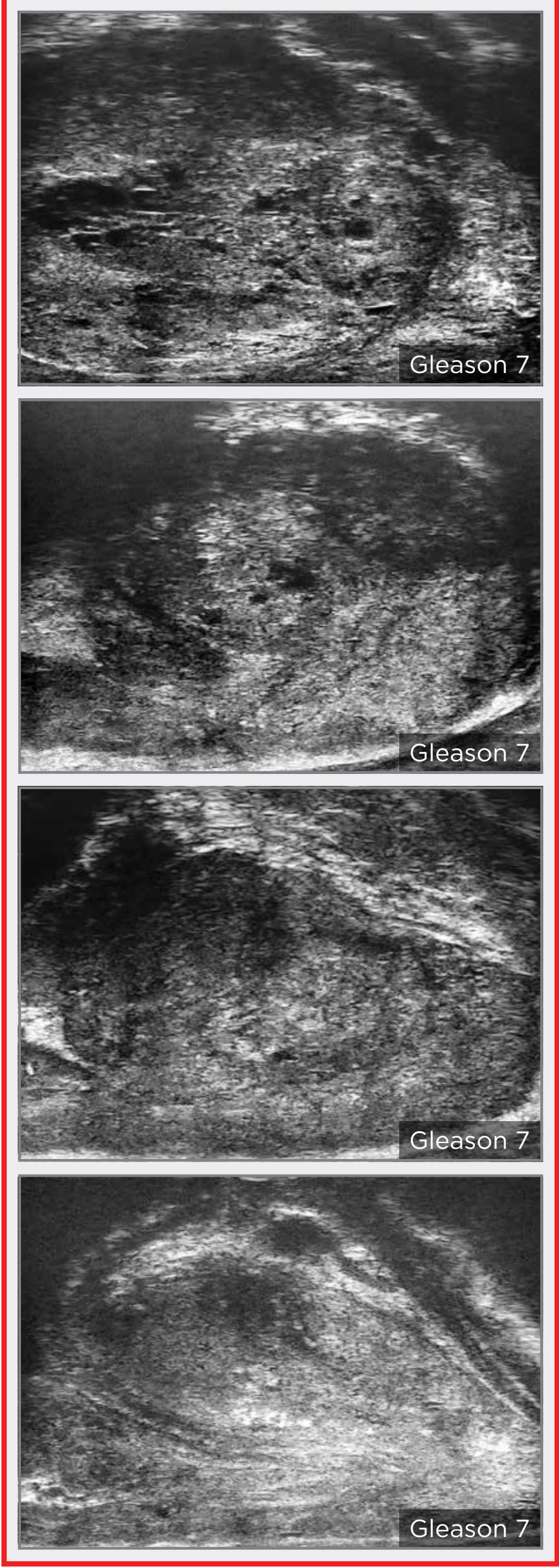
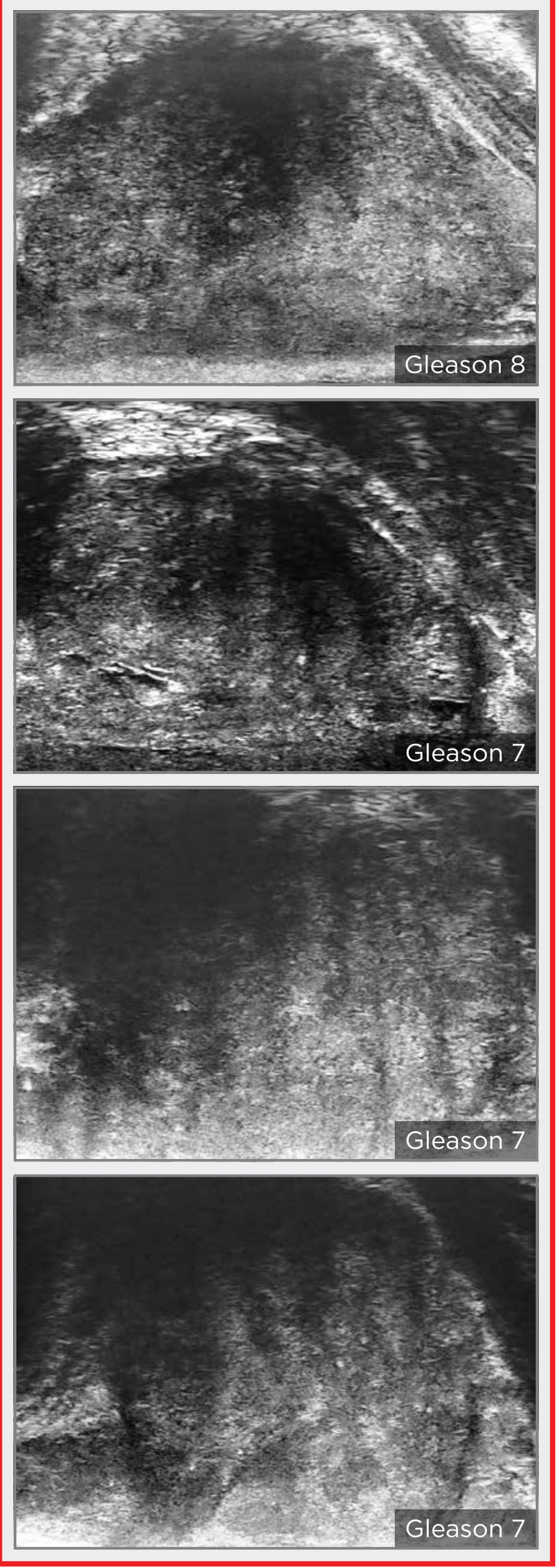


HIGH-RISK FEATURES (NO PARTICULAR ORDER OF RISK)

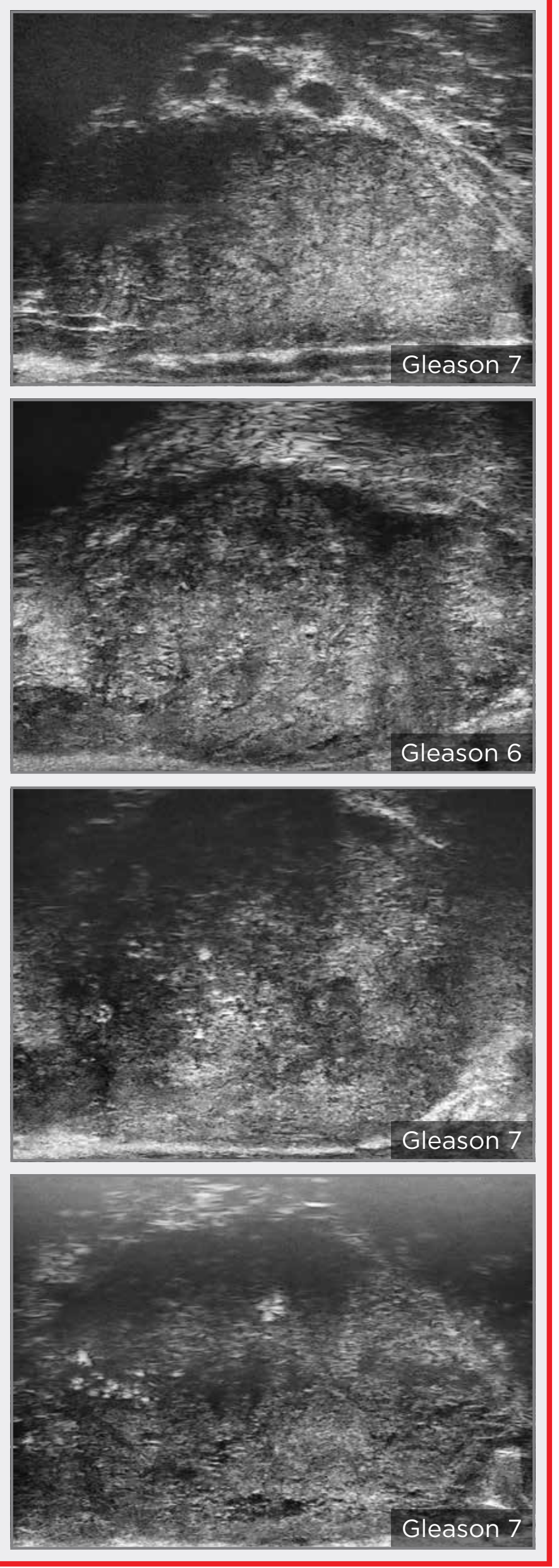
Focal Anterior Lesions



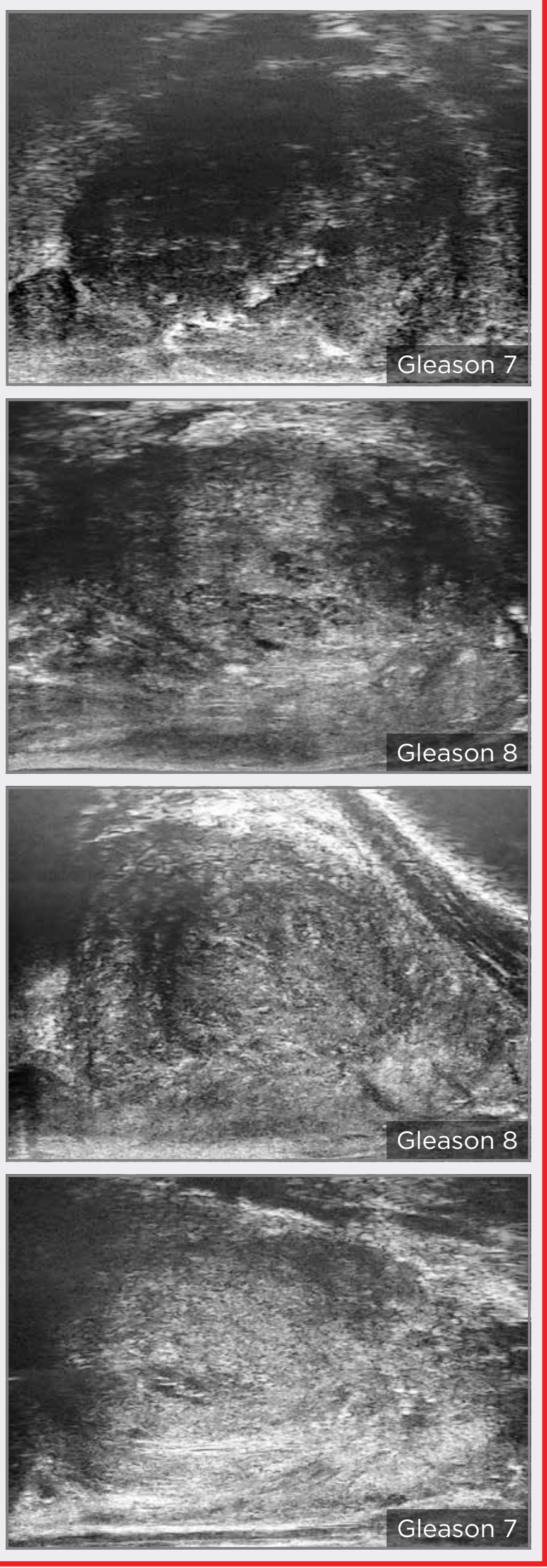
Hypoechoic Finger-like Projections



Storm-cloud



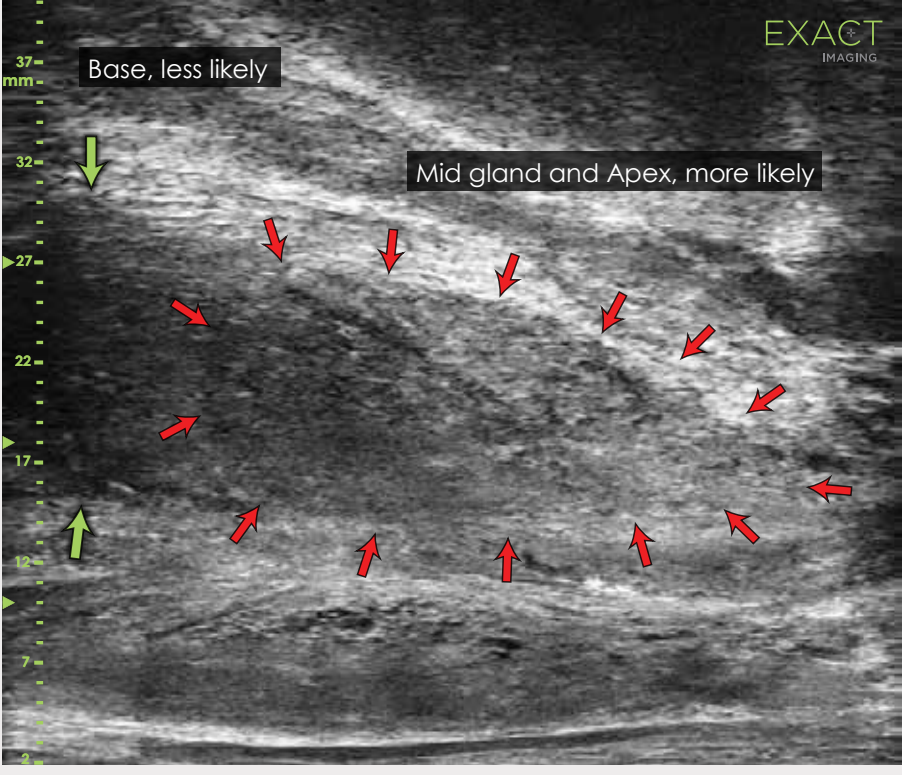
Lesions Occupying the Anterior Horn and Lateral Anterior Prostate



Key Points for Anterior Prostate Imaging

PRI-MUS Anterior - Pitfalls

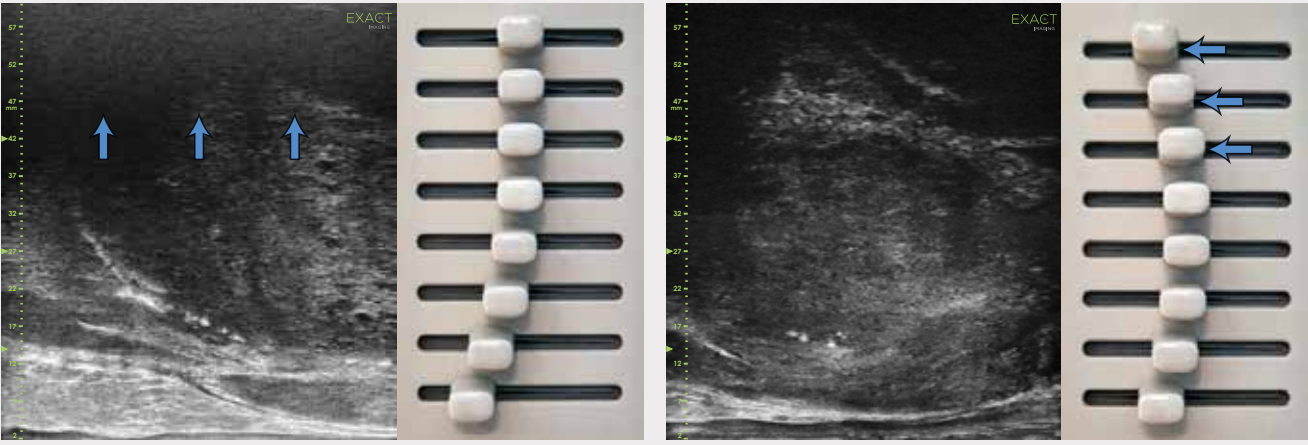
Anterior Apex



Most common locations for AP cancer.

- + Use the existing PRI-MUS chart to evaluate the anterior apical horn and lateral anterior PZ for suspicious features.
- + Use the correct apical horn sampling technique to ensure good coverage of the anterior apex.
- + Pay close attention to the capsular anterior mid gland and anterior apex during assessment. This is where most AP cancer occurs.

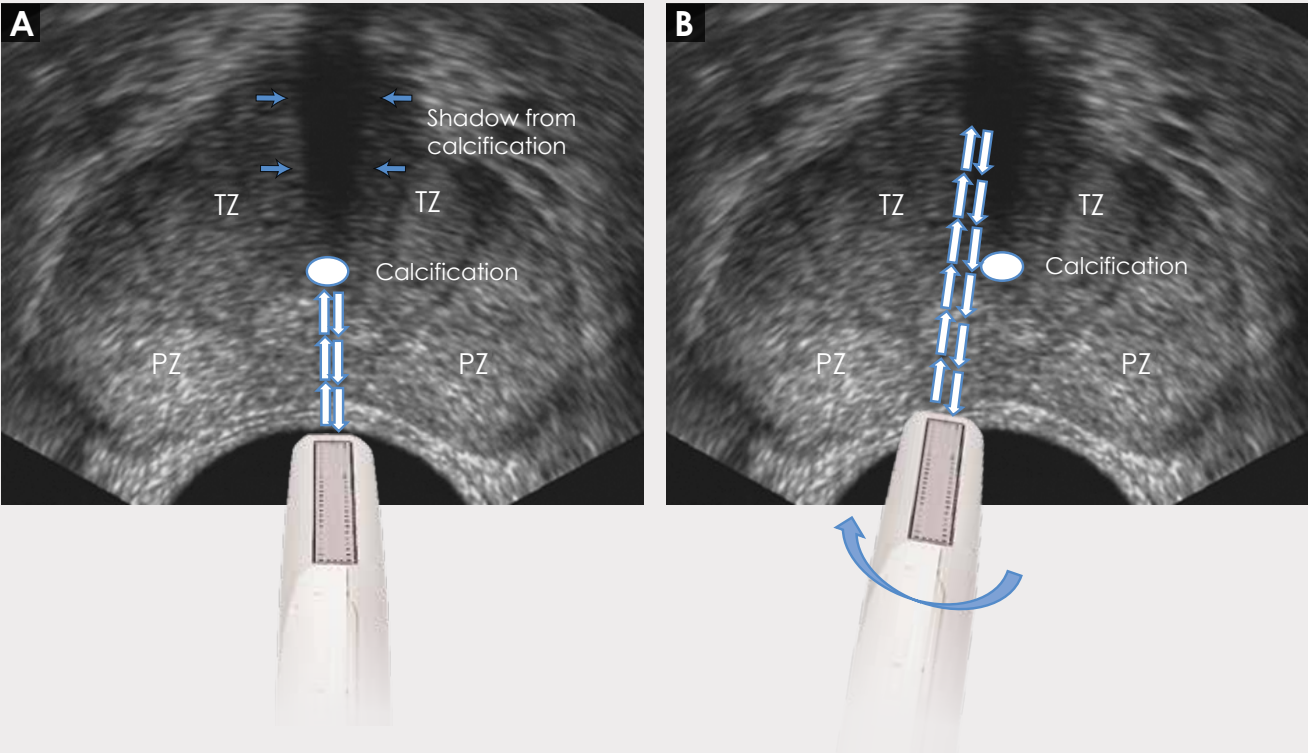
TGC Optimization



Adjustment of the top TGC sliders to minimize 'noise' in the far field.
A hazy, noisy far field can be rectified by 'bending' the top TGC sliders to the left.

- + Use an appropriate depth setting for interrogating the AP and AP capsule. AP Cancer is just as likely a finding in a small gland as in a very large gland.
- + Linear zone boundaries can be balanced with use of appropriate gain and TGC settings.
- + Try 'bending' the top three TGC sliders to the left to reduce any far field noise in the image.

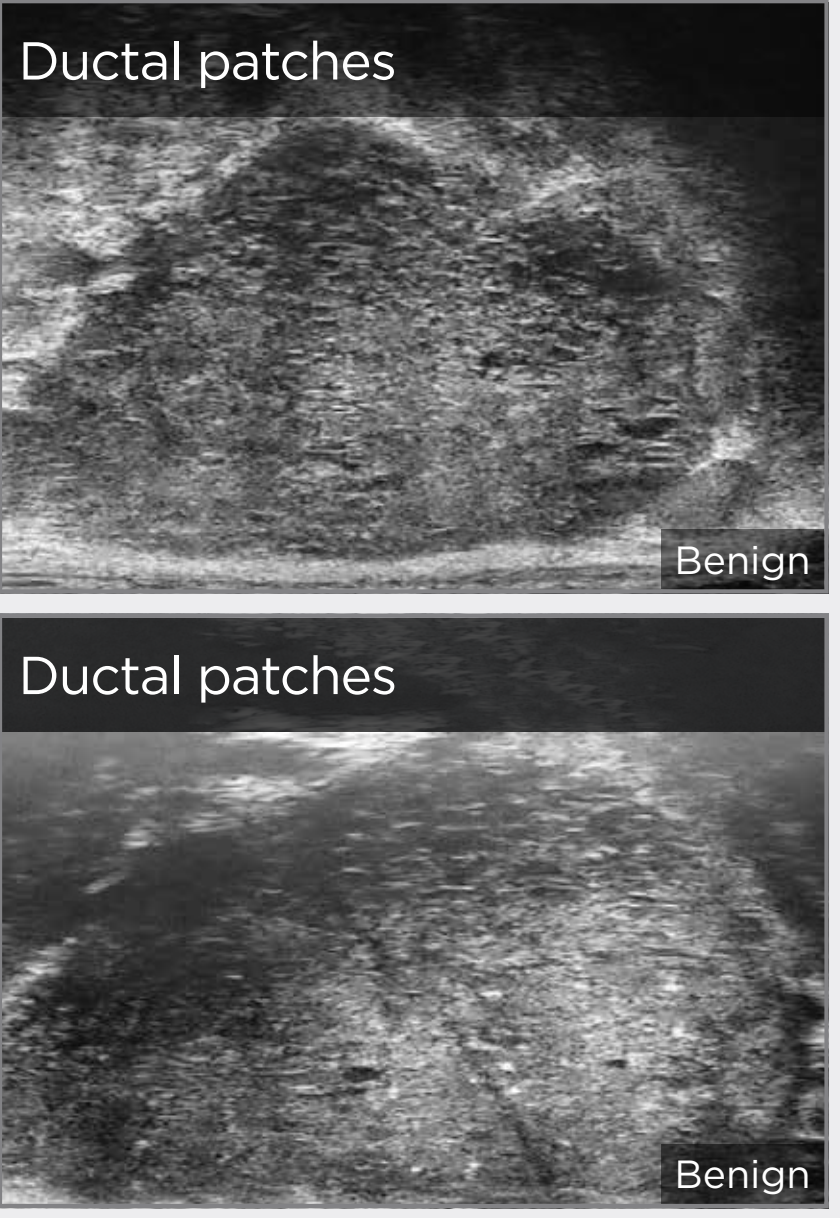
Handling Calcifications



- + Apply gentle probe pressure to dissipate subtle shadowing artifacts.
- + Manipulate and angle the probe to overcome dense calcifications along the line of the urethra.

LOW-RISK FEATURES

Ductal Patches in Hyper or Hypoechoic Tissue



Pitfalls and Nodules

