

Patient Name: RRI075
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: GOWLING, KATE
Organization: North Adelaide

Accession Number: BR-4943981-MR
Requested Date: March 12, 2020 14:48
Report Status: Final
Requested Procedure: 5158436
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

PELVIC MRI

Summary:

Conventional uterine anatomy without septum/duplication, endocavitary pathology or adenomyosis. Small incidental intramural fibroids, without mass effect on the cavity.

Left ovarian endometrioma. There is left adnexal mild architectural distortion with a degree of adhesion favoured between the mid sigmoid and left lateral uterine border to the ovary. No uterine or bowel serosal plaques are identified. The central and right sided posterior cul-de-sac remains definable with normal physiologic fluid.

Clinical:

Dysmenorrhoea. Previous endometriosis. Excision 2018. Ultrasound 28/02 suggestive of endo- with bowel involvement.

Worksheet = day 20. G0P0. No prior section. Laparoscopy and hysteroscopy in July 2018 to remove endometriosis.

Technique:

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

Findings:

Uterus:

Size (uterine body and cervix) & morphology: Anteverted minimally anteflexed. 89 x 53 x 60mm. Arcuate uterine morphology without septum or duplication.

Endometrial thickness: ET = 5mm. No endocavitary pathology is identified.

Junctional zone: Normal junctional zone thickness throughout. No expansion. No submucosal microcyst or other supportive features for adenomyosis. The JZ measures 6mm anteriorly, 5mm at fundus and 6mm posteriorly.

Uterine lesions: A few small scattered intramural fibroids without submucosal projection are identified. There are no fibroids of note. Largest as follows:

1. Posterior midline uterine body intramural. Size 10mm. Distance of 10mm from mucosal surface and 2mm from serosal surface.
2. Anterior uterine body/fundus intramural. Size 7mm. Distance of 6mm from mucosal surface and 10mm from serosal surface.

Cervix & vagina:

No cervical or vaginal lesions are identified.

Left ovary:

Position: Left lateral adnexa.

Size: 31 x 17 x 18mm (5ml).

Follicle(s): Present. Approximately 6 subcentimetre follicles.

Lesions and/or endometrioma: Present. Medial endometrioma at 22mm. Lateral/inferior endometrioma at 12mm. No overt complexity.

Right ovary:

Position: Right lateral adnexa.

Size: 30 x 24 x 23mm (8.6mls).

Follicle(s): Present. Approximately three subcentimetre follicles. Dominant collapsing follicle 19mm.

Lesions and/or endometrioma: Not identified.

Adnexa:

There is relative effacement of the lateral posterior left cul-de-sac at the site of the ovarian endometrioma formation. Small amount of fluid insinuates around the inferior aspect of the left ovary. There is no definite hydrosalpinx. The ovary is immediately applied to the sigmoid colon however no colonic serosal plaque or invasive disease is seen. A degree of lesional adhesion is likely. The uterus does not appear overtly distorted although the left ovary does closely approximate the serosal surface, again with some uncomplicated mild adhesion favoured. There is no uterine serosal plaque identified. The right side of the cul-de-sac appears well defined. No anterior cul-de-sac/bladder involvement. No definite hydrosalpinx.

Other findings:

Nil significant.

Dr Steven Knox

Dr Parineet Takhar

Electronically signed 19/03/2020 14:05