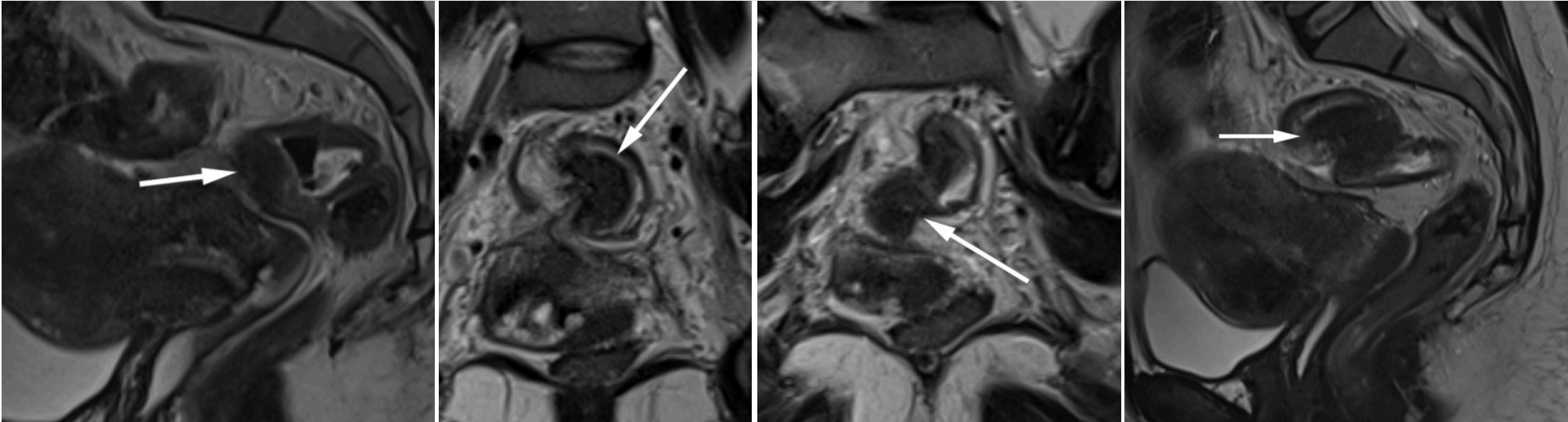


## Prompt

What area does the arrow point to, and is there anything abnormal?



## GPT-4V

The images provided appear to be MRI (Magnetic Resonance Imaging) scans. From my understanding: The first image looks like a sagittal view of the knee. The arrow seems to be pointing towards the posterior horn of the meniscus. The second image appears to be an axial or coronal view of the knee, and the arrow is pointing to an area that looks like the meniscus. The third image looks like another sagittal view of the knee with the arrow pointing towards the meniscus or possible the anterior cruciate ligament (ACL) region. The last image again seems like a sagittal view of the knee. The arrow is pointing towards the meniscus, possibly the posterior horn. From the images, there might be some irregularities or changes in the signal intensity of the menisci, particularly where the arrows are pointing. These could suggest a possible meniscal tear or degeneration, but it's essential to understand that accurate diagnosis requires a comprehensive review of the full set of MRI images, clinical history, and physical examination by a radiologist or orthopedic surgeon. If these images are of concern, you should consult with a medical professional.

## Prompt

These are the MRI images of the Pelvic.

## GPT-4V

I apologize for the oversight. Given that these are pelvic MRIs: The first image appears to be a sagittal view of the pelvis. The arrow seems to be pointing towards the uterus, possibly the endometrial cavity or myometrium. The second image appears to be an axial view of the pelvis. The arrow is pointing towards an area that looks like the uterus or an adjoining structure. The third image seems to be another sagittal view of the pelvis with the arrow potentially pointing towards the posterior aspect of the uterus or cervix. The fourth image is another sagittal view, with the arrow pointing towards what appears to be the uterus, perhaps the endometrial cavity. From the images, there might be some irregularities or changes in the signal intensity, possibly suggesting conditions like endometrial thickening, fibroids, or adenomyosis. However, these are just general observations, and I cannot provide a definitive diagnosis.

## Reference answer

Two lesions of intermediate to low signal intensity are detected on T2WI, implicating the anterior wall of the upper third rectum with the classic "Mushroom cap sign of endometriosis". Another endometriotic lesion is observed on the left posterolateral wall of the upper third vagina. There is no diffusion restriction visible on the lesions, but they do show post-contrast enhancement. The uterus is bulky and shows multiple variable-sized fibroids the largest located on the anterior wall. The junctional zone is relatively thickened with hyperintense myometrial foci suggesting adenomyosis. The arrows show Mushroom cap sign of endometriosis.