

Patient Name: RRI389
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: BEHNIA-WILLISON, FARIBA
Organization: Christies Beach

Accession Number: BR-5452012-MR
Requested Date: February 15, 2021 15:45
Report Status: Final
Requested Procedure: 5733789
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

No abnormality identified at the right oophorectomy bed. No features of pelvic architectural distortion. No endometriosis/fibrosis is definable. No clear cause for the discomfort has not been identified on this study.

Clinical:

Right sided pelvic pain post laparoscopy and removal of right ovary ? back issues.

Technique:

Supplementary MRI pelvis multiplanar T2 weighted imaging, T1 DIXON imaging and sagittal T1 FAT SAT imaging in addition to the diagnostic MRI 10/02/2021.

Findings:

Uterus:

Surgically absent. Colon is closely applied to the vault, with no evidence of vault endometriosis or gross architectural distortion.

Ovaries:

Right ovary is surgically absent. Left ovary is positioned anteriorly within the upper pelvis and the level of the sacral promontory. Size 17 x 13 x 29mm (3ml). Approximately six subcentimetre follicles are identified without lesions and/or endometrioma.

Other Pelvic Structures:

No ascites. No hydronephrosis. No active haemorrhagic foci as evidence of pelvic endometriosis/fibrosis. There is no bowel plaque identified. Bladder is unremarkable. Anterior and posterior cul-de-sacs appear appropriate. Small bowel and mesentery fill the hysterectomy bed. No features of suspicion. The sacral foramina appear normal. Obturator foramen unremarkable. The course of the round ligament is unremarkable.

Dr Steven Knox

Electronically signed 16/02/2021 13:53

Relevant Clinical Information

CB-MRI PELVIS