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Patient Name:	RRI537	**Accession Number:**	BR-5462872-MR
Patient ID:		**Requested Date:**	February 22, 2021 11:25
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	5746242
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	COCCHIARO, CARMEL	**Modality:**	MR
Organization:	North Adelaide		

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

Supportive features of deep posterior cul-de-sac endometriosis/fibrosis. In addition to some regional scar signal there is also some punctate cystic/haemorrhagic signal which further supports regional endometriosis. The left ovary is slightly tethered to this area and the deepest portion of the posterior cul-de-sac is effaced. Left greater than right scar thickening extending along the uterosacral ligament region.

No adenomyosis or endocavitary pathology. Prior LSCS with scar thickness of around 3mm. No ovarian endometrioma or hydrosalpinx. Anterior cul-de-sac unremarkable.

Clinical:

History of ACIS treated with CONE 01/02/2014. LSCS x3. New onset lower pelvic and lower back pain and bimanual tenderness. Pelvic ultrasound normal.

Technique:

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

Findings:

Uterus:

Size and Morphology: Anteverted retroflexed. Size (uterine body and cervix) 69 x 37 x 56mm. Prior LSCS with scar thickness of 3mm. Depth of the niche is measured at around 4mm. There is no septum or duplication.

Endometrial Thickness: ET equals 5mm. No endocavitary pathology.

Junctional Zone: Normal junctional zone thickness throughout. No submucosal microcysts or supportive features of adenomyosis. Junctional zone average 6mm.

Uterine Lesions: Not identified.

Cervix and Vagina:

No pathologic features.

Left Ovary:

Position: Left adnexa. Appearing slightly medialised ? tethered.

Size: 28 x 20 x 25mm (7.3ml).

Follicles: Present. Approximately 20 subcentimetre follicles.

Lesions and/or Endometrioma: Not identified.

Right Ovary:

Position: Right lateral adnexa.

Size: 33 x 20 x 30mm (10.0ml).

Follicles: Present. Approximately 20 follicles, largest 11mm.

Lesions and/or Endometrioma: Not identified.

Adnexa:

There is scar signal through the deep posterior cul-de-sac eccentric to the left. This appears to tether the uterus posteriorly at the junction of the lower uterine body/cervix. On the left hand side this is also favoured as tethering the adjacent ovary. There is some subtle punctate high T1 signal which suggests active haemorrhagic foci. On the right side in the deep posterior cul-de-sac extending just beyond the uterosacral ligament is also some further punctate cystic signal separate to the ovary, further concerning for small glandular deposits. The mid rectum is closely applied however does not show any serosal plaque or invasive endometriosis. The mesorectal fat is unremarkable. Physiologic fluid sits predominantly above this to the level of the mid uterine body. Beyond this at the deeper posterior uterine body, the fat planes are effaced. There is no hydrosalpinx.

Other findings:

Lower lumbar spine is unremarkable. There is some mild colonic faecal loading. No abnormality at the anorectal junction.

Dr Steven Knox **Dr Yen-Lee Leong**

Electronically signed 23/02/2021 13:41

Relevant Clinical Information
MB-MRI PELVIS