



<b>Patient</b>		<b>Birth Date</b>	25/02/1953	<b>Sex</b>	M
<b>Identity Number</b>	MRN: 133241	<b>Date</b>	25/05/2022 14:22 PM		
<b>Ref. Physician</b>	Dr. CHARALAMPOUS STAVROS	<b>CPTS:</b>	CY054, CY076		
<b>Referral Number</b>	23518646	<b>GHS Number</b>			

**MRI PELVIS PROSTATE****Technique:**

The examination was performed on 3T Phillips Ingenia using the following sequences: STIR coronal & T2/TSE axial sagittal & coronal of the prostate gland & diffusion & T1/TSE axial & dynamic thrive contrast images of the prostate gland

**Findings:**

The prostate gland measures 5cm in RL, 4.1cm in AP and 4.2cm in CC diameters (V=43cc). There is evidence of a large lesion of low signal intensity seen on the T2 images with restricted diffusion within the posterior peripheral zone of the prostate gland, extending just above the apex superiorly in the mid aspect of the gland. The lesion is extending from the level of the 3rd to 7th hour position and measures approximately 3.6cm in maximum diameter. There is also evidence of another focus of restricted diffusion within the left anterior lobe of the prostate gland in the mid aspect of it and at the level of the 12th to 1st hour position measuring approximately 8mm. After IV contrast administration there is evidence of enhancement of these lesions. The seminal vesicles appear normal. There is no definite infiltration of the neurovascular bundles. There has been deterioration of the findings compared to the previous MRI dated 08/11/18, where the lesions of the prostate gland appear bigger on the current examination. There is no evidence of free fluid in the pelvis. No pathological findings from the urinary bladder is seen. There is evidence of few internal and external iliac lymph nodes measuring the largest one approximately 5mm. No definite pelvic bony lesions are seen.

**Impression:**

There are large suspicious lesions of the prostate gland with restricted diffusion, as described above. There is no definite extraprostatic infiltration. The findings however appear to be deteriorated compared to the previous MRI dated 08/11/2018. There is also evidence of few small pelvic lymph nodes. Correlation with the biopsy advisable. PI-RADS 5.-

ICD10: C61

Dr. KOKKIS STYLIANOS

Radiologist