

# How to Read Your Prostate MRI Report

## Introduction

MRI of the prostate ([https://www.radiologyinfo.org/en/info/mr\\_prostate](https://www.radiologyinfo.org/en/info/mr_prostate)) is primarily used to evaluate prostate cancer. Your doctor will use this exam to:

- detect suspected prostate cancer
- measure the size of cancer (local staging)
- see if cancer has spread (metastasized (<http://www.radiologyinfo.org>) )
- monitor any changes
- assess the effectiveness of treatment
- look for any treatment complications
- see if cancer has returned.



Occasionally, prostate MRI may be used to detect:

- infection (prostatitis)
- enlarged prostate or benign prostatic hyperplasia (BPH) (<https://www.radiologyinfo.org/en/info/bph>)
- abnormalities present from birth
- complications after pelvic surgery

A radiologist (<http://www.radiologyinfo.org>) views the images, offers a diagnosis, and gives your doctor a report of the findings. Your doctor will share the results with you. Many patients can also see their radiology reports and medical images through online patient portals and electronic health records.

## About Your Report

The report is written for your doctor. So, it contains medical terms you may find hard to understand. The report commonly includes six sections:

### Type of exam

The section lists the date, time and type of exam performed.

### Clinical history

This section lists:

- your age, gender and health information, including symptoms
- the reason for the exam
- your diagnosis (if there is one) or suspected diagnosis.

## Comparison

If the radiologist compared this exam with previous exams, those are listed here.

## Technique

This section lists the images taken during your exam. It also includes details about how the exam was done. You will see technical information. This may include any special techniques used to measure water molecule motion (water diffusion) and blood flow (perfusion imaging) within the prostate.

## Findings

This section lists the radiologist's important observations. Details of suspicious findings are listed here, including:

- the size and location of abnormalities (also called lesions (<http://www.radiologyinfo.org>) )
- the likelihood that an abnormality is a significant prostate cancer using the PI-RADS system (see table below)
- whether or not the cancer has spread (called staging (<http://www.radiologyinfo.org>) )
- incidental findings.

## Prostate Imaging Reporting and Data System (PI-RADS)

Radiologists use the Prostate Imaging Reporting and Data System (PI-RADS) to report how likely it is that a suspicious area is a clinically significant cancer. PI-RADS scores range from 1 (most likely not cancer) to 5 (very suspicious). The five scores include:

PI-RADS 1: Very low

PI-RADS 2: Low

PI-RADS 3: Intermediate (undetermined)

PI-RADS 4: High

PI-RADS 5: Very High

## Incidental Findings

While looking at your images, the radiologist may see abnormalities outside the prostate. These are called incidental findings because they were not the reason the exam was ordered.

## Impression (or Conclusion)

In this section, the radiologist gives a diagnosis based on the findings, your medical history and the reason for the exam. This is the most important part of the report.

## Next Steps

You and your doctor will use your report to make decisions about your care. If you have questions your doctor cannot answer, talk to the staff at your imaging facility. Many radiologists are happy to talk with you and answer any questions.

## Disclaimer

This information is copied from the RadiologyInfo Web site (<http://www.radiologyinfo.org>) which is dedicated to providing the highest quality information. To ensure that, each section is reviewed by a physician with expertise in the area presented. All information contained in the

Web site is further reviewed by an ACR (American College of Radiology) - RSNA (Radiological Society of North America) committee, comprising physicians with expertise in several radiologic areas.

However, it is not possible to assure that this Web site contains complete, up-to-date information on any particular subject. Therefore, ACR and RSNA make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided "as is" without express or implied warranty.

Please visit the RadiologyInfo Web site at <http://www.radiologyinfo.org> to view or download the latest information.

**Note:** Images may be shown for illustrative purposes. Do not attempt to draw conclusions or make diagnoses by comparing these images to other medical images, particularly your own. Only qualified physicians should interpret images; the radiologist is the physician expert trained in medical imaging.

## Copyright

This material is copyrighted by either the Radiological Society of North America (RSNA), 820 Jorie Boulevard, Oak Brook, IL 60523-2251 or the American College of Radiology (ACR), 1891 Preston White Drive, Reston, VA 20191-4397. Commercial reproduction or multiple distribution by any traditional or electronically based reproduction/publication method is prohibited.

Copyright © 2026 Radiological Society of North America, Inc.