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Patient Name:	RRI056	**Accession Number:**	BR-3502807-MR
Patient ID:		**Requested Date:**	May 17, 2017 08:01
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	3508584
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	VATANI, MOJGAN	**Modality:**	MR
Organization:	Ashford		

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary :

Ovarian hyperstimulation.

Fibrotic changes posterior cul-de-sac but no MRI scan evidence of infiltrating endometriosis nor active haemorrhagic/glandular deposits.

Moderately extensive uterine adenomyosis confirmed.

Clinical:

Past history endometriosis with multiple operations. IVF failure.

Technique:

1.5T multiplanar MR imaging. Intravenous Buscopan. Day 22 menstrual cycle. G0 P0. Nine previous laparoscopies.

Findings:

Uterus:

Morphology:

Midline anteverted/anteflexed.

Convex external fundal contour - no septum or duplication.

Size (corpus plus cervix):

8.5 x 4.9 x 4.0cm (87cc)

Adenomyosis:

Submucosal microcysts are present posterior and left lateral body/fundus.

Anterior uterus max JZ thickness 6mm.

Fundal uterus max JZ thickness 4mm.

Posterior uterus max JZ thickness 14mm.

Leiomyoma:

Absent.

Endometrium:

3mm thickness. No polyps masses or adhesions.

Cervix:

Normal.

Vagina:

Normal posterior vaginal fornix and recto-cervical septum. Normal morphology.

Ovaries:

Right ovary:

Position: Lateral adnexa.

Size: 4.1 x 4.6 x 4.2cm (41.5cc)

Follicle Count: 6 <10mm. 1 at 24mm, 1 at 15mm, 1 at 25mm and 1 at 16mm.

No masses or haemorrhagic endometriotic cysts.

Left ovary:

Position: Lateral adnexa.

Size: 6.4 x 5.3 x 4.6cm (81.7cc)

Follicle Count: 6 <10mm. 1at 16mm, 1 at 26mm, 1 at 18mm and 1 at 27mm.

Two subcentimetre T1 hyperintense foci suggests small endometriotic cysts.

Adnexa:

No tubal dilatation. Mild hypointense fibrotic thickening of the uterosacral ligaments bilaterally. No infiltrating anterior or posterior cul-de-sac endometriosis. No haemorrhagic/glandular peritoneal deposits identified.

Other findings:

Normal morphology rectosigmoid colon.

Dr Frank Voyvodic **Dr Melissa Jenkins**

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