

Patient Name: RRI147
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: WEBBER, KYLIE
Organization: City West

Accession Number: BR-4881599-MR
Requested Date: January 31, 2020 15:02
Report Status: Final
Requested Procedure: 5086971
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: HOPKINS, JAMES

MRI PELVIS

Summary :

No MRI evidence of deeply infiltrating endometriosis. No architectural distortion. No bowel serosal deposits.

No specific explanation for pelvic pain.

Clinical:

Severe pelvic pain with bowel involvement ? deep endometriosis related.

Findings:

Uterus:

Configuration:

Anteverted, anteflexed, minimal left tilt. Normal fundal contour, no septum or duplication.

Uterus Size (corpus and cervix):

70 x 32 x 39mm.

Leiomyomata:

Nil.

Endometrium:

7mm thickness, no focal endometrial or endocavitary lesion. Mirena in situ with no complicating features.

Junctional Zone:

Anterior 7mm, fundal 5mm, posterior 5mm. No subendometrial cystic change. Nil specific evidence of adenomyosis.

Ovaries:

Right: 22 x 24 x 24mm 6.6cc. Right lateral pelvic lie.

12 peripheral small follicles. 14mm follicle. No haemorrhagic cysts or endometriomata.

Left: 26 x 16 x 30mm 6.5cc. Left lateral pelvic lie.

16 peripheral small follicles. Dominant follicle 19mm. No haemorrhagic cysts or endometriomata.

Other:

Trace of posterior cul-de-sac free fluid. Small benign loculations of fluid in the adnexae appear physiologic although could be small peritoneal inclusion cysts. No features of concern. No MRI supportive features of hydrosalpinx. Nil substantial pelvic scarring or evidence of deeply infiltrating endometriosis.

Anorectum unremarkable.

Dr James Hopkins**Dr Steven Knox**

Electronically signed 04/02/2020 08:27