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Patient Name:	RRI454	**Accession Number:**	BR-5350505-MR
Patient ID:		**Requested Date:**	December 8, 2020 08:24
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	5617259
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	MEZZINI, TONIA	**Modality:**	MR
Organization:	Christies Beach		

Findings

Radiologist: HOPKINS, JAMES

MRI PELVIS

Summary :

Posterior cul-de-sac and left pelvic scarring with presumed left ovarian adhesion to uterus.

Likely some superficial endometriotic plaques posterior uterus but no evidence of deeply infiltrating or bowel disease.

Clinical:

Endo. Has had 2x lap. Left flank pain. About to start Zoladex.

Technique:

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

Findings:

Uterus:

Size & morphology: Anteverted, minimal anteflexion, mild left pelvic tilt. Normal fundal contour. No septum or duplication. Size (body and corpus) 67 x 34 x 40mm.

Leiomyomata: 10mm subserosal non degenerate fibroid at fundus. No other significant leiomyomata.

Junctional zone: Anterior 11mm, fundal 8mm, posterior 6mm. No definite subendometrial cystic change but suggestive of anterior adenomyosis.

Endometrium: 4mm. No endometrial lesion. No polyp or other endocavitary lesion.

Cervix:

24mm. Nabothian cysts noted. No other abnormality shown.

Vaginal vault:

No abnormality at MRI.

Left ovary:

Position: Left pelvic lie, broad contact and likely adhesion to uterus.

Size: 24 x 23 x 14mm, 4cc.

Lesions and/or endometrioma: No definite haemorrhagic cyst or endometrioma. The immediately adjacent fundal subserosal fibroid measuring 11mm is noted.

Right ovary:

Position: Right lateral pelvic lie.

Size: 17 x 24 x 19mm, 4cc.

Lesions and/or endometrioma: No haemorrhagic cyst or endometriomata.

Other findings:

Small volume hypointense scarring anterior and posterior cul-de-sac.

Some small superficial hypointense nodules dorsal surface uterine corpus measuring 4mm probable superficial endometriotic plaques. No active plaques/ hemorrhage by MRI signal. No definite deeply infiltrating disease is shown.

No pelvic collection. Colonic diverticular disease with no acute inflammatory change at pelvic bowel loops. Moderate lower lumbar facet degenerative change.

Dr James Hopkins **Dr Steven Knox**

Electronically signed 09/12/2020 09:02

Relevant Clinical Information
CB-MRI PELVIS