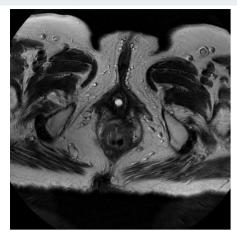
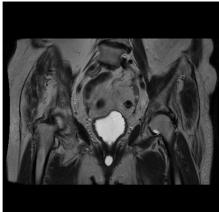
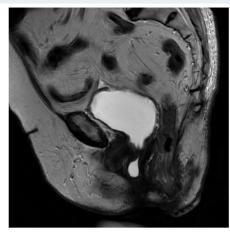
# **Urogenital: Case 4**

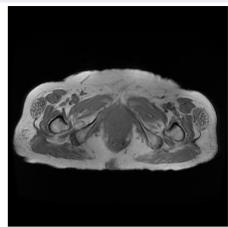
## **Prompt**

Please generate a structural report according to these images.









## **GPT-4V**

#### First Image:

#### Axial T2-weighted MR image of the pelvis.

Muscles appear symmetric with no visible pathological changes.

Bony structures are well defined and seem to be intact.

Central pelvic organs including the bladder, prostate in males, or uterus in females (can't discern from this slice) are identifiable.

#### **Second Image:**

#### Coronal T2-weighted MR image of the pelvis.

The sacroiliac joints are identifiable and appear unremarkable.

Symmetric muscle structures with no overt sign of atrophy or hypertrophy.

Central pelvic structures including rectum and possibly parts of the sigmoid colon are seen.

### Third Image:

#### Sagittal T2-weighted MR image of the pelvis.

The sacrum and coccyx bones are identifiable.

The pubic symphysis is seen anteriorly.

Posterior muscles of the pelvis are visualized without any obvious pathological signal.

#### Fourth Image:

# Axial T1-weighted MR image of the pelvis.

Muscles show a typical low to intermediate signal on T1, appearing normal.

Bony pelvis and hip joints are visualized with no evident abnormalities.

No overt masses or pathological fluid collections are discerned.

# Reference answer

Patient post total abdominal hysterectomy and bilateral salpingo-oopherectomy.

There is prolapse of the posterior urinary bladder floor at the level of the vagina, mildly indenting and displacing the urethra anteriorly. Fluid signal is at this level, measuring  $1.7 \times 1.3 \times 1.1 \text{ cm}$ .

Focal outpouching noted in the superior bladder wall, measuring 0.9 x 0.8 cm, and likely pertaining to a small urachal diverticulum.