

## Document info

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# MRI PROSTATE WITHOUT AND WITH CONTRAST

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**Patient:** GORDON WATTS **DOB:** May 16, 1966

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## REPORT

Accession #: 00000MR250067715 Exam Date/Time: 05/27/2025 11:44  
MRI PROSTATE WITHOUT AND WITH CONTRAST

CLINICAL HISTORY: Elevated PSA

COMPARISON: No comparison

TECHNIQUE: Multi-parametric prostate MRI was performed. Axial sagittal and coronal T2 weighted sequence was performed. Diffusion pulse sequences were performed with high B value. Multi-phase postcontrast imaging was also performed through the prostate gland. Administered contrast: 6.0 mL Gadavist Vial size : 7.5 mL

## FINDINGS:

Estimated prostate volume: 26.9 ML

Lesion #1:

\* Location: Peripheral zone mid gland and gland Apex

\* Signal characteristics: Focal T2 hypointensity with markedly reduced ADC signal measuring 1.6 cm

According to consensus established PI-RADS scoring criteria the multi-parametric signal characteristics suggest a PI-RADS score of 5 .

The exam was post processed on a separate workstation. Three-dimensional gland segmentation was performed. If present, specific targets were drawn in anticipation for co-registered ultrasound-guided biopsy

Extraprostatic disease:

There are no suspicious lymph nodes identified on the exam. Minimal bulging of the posterior capsular margin of the prostate mid gland to Apex left of midline at the site of the lesion raising suspicion for possibility of early extracapsular extension of tumor Preserved marrow signal of the imaged anatomy without pathologic marrow replacement. No evidence of focal capsular disruption, measurable extracapsular tumor or obliteration of the rectum prostate angle

IMPRESSION:

PI-RADS 5 LESION PERIPHERAL ZONE MID GLAND AND GLAND APEX LEFT OF MIDLINE

MILD CAPSULAR BULGING WHICH COULD BE DUE TO EARLY EXTRACAPSULAR EXTENSION OF TUMOR. NO MEASURABLE EXTRACAPSULAR TUMOR VOLUME OR SUSPICIOUS LYMPH NODES.

Assignment of a PI-RADSTM v2 Assessment Category should be based on mpMRI findings only and should not incorporate other factors such as serum prostate specific antigen (PSA), digital rectal exam, clinical history, or choice of treatment. Although biopsy should be considered for PIRADS 4 or 5, but not for PIRADS 1 or 2, PI-RADSTM v2 does not include recommendations for management, as these must take into account other factors besides the MRI findings, including laboratory/clinical history and local preferences, expertise and standards of care. Thus, for findings with PIRADS Assessment Category 2 or 3, biopsy may or may not be appropriate, depending on factors other than mpMRI alone.

PI-RADS 1: very low (clinically significant cancer is highly unlikely to be present)

PI-RADS 2: low (clinically significant cancer is unlikely to be present)

PI-RADS 3: intermediate (the presence of clinically significant cancer is equivocal)

PI-RADS 4: high (clinically significant cancer is likely to be present)

PI-RADS 5: very high (clinically significant cancer is highly likely to be present)  
PI-RADS X: component of exam technically inadequate or not performed

Electronically signed by Michael R Youssef, M.D. Radiologist on 5/27/2025 5:56 PM