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Referring Physician: PARAMASIVAM, SELLVAKUMARAN
Organization: North Adelaide

Accession Number: BR-5926930-MR
Requested Date: December 3, 2021 15:32
Report Status: Final
Requested Procedure: 6274981
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

Stable to improved appearances when compared to 2019. Posterior deep central cul-de-sac obliterative change with dense scarring is stable, now with resolution of active endometriotic foci. No discrete endometriomas or progressive disease are identified. The tethering of the rectal sigmoid junction to the posterior uterine serosa and around the uterosacral ligaments is unchanged. No new disease.

No adenomyosis, endocavitary pathology, ovarian endometrioma or hydrosalpinx.

Clinical:

History of endometriosis. Last MRI 2019.

Technique:

Multi-parametric pelvic MRI fertility protocol including Volumetric 3D Coronal T2 plus reconstructions, T1 axial pre/post fat saturation.

Comparison Study:

08/03/2019.

Uterus:

Size & morphology: Anteverted retroflexed. Size (uterine body and cervix) 74 x 45 x 48mm (previously 68 x 41 x 39mm).

Endometrial thickness: ET = 4mm. No endocavitary pathology. Conventional cavity without septum or duplication.

Junctional zone: Normal. No evidence of background adenomyosis. Normalised appearances to the previous study, with junctional zone measuring 7mm anteriorly, 7mm at fundus and 6mm posteriorly. No features of adenomyosis.

Uterine lesions: Not identified.

Cervix & vagina:

No cervical or vaginal lesions.

Left ovary:

Position: Superior left adnexa.

Size: 31 x 22 x 21mm (7.5ml).

Follicle(s): Present. Approximately 5 subcentimetre follicles. Dominant follicle 27 x 20 x 21mm.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Right lateral adnexa inferior.

Size: 24 x 15 x 17mm (3.2ml).

Follicle(s): Present. Approximately 10 subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

Adnexa:

Stable appearances of the deep posterior cul-de-sac when compared to the previous study. Uterine retroflexion relates to deep posterior cul-de-sac scarring, with no active endometriotic foci identified. There is also adherence of the upper rectum/rectosigmoid junction to the posterior uterine serosa. There is some thickening along the uterosacral ligaments, more so to the right. The degree of change however is stable to 2019, without progressive features. There is no evidence of interval endometrioma, bowel plaque or progressive architectural distortion. Deep central posterior cul-de-sac remains largely effaced but is non progressive. On today's study, no active endometriotic foci are identified. Anterior cul-de-sac is unremarkable.

Dr Steven Knox
Electronically signed 07/12/2021 17:06