

Patient Name: RRI070
Accession Number: BR-4103957-MR
Requested Date: August 6, 2018 09:32
Report Status: Final
Requested Procedure: 4196648
Procedure Description: MRI PELVIS
Modality: MR

Home Phone:
Referring Physician: MCLEAN, ANGELA
Organization: North Adelaide

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary :

Conventional uterine anatomy. Uterine retroflexion with some suspicion for chronic fibrosis at the deep posterior cul-de-sac and also extending along the right uterosacral ligament. In the context of the ovarian endometriotic cysts the cul de sac features would favour uncomplicated deep posterior cul-de-sac fibrosis and probably old endometriosis. No active hemorrhagic cul de sac foci are seen. No hydrosalpinx or other definable pelvic pathology.

Clinical:

Recurrent failure IVF. ? Adenomyosis, ? other.

Technique:

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

Findings:

Worksheet = day 21. G0 P0. Prior laparoscopy 2012.

Uterus:

Size (uterine body and cervix) & morphology: Anteverted retroflexed. 76 x 43 x 59mm. Conventional uterine anatomy with no evidence of septum or duplication.

Endometrial thickness: ET = 6mm. No endocavitary pathology.

Junctional zone: Normal junctional zone thickness throughout. No junctional zone expansion or submucosal microcyst to support adenomyosis. The JZ is diffusely measured at 2mm.

Uterine lesions: Not identified.

Cervix & vagina:

No cervical or vaginal lesion.

Left ovary:

Position: Left anterior high adnexa.

Size: 26 x 22 x 35mm (10.4ml).

Follicle(s): Present. Approximately 10 subcentimetre follicles. Two follicles 10-15mm.

Lesions and/or endometrioma: There are approximately three endometriotic cysts. The largest measures 12mm.

Right ovary:

Position: Right lateral adnexa.

Size: 32 x 25 x 41mm (17ml). Enlargement related to multifollicular appearance.

Follicle(s): Present. Approximately 15 subcentimetre follicles. Largest follicle 14mm.

Lesions and/or endometrioma: Approximately three endometriotic cysts. The largest is measured at around 12mm.

Adnexa:

No hydrosalpinx or pelvic side wall endometrioma. Uterine retroflexion is noted and there does appear to be some slight thickening along particularly the right uterosacral ligament with low T2 signal/fibrosis. The appearances are suggestive of posterior cul-de-sac fibrosis. No active hemorrhagic foci. Fluid is partially effaced in this region.

Other findings:

No other significant pelvic pathology.

Dr Steven Knox

Electronically signed 06/08/2018 17:40