

Full Name :

ID/Passport No :

BrthDay :

Examination Date : **17/11/2023**

MRI prostate

CLINICAL INDICATION: Prostatic carcinoma. Rising PSA

TECHNIQUE:

The examination was performed on a 3T MRI (Lumina Siemens)

Axial coronal and sagittal T2/TSE

Axial T1/TSE, DWI

Post contrast dynamic Axial T1/Vibe /FS

FINDINGS:

Comparison was made to the previous MRI prostate dated 08/4/2022.

Technically adequate study

No intraprostatic haemorrhage.

The prostate gland has a total volume of 28 ml, previously was 50ml.

PSA density is : not applicable

The peripheral zone demonstrates a diffusely low T2 a signal ? post radiotherapy. The previously noted low T2 signal in the posterior medial basal peripheral zone and left mid gland anteriorly off transition zone/fibromuscular stroma are not identified . There is a persistent focus of enhancement in the left posterior medial basal gland peripheral zone extending into the insertion of the left seminal vesical, previously involved to both posterior medial peripheral zones and was overall more extensive bilaterally. The TZ demonstrates well defined hypertrophied nodules without any illdefined low T2 signal areas or of low ADC/high b value DWI signal areas.

The prostate capsule appears well defined and uninterrupted.

No pelvic lymphadenopathy.

No ascites.

Multiple foci of low T1 signal in keeping with the known osseous metastases which are new compared to the last MRI prostate but demonstrate an interval increase in size compared to previous MRI pelvis.

IMPRESSION:

There is persistent focus of enhancement in the left posterior medial peripheral zone extending into the insertion of the left lateral vesicle, suggestive of residual/recurrent disease. I would presume that the patient must have had interval radiotherapy.

Interval small increase in the size of the pelvic osseous metastasis.

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Examination Date : **17/11/2023****Dr Demos Michaelides**

Consultant Radiologist

MB/BChir, MA, FRCR, FRCP, CCT (UK)

(The report has been checked and signed electronically)

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Examination Date : **17/11/2023****MRI abdomen and pelvis****CLINICAL INDICATION:** Metastatic prostate cancer, rising PSA**TECHNIQUE:**

MRI at 3 Tesla (Lumina Siemens) with the following sequences:

Abdomen: T2(HASTE), T1/VIBE/DIXON axial and coronal planes, Axial DWI, T2/HASTE/FS, dynamic axial and delayed coronal and axial post iv contrast T1/VIBE /DIXON

Pelvis: Axial and coronal T2/VIBE/DIXON, axial T1/VIBE DIXON AND DWI. Post contrast axial coronal and sagittal T1/VIBE /DIXON.

FINDINGS :

Normal liver, gallbladder, biliary tree , pancreas, spleen and adrenals.

Normal kidneys (unilocular 4.7 cm left upper pole renal cyst), ureters and urinary bladder.

No abdominal lymphadenopathy.

The visualized loops of small and large bowel appear grossly normal.

No ascites.

Stable bone metastatic appearances compared to the recent MRI of whole spine dated 09/11/2023 and mild progression of the osseous metastases compared to the previous MRI of the spine dated 21/07/2023

Impression:

There is no evidence of abdomino pelvic organ metastatic disease or lymphadenopathy.

Mild progression of osseous metastasis compared to the MRI of 21/07/2023 (stable since the recent whole spine MRI dated 9/11/2023)

**Dr Demos Michaelides**

Consultant Radiologist

MB/BChir, MA, FRCR, FRCP, CCT (UK)

(The report has been checked and signed electronically)