



Lake Medical Imaging

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DOB 12/12/1943

1/19/2024

D RUSSELL LOCKE, MD

PROCEDURE: MRI PROSTATE WITHOUT & WITH CONTRAST

INDICATIONS: R97.2 ELEVATED PSA (PSA 6.9 NO HORMONES NEG BX PROSTATE 5 YEARS AGO)

TECHNIQUE: Multiplanar multisequence images were acquired on a 3 T MRI magnet without and with IV contrast of the prostate, including post contrast T1 weighted images of the entire pelvis.

CONTRAST: Dotarem 20 cc IV from a single use vial with 0 cc discarded.

COMPARISON: None.

FINDINGS:

Image Quality: Diagnostic.

Hemorrhage: None.

Prostate Volume: Prostate measures 5.5 cm TV x 3.4 cm AP x 4.8 cm CC = volume 46.7 cc.

PSA density: 0.14 ng/mL². Normal: <0.15 – 0.20 ng/mL².

Peripheral Zone:

Normal High T2 signal intensity: Present.

Evidence of prostatitis/scarring: Absent.

Compression by Transition zone: Absent.

Suspicious lesions: None.

Transition Zone:

Evidence of BPH: Mild hypertrophy with heterogeneous T2 signals.

Suspicious lesions: None.

Seminal Vesicles: Normal, symmetric.

Neurovascular Bundles: Normal, symmetric.

Bladder: Unremarkable.

Membranous Urethra: Unremarkable.

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[REDACTED] DOB 12/12/1943

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PROCEDURE: MRI PROSTATE WITHOUT & WITH CONTRAST**Pelvic Lymph Nodes:** None.**Bone Marrow:** Unremarkable.**Other:** Trace pelvic free fluid. Colonic diverticulosis.**IMPRESSION:**

No measurable suspicious abnormality in the prostate gland on MR imaging. PIRADS 1.

Recommend follow up examination with multiparametric prostate MRI on a 3T magnet in 12 months.

Other findings as above.

Overall Assessment Categories (PI-RADS V2.1)

Likelihood that a clinically significant cancer is present based on MRI parameters

1. Very low (clinically significant cancer is highly unlikely to be present).
2. Low (clinically significant cancer is unlikely to be present).
3. Intermediate (the presence of clinically significant cancer is equivocal).
4. High (clinically significant cancer is likely to be present).
5. Very high (clinically significant cancer is highly likely to be present).

NOTE: The minority of prostate cancers that arise in the central portion of glands cannot be visualized on MR in the presence of BPH. Patients with known history of prostate cancer, PIRADS scores are not assigned as part of MR imaging interpretation.


Chiedozie A. Mkpolulu, M.D.

Dictated by: Chiedozie A. Mkpolulu, M.D. on 1/19/2024 at 20:46

Electronically signed by: Chiedozie A. Mkpolulu, M.D. on 1/19/2024 at 20:53

Thank you for this referral.

CC: