

Date of birth [REDACTED]

Roed Larsen, Terje

Report typed on: 03/11/2017 09:29:30

Dear Dr OGDEN, CHRIS

39A TAVISTOCK ROAD

LONDON  
W11 1AR

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01/11/2017, 10:35, MRI PROSTATE

01/11/2017, 10:31, MRI GADOLINIUM - CONTRAST

**Indication:** PSA 8.4.

**Technique:**

1.5T multiparametric MRI of the prostate with triplane T2, axial DWI (multi-b-value with ADC map, and b1600), axial DCE imaging. Axial T1 and T2 pelvis.

**Findings:**

The estimated prostate volume is 26 cc. There is a small transition zone with a slightly enlarged median lobe. The bladder is slightly thick walled and trabeculated. There are no suspicious bladder wall lesions. There is scattered calcification within the transition zone.

There is approx. 0.18 cc of early enhancement within the right anterior transition zone at the base of the gland between 10-11 o'clock. This is associated with reduced ADC and mild low T2 signal - overall suspicious for tumour (4/5). There is no other suspicious transition zone focus - in keeping with a low probability of significant tumour (2/5).

There is bilateral non-specific diffuse signal change (mild reduced T2 signal, early enhancement and mild reduced ADC) within the peripheral zone extending from the apex to the base of the gland. These changes are non-specific but may mask foci of tumour (3/5).

There is no macroscopic extracapsular tumour extension. There is no seminal vesicle tumour. There is no size significant local lymphadenopathy. There are no suspicious bone lesions.

**Conclusion:**

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Radiology Department Contact Number 0207 460 5742 / 5759

**CONSULTANT RADIOLOGISTS**

Dr M King - Clinical Director  
Dr N Barrett      Dr N Sibtain  
Dr C Blakeney      Dr S Desai  
Dr D Blunt          Prof W Gedroyc  
Dr R Chinn          Dr P Kane  
Dr I Colquhoun      Prof J Karani  
Dr M Adams          Dr A Mehta  
Dr Lobotesis        Dr Hamady

Dr K Miszkiel      Dr P Peddu  
Dr A Mitchell      Dr R Pearce  
Dr S Padley        Dr K Satchi  
Dr M Phelan        Dr. A Riddell  
Dr P Shaw          Dr. P Humphries  
Prof P Sidhu        Dr. B Ariff  
Dr McCall          Dr Madani

**NUCLEAR MEDICINE AND PET-CT**

Dr B Sharma  
Dr Mulholland  
Dr Szyszko  
Dr Tam  
Dr Dasgupta



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The PSA density is high. Focal right basal transition zone tumour is likely (4/5). Diffuse bilateral peripheral zone signal change is non-specific and may mask tumour (3/5). No extracapsular disease is evident.

Dr Shonit Punwani MRCP FRCR  
Consultant Radiologist  
GMC: [REDACTED]

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