Full Name

BrthDay

ID/Passport No

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.