

<b>Nume</b>	SOFRONE
<b>Prenume</b>	NECULAI
<b>Data</b>	15.10.2020
<b>Vârsta</b>	50 ANI
<b>Diagnostic trimitere</b>	Suspiciune clinică ADKP
<b>Examinare</b>	IRM multiparametric al prostatei cu substanță de contrast

Prostata cu dimensiuni de 46/33/44 mm, volum de 34,7 cmc, cu pastrarea diferentierii între zona periferică și zona centrală, cu ușoară hipertrofie de lob median ce amprentează versantul postero-inferior al vezicii urinare, capsula integrală.

Zona periferică cu grosime normală, simetrică bilateral, cu semnal ușor neomogen, prezentând câteva arii structurate predominant în banda, radiare, în hiposemnal T2, fără restricția apei pe secvența de difuzie, cu aspect RM compatibil cu modificări inflamatorii cronice.

Zona tranzitională cu structură neomogenă, structurată nodular și microchistic, prezintă la nivel medio-prostatic și spre bază, de partea stângă, în porțiunea anterioară, o arie pseudonodulară, neregulat conturată, cu dimensiuni de cca. 14/11/10 mm în hiposemnal T2, cu gadolimnofilie precoce și wash-out tardiv, ce conține arii nodulare cu restricția apei pe secvența de difuzie, clasificată PI-RADS 4.

Veziicule seminale cu dimensiuni normale, simetrice, semnal fluid în limite normale.

Veziica urinară cu pereți fini, conținut omogen.

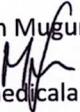
Fără lichid de ascită la nivel pelvin.

Fără adenopatii pelvine cu semnificație cert patologică.

**Concluzii:**

Ușoară hipertrofie de prostată.

Leziune pseudonodulară la nivelul zonei tranzitoriale de partea stângă, medio-prostatic și spre bază, clasificată PI-RADS 4.

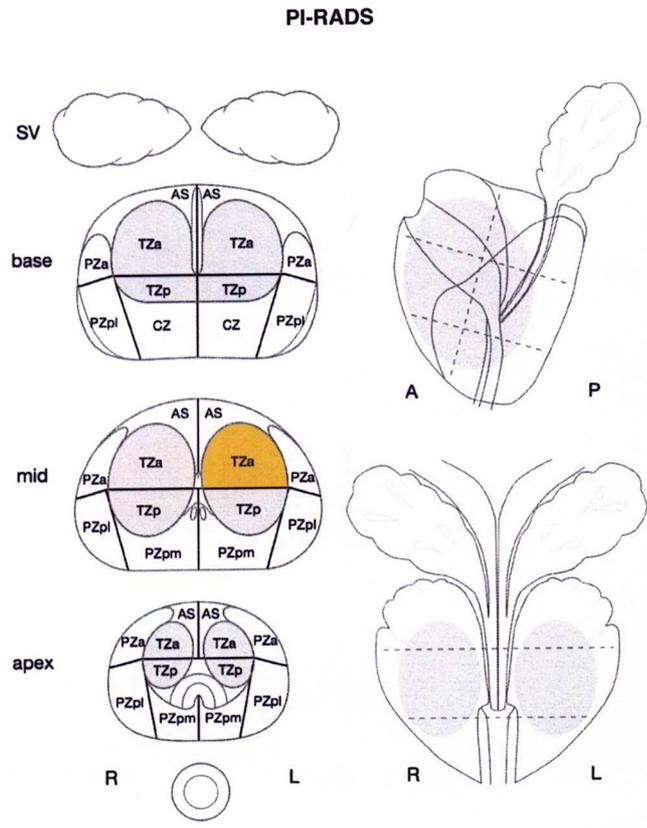
Medic: Dr. Grasu Cristian Mugur  
Medic Primar   
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Cod 958538

**PI-RADS Report · MR · Study date: Oct 15, 2020 at 11:03 AM**  
**SOFRONE NECULAI (JUN 23, 1970)**



Report date Oct 22, 2020  
 Patient ID 1700623373470

**Observations**



**Scores**

Segment	T2	DWI	DCE	PI-RADS
TZa mid L	4	4	+	4
Width: 1.4 mm Height: 1.1 mm				

**PI-RADS Classification**

- ① Very low (clinically significant cancer is highly unlikely to be present).
- ② Low (clinically significant cancer is unlikely to be present).
- ③ Intermediate (the presence of clinically significant cancer is equivocal).
- ④ High (clinically significant cancer is likely to be present).
- ⑤ Very high (clinically significant cancer is highly likely to be present).

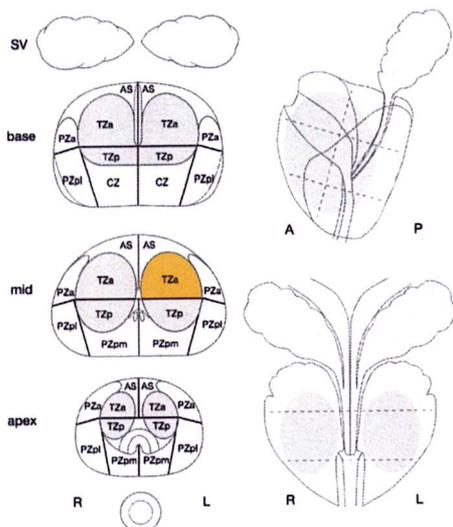
**Conclusion**

Prostata cu dimensiuni de 46/33/44 mm, volum de 34,7 cmc, cu pastrarea diferentierii intre zona periferica si zona centrala, cu usoara hipertrofie de lob median ce amprenteaza versantul postero-inferior al vezicii urinare, capsula integra.  
 Zona periferica cu grosime normala, simetrica bilateral, cu semnal usor neomogen, prezentand cateva arii structurate predominant in banda, radiare, in hiposemnal T2, fara restrictia apei pe secventa de difuzie, cu aspect RM compatibil cu modificari inflamatorii cronice.  
 Zona tranzitionala cu structura neomogena, structurata nodular si microchistic, prezinta la nivel medio-prostatic si spre baza, de partea stanga, in portiunea anterioara, o arie pseudonodulara, neregulat conturata, cu dimensiuni de cca. 14/11/10 mm in hiposemnal T2, cu gadolimnofilie precoce si wash-out tardiv, ce contine arii nodulare cu restrictia apei pe secventa de difuzie, clasificata PI-RADS 4.  
 Vezicule seminale cu dimensiuni normale, simetrice, semnal fluid in limite normale.  
 Vezica urinara cu pereti fini, continut omogen.  
 Fara lichid de ascita la nivel pelvin.  
 Fara adenopatii pelvine cu semnificatie cert patologica.

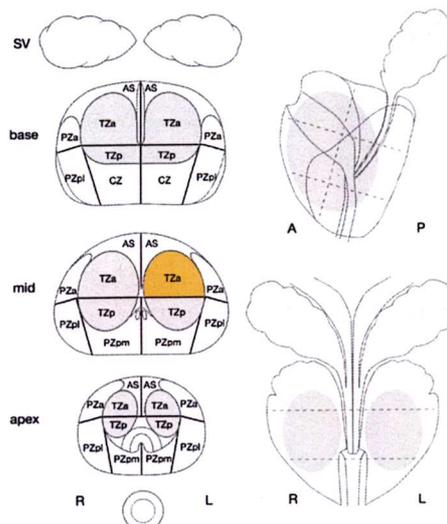
**Concluzii:**

Usoara hipertrofie de prostata.  
 Leziune pseudonodulara la nivelul zonei tranzitionale de partea stanga, medio-prostatic si spre baza, clasificata PI-RADS 4.

**T2**



**DWI**



**Peripheral Zone (PZ)**

- ① Uniform hyperintense signal intensity (normal).
- ② Linear or wedge-shaped hypointensity or diffuse mild hypointensity, usually indistinct margin.
- ③ Heterogeneous signal intensity or non-circumscribed, rounded, moderate hypointensity. Includes others that do not qualify as 2, 4, or 5.
- ④ Circumscribed, homogenous moderate hypointense focus/mass confined to prostate and <1.5 cm in greatest dimension.
- ⑤ Same as 4 but  $\geq 1.5$ cm in greatest dimension or definite extraprostatic extension/invasive behavior.

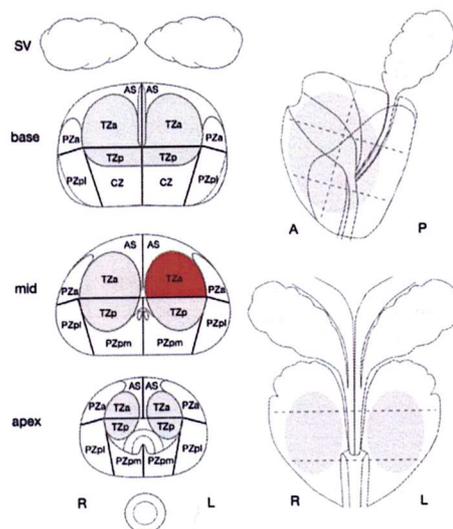
**Transition Zone (TZ)**

- ① Homogeneous intermediate signal intensity (normal).
- ② Circumscribed hypointense or heterogeneous encapsulated nodule(s) (BPH).
- ③ Heterogeneous signal intensity with obscured margins. Includes others that do not qualify as 2, 4, or 5.
- ④ Lenticular or non-circumscribed, homogenous, moderately hypointense, and <1.5 cm in greatest dimension.
- ⑤ Same as 4, but  $\geq 1.5$ cm in greatest dimension or definite extraprostatic extension/invasive behavior.

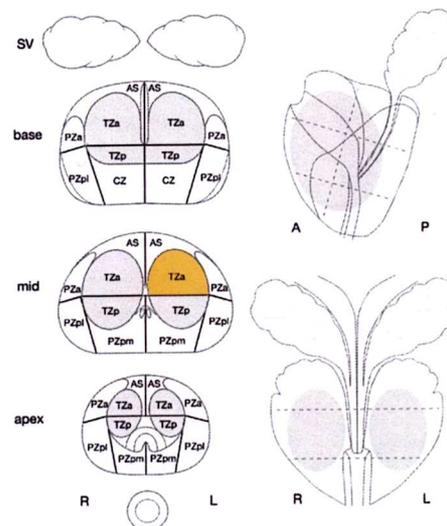
**Peripheral Zone (PZ) or Transition Zone (TZ)**

- ① No abnormality (i.e., normal) on ADC and high b-value DWI.
- ② Indistinct hypointense on ADC.
- ③ Focal mildly/moderately hypointense on ADC and isointense/mildly hyperintense on high b-value DWI.
- ④ Focal markedly hypointense on ADC and markedly hyperintense on high b-value DWI; <1.5cm in greatest dimension.
- ⑤ Same as 4 but  $\geq 1.5$ cm in greatest dimension or definite extraprostatic extension/invasive behavior.
- ⊗ Inadequate or absent

**DCE**



**PI-RADS**



**Peripheral Zone (PZ) or Transition Zone (TZ)**

- ⊖ No early enhancement, or diffuse enhancement not corresponding to a focal finding on T2W and/or DWI or focal enhancement corresponding to a lesion demonstrating features of BPH on T2WI.
- ⊕ Focal, and earlier than or contemporaneously with enhancement of adjacent normal prostatic tissues, and corresponds to suspicious finding on T2 and/or DWI.
- ⊗ Inadequate or absent

**Peripheral Zone (PZ) or Transition Zone (TZ)**

- ① Very low (clinically significant cancer is highly unlikely to be present).
- ② Low (clinically significant cancer is unlikely to be present).
- ③ Intermediate (the presence of clinically significant cancer is equivocal).
- ④ High (clinically significant cancer is likely to be present).
- ⑤ Very high (clinically significant cancer is highly likely to be present).