

RRI043

Accession Number: BR-3667151-MR
Requested Date: September 15, 2017 14:35
Report Status: Final
Requested Procedure: 3696591
Procedure Description: MRI PELVIS
Modality: MR

Referring Physician: MCLEAN, ANGELA
Organization: North Adelaide

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

Conventional uterine anatomy. No septum or duplication. No endocavitary pathology or adenomyosis. No significant uterine lesion.

Normal ovarian positioning and ovarian follicular activity. No endometrioma.

No clear features of pelvic endometriosis/fibrosis.

No hydrosalpinx.

Clinical:

Recurrent implantation failure. ?cause. ?adenomyosis.

Worksheet = day 21. G1P1. Prior section 04/04/2015.

Technique:

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

Findings:

Uterus:

Size & morphology: Anteverted. No gross flexion. Size 87 x 45 x 51mm. Conventional uterine anatomy with no septum or duplication. Lower uterine segment scar with scar thickness of 5mm.

Endometrial thickness: ET = 5mm. There is no endocavitary pathology.

Junctional zone: Thickness is appropriate throughout measuring 7mm anteriorly, 4mm at the fundus and 6mm posteriorly. No submucosal microcyst or other supportive features of adenomyosis.

Uterine lesions: Not identified.

Cervix & vagina:

No pathologic features.

Left ovary:

Position: Left lateral adnexa.

Size: 25 x 11 x 15mm (2.2ml).

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

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Right lateral adnexa.

Size: 33 x 18 x 23mm (7.1ml). Enlargement related to dominant follicular activity.

Follicle(s): Present. Approximately 8 subcentimetre follicles. Dominant collapsing follicle 20 x 14mm.

Lesions and/or endometrioma: Not identified.

Adnexa:

No hydrosalpinx. Free fluid lies appropriate within the posterior cul de sac. There are no features of significant pelvic endometriosis/fibrosis and no gross regional anatomic distortion is identified. No pelvic side wall endometrioma.

Other findings:

Nil significant. Mild divarification of the recti at 34mm.

Dr Steven Knox

Electronically signed 15/09/2017 16:49