

Patient Name:	RRI417	Accession Number:	BR-5749720-MR
Patient ID:		Requested Date:	August 19, 2021 09:13
Gender:		Report Status:	Final
Date of Birth:		Requested Procedure:	6073856
Home Phone:		Procedure Description:	MRI PELVIS AND ABDOMEN
Referring Physician:	JUNEJA, MONIKA	Modality:	MR
Organization:	North Adelaide		

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS AND UPPER ABDOMEN

Summary :

Infiltrating posterior cul-de-sac endometriosis confirmed.

Rectocervical nodule measuring 2.5cm in diameter with glandular and fibrotic components invading the anterior rectal wall 15cm above the anal verge with 13mm rectal wall endometrioma.

No tubal dilation.

Bilateral normofollicular ovarian morphology - no endometriomata or adherence.

Left upper posterior vaginal fornix nodule ? endometrioma deposit or blood products.

Clinical:

Rectal nodule on CT and ultrasound.

Painful heavy periods.

Suspected deep infiltrating endometriosis POD.

Technique:

1.5T multiplanar MR imaging post IV Buscopan.

Comparison Study:

CT abdomen 03/11/2020 and ultrasound pelvis 11/11/2020.

Findings:

Uterus:

Morphology:

Anteverted anteflexed slightly tilted to the right.

Convex external uterine fundal contour - no septum or duplication.

Size (corpus + cervix):

9.7 x 7.3 x 5.4cm (200cc)

Adenomyosis:

Reduced zonal myometrial differentiation.

No junctional zone thickening or submucosal microcysts.

Fibroids:

11mm submucosal fibroid right anterior body.

No submucosal or endocavitary lesions.

Endometrial thickness:

6mm.

No polyps, mass or adhesions.

Cervix:

Normal

Vagina

Mild elevation right posterior vaginal fornix.

17mm ovoid T1 hyperintense T2 hypointense focus within the left upper posterior vaginal fornix ? endometrioma deposit or blood products.

Normal rectocervical septum.

Ovaries:Right ovary:

Position: Lateral adnexa.

Size: 3.4 x 1.8 x 1.5cm (4.8cc)

Follicle Count: 12 less than 5mm.

No mass or endometriotic cyst.

Left ovary:

Position: Lateral adnexa.

Size: 2.5 x 1.9 x 3.0cm (7.5cc)

Follicle Count: 10 less than 10mm.

No mass or endometriotic cyst.

Adnexa:

No tubal dilatation.

Fat plane between urinary bladder and uterus preserved.

No urinary bladder or pelvic ureteric nodules.

Rectocervical nodule is present associated with deeply infiltrating endometriosis implant corresponding to the sonographic and CT findings.

This measures approximately 25 x 24 x 22mm and contains some T1 hyperintense foci suggesting glandular and fibrotic components.

This deposit is tethered to the anterior wall of the upper rectum 15cm above the anal verge and there is full thickness muscle invasion with anterior rectal wall endometrioma present measuring 13 x 8 x 11mm.

Small amount of free fluid in the posterior cul-de-sac indicates patency.

The adjacent sigmoid colon does not appear involved.

Normal anterior abdominal wall, inguinal canals and pelvic side wall.

Normal visualised sacrococcygeal spine and levator ani musculature.

Small (subcentimetre) Bartholin gland cysts are noted at the base of the labia bilaterally.

Dr Frank Voyvodic

Dr Ryan Choi

Electronically signed 20/08/2021 23:03

Relevant Clinical Information

MB-MRI PELVIS AND ABDOMEN