

Patient Name: RRI055
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: COCCHIARO, CARMEL
Organization: City West

Accession Number: BR-3846128-MR
Requested Date: January 30, 2018 12:06
Report Status: Final
Requested Procedure: 3901256
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary :

No MRI scan evidence of mullerian duct anomaly, adenomyosis, leiomyoma, tubal dilatation or infiltrating cul-de-sac endometriosis.

Bilateral multifollicular ovarian morphology.

Clinical:

Chronic pelvic pain. Known endometriosis.

Technique:

3T multiplanar MR imaging. G0P0. Past laparoscopies.

Comparison Films:

Pelvic ultrasound 14/12/2017.

Findings:

Uterus:

Morphology:

Anteverted anteflexed. Midline.

Convex external uterine fundal contour - no septum or duplication.

Size (corpus plus cervix):

8.1 x 4.4 x 3.5cm (65cc)

Adenomyosis:

Submucosal microcyst not identified.

Reduced zonal myometrial differentiation likely related to hormonal therapy - no abnormal JZ thickening to suggest adenomyosis.

Leiomyoma:

Absent.

Endometrium:

IUCD in situ. Thin endometrium (3mm) without focal abnormality.

Cervix:

Normal.

Vagina:

Normal morphology. Normal posterior vaginal fornix and rectocervical septum.

Ovaries:Right ovary:

Position: Lateral adnexa.

Size: 3.6 x 2.3 x 3.3cm (14.3cc)

Follicle Count: 30 <10mm.

No mass or endometriotic cyst.

Left ovary:

Position: Lateral adnexa.

Size: 3.2 x 2.2 x 3.2cm (11.8cc).

Follicle Count: Over 30 <10mm.

No mass or endometriotic cyst.

Adnexa:

No tubal dilatation. No masses, adhesions or infiltrating endometriosis is identified within the posterior cul-de-sac. Normal anterior pelvis. Normal morphology urinary bladder, urethra, levator ani musculature and rectosigmoid colon.

Dr Frank Voyvodic

Dr Jennifer Cowie

Electronically signed 31/01/2018 14:25