Patient:
Date of Birth:
Scan Date:
Scan Location:
Referrer:
Reported By:



45 Queen Anne Street London W1G 9JF Tel: 020 3519 8998

Email:

reception@medicalimaging.org.uk

MRI Report

Report Date:

Indication: Active surveillance for 3mm of 3+3. PSA 6.8.

Technique: T2, diffusion-weighted & dynamic contrast-enhanced images of the prostate.

Findings: The prostate volume is 78cc.

Again there is anterior tumour (extending 3mm to the right of the mildine and 6mm to the left) from the level of (but not apparently involving) uppermost sphincter fibres to 2cm above apex. Last year we reported it as unchanged, and indeed it has been difficult to show a change on the diffusion images, but early after contrast it has increased from 0.4cc in 2014 to 0.59cc now (a rate of increase of 10% per year).

Enhancement in the right peripheral zone has flitted: barely present in 2016, more extensive posterolaterally last year and now in around 0.1cc 1.3cm from the midline at mid gland (with no significant restriction, and no evidence of extracapsular extension): 3/5.

No evidence of seminal vesicle disease or pelvic lymphadenopathy. An 8mm focus of restriction and moderate enhancement in the L ischium would be equivocal as a new finding but was seen in 2014 (and of similar size), and is therefore unlikely to be significant.

Conclusion: The anterior tumour is slowly enlarging and has signal characteristics which suggest a Gleason 4 element.

Please see page 2 of this report for diagrams & representative images.

Sincerely,

Dr Alex Kirkham, Consultant Radiologist

>0.2cc or Gleason 3+4 or higher

Prostate Volume		СС	Overall score (for significant disease)		lat	med	TZ	TZ	med	lat
AP diameter:	ameter: 4.8				R	R	R	L	L	L
Transverse:	6.1	cm		SV	1					1
Cranio-caudal:	5.1	cm		base	2	2	2	2	2	2
•					3	3	3	3	2	2
	quivocal gnificant tur	nour lik	elv	apex		2	4	5	2	
5= sig	ery likely	sphincter			2	2				
Significant tumour is defined as										

1

