

From:	SCR Robina	Requested:	17/07/2025 Dr Stephen BOURNE 0024225W		
Patient:	Alain D'Hotmandevilliers	DOB:	03/08/1967	Collected:	17/07/2025

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#### **Mp MRI PROSTATE**

#### **CLINICAL INFORMATION**

Positive family history.

#### **TECHNIQUE**

3T Mp MRI detection protocol including axial, sagittal and coronal high resolution T2W, DWI at 0, 500, 1000, 1500. DCE with contrast mapping and dynamic contrast and quantitative DCE analysis. Buscopan 20mg IM.

#### **FINDINGS**

The prostate gland has a volume of 36cc and a PSA density of 0.08.

#### **Peripheral Zone**

##### **Lesion 1**

Location	Right mid to upper gland.
Size	7 x 7mm.
Capsule	
T2W	PI-RADS 3-4 on T2.
DWI	There is mild progressive diffusion restriction with an ADC value of 1031. PI-RADS 3.
DCE	On the DCE MRI there is prompt hyperenhancement. PI-RADS 4.
Overall suspicion	PI-RADS 4.

#### **Transition Zone/Anterior Fibromuscular Stroma**

Stromal and few glandular nodules are noted.

The prostatic capsule and rectoprostatic angle are unremarkable.

#### **Seminal Vesicles/Pelvic Lymph Nodes**

Seminal vesicles and ejaculatory ducts are within normal limits. Changes of diverticular disease is seen in the sigmoid. The bladder is nondistended. No pelvic adenopathy is seen.

Bones and musculature are unremarkable.

#### **IMPRESSION**

There is a PI- RADS 4 focus in the right mid gland in the peripheral zone as described.

Thank you for referring this patient.

Electronically Validated By  
DR PATRICK EDWIN

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