capsular Involvement: Negative
Neurovascular Bundle Involvement: Negative
Overall level of suspicion: PI-RADS 1 (1= normal, 5= very highly suspicious).

Lenticular zones of medium to low T2 signal are observed in the bilateral peripheral zones at the mid gland level due to chronic prostatitis.

Surrounding Pelvic Structures

Lymph Nodes: Negative
Urinary Bladder: The bladder wall is thinned due to bladder distention. There is marked mucosal trabeculation and a 3.3 cm partially imaged diverticulum extends from the posterior wall of the bladder. These findings suggest partial bladder outlet obstruction.
Bowel: Normal.
Seminal Vesicles: Intact.
Bones: No destructive lesions.

IMPRESSION:
1. PI-RADS 1 lesion: Left anterior transition zone, 1:00 at the apex, 7 x 4 mm, ADC value of 1022, little in the way of restriction. Consider follow-up with annual serum PSA.
2. Borderline enlarged prostate gland due to BPH.
3. Mild chronic prostatitis.

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