

Right Words for Clear Answers

HISTORY: Prostate cancer, follow-up examination. ¹¹¹ following-
up cancer examination history prostate cancers ¹¹¹

COMPARISON: Prostate MRI January 10, 2019.

TECHNIQUE: Multiplanar multisequence MRI of the prostate is performed with and without contrast. ¹²¹ mri - magnetic resonance images prostate glands performance contrasts multiplanar multisequence 2019 comparison ¹²¹ Multiphasic dynamic post contrast imaging is performed. ¹³¹ contrasts performance multiphasic images posting dynamics ¹³¹ Multiparametric analysis of the prostate gland including analysis of T2 and ADC weighted images and multiphasic postcontrast images performed using a DYNACAD workstation. ¹⁴¹ prostate glands weight analysis performance workstations multiparametric t2 adc ¹⁴¹

FINDINGS:

Redemonstration of enhancing prostate neoplasm along the right posterior peripheral zone of the prostate extending from the base to the mid gland and probably involving the region of the apex, with associated extra prostatic tumor extension posterolaterally on the right, with interval increase in volume of neoplasm when compared with the prior MRI examination, with tumor now seen along the base of the seminal vesicles bilaterally. ¹⁵¹

prostate glands neoplasms tumors enhancement

extensions posteriors peripheries involvement ¹⁵¹ The size of the enhancing tumor is roughly 6.5 x 2.6 cm on image 10 of series 20. There is an indistinct prostate capsule along the right posterior aspect of the prostate adjacent to the area of extraprostatic tumor extension. ¹⁶¹ tumors prostate glands enhancement roughness

posteriors adjacency extraprostatic areas ¹⁶¹ Extra prostatic tumor extends adjacent to the expected region of the neurovascular bundle on the right. ¹⁷¹ prostate glands extensions adjacency tumors expectation neurovascular regions bundle ¹⁷¹

The prostate parenchyma demonstrates generalized T2 signal height pole intensity, with somewhat larger volume of the prostate transitional zone on the left as compared to the

right. I8I prostate glands generalization parenchymas signals

I8I Prominent caliber of the upper prostatic urethra is noted. I9I prostate glands notation urethras uppers calibers prominence I9I There is heterogeneous enhancement of the transitional zone of the prostate, with a dominant focus of enhancement within the left prostatic transitional zone on image 13 of series 15 measuring roughly 10 mm, not significantly changed from the prior examination. I10I enhancement prostate glands zones heterogeneity dominance measurement significance change I10I

The bladder demonstrates a somewhat trabeculated wall, with multiple small bladder diverticula identified. I11I degree walls smallness identification

I11I There are scattered small to mildly prominent bilateral inguinal nodes again identified. I12I

I12I smallness dispersal bilateralism groins identification mildness prominence nodes I12I

Mildly prominent left upper inguinal nocal tissue measuring up to 15 images on image 11 of series 41 is not significantly changed. I13I groins equality significance change

I13I Right obturator and external iliac chain nodal tissues have short axis of less than 1 cm, without significant change in volume from the prior examination. I14I iliums externality obturators significance

I14I Left obturator/external iliac chain nodal tissue has short axis of up to 1 cm on image 6 of series 40, unchanged. I15I

I15I There is a small node along the left pelvis noted more superiorly measuring 5 mm on image 13 of series 42, which is not significantly changed. I16I

I16I smallness measurement pelvises notation significance change superiority mm I16I

There is an enlarged node or vessel within the upper most aspect of the left pelvis seen on image 25 of series 5 measuring 18 mm, which is better visualized but likely not significantly changed in size in retrospect when compared with the prior prostate MRI of January 10, 2019. There is diffusely heterogeneous marrow signal along the proximal femurs and pelvic bones as well as the lower lumbar spine. I17I

I17I pelvises enlargement heterogeneity signals measurement proximity significance change

I17I Degenerative changes of the lower lumbar spine are noted with lower lumbar disc bulging. I18I lumbar region change notation bulges spinal columns discs degeneration I18I

IMPRESSION:

1. History of known prostate neoplasm, centered along the right posterior peripheral zone of the prostate. |19| prostate glands knowledge centrality posteriors
history neoplasms peripheries zones |19|

2. Interval increase in volume of prostate neoplasm at this level, with extraprostatic/extracapsular tumor extension, and with overall increase in volume of prostate tumor and increasing extracapsular extension of tumor when compared with the prior MRI, with extraprostatic tumor extending posterior superior to the prostate involving the base of the bilateral seminal vesicles, and the expected region of the neurovascular bundle on the right. |20| tumors prostate glands extensions extracapsular
extraprostatic posteriors involvement expectation |20|

3. Within the lower pelvis along the obturator and external iliac chains, borderline prominent caliber lymph nodes are not significantly changed in volume with the largest left external iliac chain nodes demonstrating short axis of close to 1 cm. |21|
externality iliums pelvises obturators significance change largeness lymph nodes |21|

4. Scattered small to mildly prominent bilateral inguinal lymph nodes are stable including a dominant upper left inguinal lymph node measuring 15 mm long axis on axial images. |22|
groins lymph nodes smallness bilateralism stability dominance measurement length |22|

5. A smaller 5 mm left superior pelvic sidewall lymph node is unchanged when compared with the prior MRI. |23| pelvises smallness sidewalls unchangeability comparison lymph
nodes mri - magnetic resonance images mm |23|

6. Possible additional enlarged node versus prominent vessel at the junction of the left lower abdomen and upper pelvis measuring 18 mm on image 25 of series 5, in retrospect probably not significantly changed. |24| enlargement addition measurement significance
change probabilities abdomens pelvises |24| Dedicated contrast enhanced
abdominopelvic CT could further evaluate. |25|
enhancement contrasts furtherance evaluation dedicating ct abdominopelvic |25|

7. Lobulated/trabeculated bladder wall with multiple small bladder diverticula

8. Diffusely heterogeneous marrow signal again seen along the pelvis and proximal femurs and lower lumbar spine. |26| walls heterogeneity signals smallness
proximity diverticula pelvises femurs |26| Degenerative changes of the lower lumbar spine within the field-of-view. |27| change lumbar region spinal columns fields

9. Other than at the level of the prostate neoplasm along the right posterior peripheral zone described above, the remainder of the prostate demonstrates nonspecific generalized T2 signal hypointensity from the apex to the base including at the level of the anterior fibromuscular stroma, without discrete focal ADC signal hypointensity within these regions. |28| signals prostate glands posteriors peripheries hypointensity description anteriors generalization |28| ■