



Patient Name:

**RRI111** 

Patient ID: Gender: Date of Birth:

Home Phone:

 $\textbf{Referring Physician:} \ \, \textbf{MATTHEWS}, \ \, \textbf{SARAH}$ 

Organization: Ashford

Accession Number: BR-3081105-MR Requested Date: June 16, 2016 09:40

Report Status: Final 3026230
Procedure Description: MRI PELVIS

Modality: MR

# **Findings**

Radiologist: CHONG, WOON KIT

#### **MRI PELVIS**

#### Summary:

No Mullerian duct abnormality.

Multiple subendometrial cysts consistent with adenomyosis scattered throughout the uterus. These appear less pronounced/numerous from the 01/09/2014.

No hydrosalpinx or endometriomata.

### Clinical:

Infertility. Dysmenorrhea. Past history of endo and adeno. Still present? Ovary volume etc?

## Technique:

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

#### **Uterus:**

Size and Morphology:

64cc (2.9 x 5.1 x 8.2cm). Anteverted anteflexed. No Mullerian duct abnormality.

### **Endometrial Thickness:**

5mm.

# Junctional Zone:

Anterior maximal junctional zone thickness 6mm.

Posterior maximal junctional zone thickness 10mm.

Fundal maximal junctional zone thickness 5mm.

Subendometrial cysts are still seen in the junctional zone. This appears less severe with at least seven foci appreciated (previously at least 15).

## Uterine Lesions:

Nil.

# Cervix & Vagina:

Normal morphology. Nabothian cysts in the endocervical canal.

## Left Ovary:



BensonConnect

Position: Lateral adnexa.

Size: 10.6cc (2.4 x 2.1 x 4cm).

Follicle(s): Nine subcentimetre follicles. Dominant collapsing follicle in the upper pole measuring 2.1cm.

Lesions and/or Endometrioma: Nil.

**Right Ovary:** 

Position: Lateral adnexa.

Size: 4.6cc (2 x 1.7 x 2.6cm).

Follicle(s): At least eight subcentimetre.

Lesions and/or Endometrioma: Nil.

Adnexa:

No hydrosalpinx.

## Other Findings:

Small amount of fluid within the pelvis thought within physiological limits. No adhesions.

Annular tear L5-S1 disc which may cause back pain. Currently uncomplicated.

### Dr Woon Kit Chong Dr Melissa Jenkins

Electronically signed 16/06/2016 17:41