

**Patient Name:** RRI455  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** JUNEJA, MONIKA  
**Organization:** Christies Beach

**Accession Number:** BR-5501638-MR  
**Requested Date:** March 17, 2021 10:51  
**Report Status:** Final  
**Requested Procedure:** 5790326  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** KNOX, STEVEN

## **MRI PELVIS**

### **Summary :**

No lesion to the ovaries displaying internal haemoconcentration as clear evidence of an endometrioma. No hydrosalpinx. There is uterine retroflexion, although no deep oblitative posterior cul-de-sac changes are identified. There are thin septations observed through the fluid within the posterior cul-de-sac which implies tiny adhesions and early peritoneal inclusion cyst formation. This may be a secondary feature of endometriosis or other pelvic inflammation, however direct evidence is not identified. There is no architectural distortion. No bowel disease.

### **Clinical:**

Bilateral ovarian endometrioma. Raised ovarian tumour markers ? adenomyosis ? Pouch of Douglas involvement with endometriosis.

### **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 retroflexed. Size (uterine body and cervix) 76 x 43 x 58mm. Conventional uterine anatomy without septum or duplication. There is an IUCD appropriately in situ, tip position near fundus.

Endometrial thickness: ET=2mm. No endocavitary pathology.

Junctional zone: Normal. No submucosal microcyst or supportive features of adenomyosis. Junctional zone thickness is appropriate throughout measuring 3mm anterior, 2mm at fundus and 5mm posteriorly.

Uterine lesions: Not identified.

#### **Cervix & vagina:**

No pathologic features. Small Nabothian cyst.

#### **Left ovary:**

Position: Anterior left hemipelvis.

Size: 44 x 47 x 52mm (56mls). Enlargement related to dominant follicle.

Follicle(s): Present. 48mm simple follicle is within physiologic limits for age. There is no haemoconcentration identified.

Lesions and/or endometrioma: Not identified.

**Right ovary:**

Position: Right lateral adnexa.

Size: 32 x 21 x 34mm (12mls).

Follicle(s): Present. Approximately 20 subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

**Adnexa:**

Physiological fluid layers appropriate within the deep posterior cul-de-sac. No oblitative changes identified. I do note some thin septations within the peritoneal fluid within the deep posterior cul-de-sac which provides support for the presence of minor adhesions and that may relate to prior inflammatory change although endometriotic implants or bowel wall disease not identified. I note the presence of uterine retroflexion although a clear plaque to the posterior lower uterine serosa is not identified. No hydrosalpinx.

**Other findings:**

Moderate colonic faecal loading. No small or large bowel anatomic distortion's identified. There is degenerate change to the lower lumbar facets.

**Dr Steven Knox**

Electronically signed 17/03/2021 13:56

**Relevant Clinical Information**

CB-MRI PELVIS