

Patient Name: RRI052
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: DAVIES, TRICIA
Organization: North Adelaide

Accession Number: BR-2934422-MR
Requested Date: February 19, 2016 11:31
Report Status: Final
Requested Procedure: 2859155
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary:

Arcuate uterine configuration - no uterine septum or duplication.

Retroflexed uterus - no posterior cul-de-sac pathology.

No tubal dilatation or infiltrating endometriosis.

No adenomyosis.

Solitary small subserosal non degenerate fibroid.

Clinical:

?Right tubal occlusion. ?Hydrosalpinx.

Technique:

1.5T multiplanar phase array surface coil MR imaging. Intravenous Buscopan. Day 22 menstrual cycle. G3 P0.

Findings:

Uterus:

Morphology:

Anteverted retroflexed midline.

Arcuate configuration - convex external uterine fundal contour - no septum or duplication.

Size (corpus + cervix):

9.1 x 5.4 x 4.9cm (152cc)

Adenomyosis:

Submucosal microcyst not identified.

Anterior uterus max JZ thickness 4mm.

Posterior uterus max JZ thickness 4mm.

Fundal uterus max JZ thickness 3mm.

Leiomyoma:

Solitary non degenerate 13mm diameter subserosal pedunculated anterior uterine body. No submucosal or endocavitary lesions.

Endometrium:

7mm thickness. No masses, polyps or adhesions.

Cervix:

Normal.

Vagina:

10mm cyst left lateral upper third vaginal wall ?small Garter's duct cyst. Otherwise normal morphology. Normal posterior fornix and retrocervical septum.

Ovaries:**Right Ovary:**

Position: Lateral adnexa.

Size: 2.3 x 3.9 x 1.9cm (8.9cc)

Follicle Count: <16 or = 6mm.

No masses or endometriotic cysts.

Left Ovary:

Position: Lateral adnexa.

Size: 4.3 x 2.4 x 3.0cm (16.3cc)

Follicle Count: Over <25 or = 6mm.

No masses or endometriotic cyst.

Adnexa:

Physiologic volume posterior cul-de-sac. No evidence of infiltrating endometriosis. No tubal dilatation.

Other Findings:

Normal morphology rectosigmoid colon, urinary bladder, urethra and levator ani musculature.

Dr Frank Voyvodic

Dr Melissa Jenkins

Electronically signed 23/02/2016 17:33