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RRI149

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Report Status: Final
Requested Procedure: 4910510
Procedure Description: MRI PELVIS
Modality: MR

Home Phone:
Referring Physician: YOONG, RAY
Organization: North Adelaide

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary :

No endocavitary pathology. Arcuate uterine anatomy. No septal or duplication. The diffuse expansion of the junctional zone supports adenomyosis.

Left ovary is absent. Right ovary shows polycystic morphology. There is minimal/absent physiologic fluid within the pelvis noting the past history of endometriosis some mild anatomic distortion at the level of the right uterosacral ligament is present of predominantly fibrosis signal although subtle tiny internal punctate haemorrhagic foci suggests some regional glandular endometriosis in this location. No features of invasive bowel disease or gross architectural distortion.

Clinical:

Recurrent miscarriage ? adenomyosis.

Work sheet = day 23. G2P0 no prior section. Prior surgery with left oophorectomy, endometriosis removal, for D&C.

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 significant flexion. (uterine body and cervix) 88 x 54 x 60 mm. There is an arcuate morphology to the uterus. The intercornual angle is obtuse. The depth of fundal myometrial encroachment to the cavity below the intercornual line is 8 mm. No features of septum or duplication.

Endometrial thickness: ET = 9 mm. There is no endocavitary pathology.

Junctional zone: Whilst no submucosal microcysts are identified the junctional zone is diffusely expanded on both time points of the sagittal T2 images. Supports background adenomyosis. Anterior JZ - 13 mm.

Fundal JZ - 13 mm.

Posterior JZ - 16 mm. No discrete adenomyoma.

Uterine lesions: There is some serosal thickening to the posterior midline uterine body/fundus which would favour old scarring in this area. No evidence of active haemorrhagic endometriotic disease.

Cervix & vagina:

No cervical or vaginal lesion of concern. Tiny left sided Bartholin gland cyst at around 5 mm.

Left ovary:

Surgically absent. No abnormality of the left adnexa.

Right ovary:

Position: Right adnexa closely applied to the lateral uterine body serosal.

Size: 34 x 27 x 42 mm (19 ml). Enlarged. Polycystic morphology.

Follicle(s): Present. >25 predominantly subcentimetre follicles. A single follicle >10 mm is present appearing as the dominant follicle measuring 14 mm.

Lesions and/or endometrioma: Not identified.

Adnexa:

Minimal/absent physiological fluid within the pelvis. There is some minor adherence favoured of the distal sigmoid to the posterior aspect to the right uterosacral ligament region. The thickening of the uterosacral ligament in this region including some tiny punctate cystic foci suggests small regions of glandular endometriosis although no invasive bowel disease is identified or other gross architectural distortion. There is a tiny peritoneal simple appearing cyst in the midline at the posterior cul-de-sac along the peritoneal reflection measuring 7 mm. No features of concern. No hydrosalpinx.

Other findings:

Nil significant.

Dr Steven Knox **Dr Jennifer Cowie**

Electronically signed 16/10/2019 17:07