

## *Findings*

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Dear Colleague,

I examined on 06/07/2020 the check-up report of the patient PIZZARELLA ANTONIO with the following findings:

Examination performed with sequences T2 w TSE SENSE and T2 at STIR\_BB, after free urination in the toilet:

Anatomical phase - absence of post-urination residue, endoluminal lesions or alteration of the bladder wall thickness (4.2 mm). Focal alteration of the spongy hemicorpus of the right urethra, at the root level it shows a reduced circumference compared to the contralateral (8.7 mm vs 12.8 mm). thin trellis made of internal fibrotic structures and thickness of the albuginea with a maximum value of 3.5 mm. Origin of this alteration, of a fibrotic character, to be determined (probable trauma during sexual activity) starting from the urogenital diaphragm, it extends to the outside with a triangular morphology of 12.0 x 5.1 mm and affects the transverse muscle of the perineum and reaches the ipsilateral corpus cavernosum. Regular testicles with regards to morphology, size and structure, with minimal hydrocele on the right. The deferens ducts are normal. Seminal vesicles significantly less expanded than usual with respect to age, without the characteristic hyperintense signal. Prostatic gland with diffusely and inhomogeneously hypointense signal, in particular affecting the peripheral area, in the absence of suspicious nodule, with diameters of 32.8 x 38.1 x 25.4 mm Sigmoid colon with reduced caliber, with accentuated swelling, hypertone of the austreoles and an "accordion appearance", compatible with spastic colopathy or irritable colon Nothing to report about the anorectal junction or the anal sphincter complex. Fundiform ligament, the Denonvilliers fascia, the median umbilical vesicular ligament and the supravescical peritoneal reflection line and the posterior one that divides the above portion from the submesocolic portion of the rectum are normal Fibrotic distortion of the right suspensory ligament of the penis Small angioma of 8.8 mm on S3. No obvious changes in thickness. symmetry or signal intensity of the pelvic muscle groups of interest or mechanical distortions, deviations or entrapments of the nerve pathways of the lumbopelvic plexus.

Neurographic phase - in the sequences in suppression of flow and fat, there is hyperintensity of signal from neurogenic suffering, which affects some branches of the presacral sympathetic chain, of the gluteal branches. of the sciatic and. in particular of the pudendal nerve starting from the area downstream of the ischial spines along the entire course of the Alcock canal, bilaterally and up to the scrotal and dorsal branches of the penis.

Dr. Piloni Vittorio  
Radiologist

REPORT SIGNED DIGITALLY in accordance with law n. 235 of 30/12/2010 and therefore valid for legal purposes.