

Patient Name: RRI092
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: KIRBY, CHRISTINE
Organization: Ashford

Accession Number: BR-2906475-MR
Requested Date: January 29, 2016 10:37
Report Status: Final
Requested Procedure: 2827429
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: CHONG, WOON KIT

MRI PELVIS

Summary :

No Mullerian duct abnormality. Sub-endometrial cyst anterior body/neck of the uterus supports focal adenomyosis.

Signs of old endometriotic disease/ posterior cul de sac fibrosis including at the torus uterinus, right uterosacral ligament and causing adherence of the right ovary to the right uterine fundus.

Clinical:

Determine if adenomyosis or other pathology. Infertility.

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:

63cc (4.3 x 4.4 x 6.4cm). Anteverted retroflexed. Mild arcuate configuration. No Mullerian duct abnormality.

Endometrial Thickness:

9mm.

Junctional Zone:

Anterior maximal junction zone thickness 6mm.

Posterior maximal junctional zone thickness 8mm.

Fundal maximal junctional zone thickness 5mm.

Non persistent thickening of the junctional zone consistent with myometrial contractions.

There is a sub-endometrial cyst anterior body/neck measuring 6mm as direct supportive evidence of focal adenomyosis.

Uterine Lesions:

Nil.

Cervix & Vagina:

Nabothian cysts in the endocervical canal. Otherwise unremarkable morphology.

Left Ovary:

Position: Lateral adnexa.

Size: 15.4cc (4.2 x 2.5 x 2.8cm).

Follicle(s): At least three seen. Two dominant follicles measuring 2.6 and 2.4cm respectively. These are simple in nature.

Lesions and/or Endometrioma: Nil.

Right Ovary:

Position: Medialised and possible adherent to the right uterine fundus.

Size: 2.9cc (2.6 x 1.4 x 1.5cm).

Follicle(s): At least two. Dominant follicle measuring 1.3cm.

Lesions and/or Endometrioma: Nil.

Adnexa:

No evidence of any hydrosalpinx.

Other Findings:

Thickening of the right uterosacral ligament as well as at the torus uterinus in conjunction with retroflexed uterus suggestive of old endometriotic disease and regional fibrosis. Adherence of the right ovary to the right fundus of the uterus also appreciated.

Dr Woon Kit Chong**Dr Steven Knox**

Electronically signed 01/02/2016 09:02