



Patient Name:

RRI485

Patient ID: Gender:

Date of Birth: **Home Phone:**

Organization:

Referring Physician: MEZZINI, TONIA North Adelaide

Accession Number: BR-5376256-MR

Requested Date: December 24, 2020 09:02

Report Status: Final Requested Procedure: 5646813 **Procedure Description:** MRI PELVIS

Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary:

Regional anatomic distortion at posterior pelvis suggesting adhesions involving retroflexed tilted uterus and posterior margin right ovary.

Appearances suggest pelvic endometriosis - no rectosigmoid bowel involvement.

Focal adjacent posterior uterine body changes ? focal adenomyosis (contacts junctional zone) versus uterine invasive endometriosis (former favoured as there appears to be some intervening myometrium between the outer margin of the lesion and the posterior cul-de-sac disease.

Clinical:

Exclude pelvic endometriosis.

Technique:

1.5T multiplanar MR imaging.

Findings:

Uterus:

Morphology:

Anteverted acutely retroflexed, fundus tilted and displaced to the left.

Convex external uterine fundal contour - no septum or duplication.

Size:

(Corpus plus cervix).

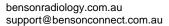
6.5 x 5.5 x 4.4cm (82cc)

Adenomyosis:

1.9 x 1.8 x 2.1cm persistent mass posterior myometrium uterine fundus/body.

Ill-defined and contains a haemorrhagic microcyst.

Extends to the junctional zone which shows no diffuse thickening and the diagnosis of focal adenomyoma is favoured over the differential diagnosis which is uterine invasive endometriosis.







Leiomyoma:
Absent.
Endometrium:
2-3mm thickness.
No polyp, mass or adhesions.
Cervix:
Normal.
Vagina:
Elevated posterior fornix.
Normal rectocervical septum.
Ovaries:
Right ovary:
Position: Lateral.
Size: 2.6 x 2.1 x 2.6cm
Follicle Count:25+ less than 10mm.
No mass or endometriotic cyst.
<u>Left ovary</u> :
Position: Left adnexa.
Size: 1.9 x 1.2 x 3.1cm.
Follicle Count: 19 less than 10mm.
No mass or endometriotic cyst.
Adnexa:
Non nodular T2 hypointense thickening of the uterosacral ligaments is present bilaterally contacting the posterior uterine body serosa and the posterior margin of the right ovary.
Appearances suggest endometriosis - no large or infiltrating plaque is identified
The posterior uterine body change favoured as adenomyoma rather than invasive endometriosis disease.
Normal rectosigmoid morphology - no serosal tethering or transmural endometriosis involvement.
No tubal dilation.
Normal anterior pelvis.
Normal urinary bladder, urethra, anterior abdominal wall and perineum.
Normal ureters.

Mild L5-S1 degenerative disc disease noted without focal herniation.



Dr Frank Voyvodic Dr Yen-Lee Leong

Electronically signed 29/12/2020 13:54

Relevant Clinical Information MB-MRI PELVIS