



Patient Name: RRI396

Patient ID: Gender: Date of Birth: Home Phone:

Referring Physician: KNIGHT, PAUL Organization: North Adelaide

Accession Number: BR-5543579-MR
Requested Date: April 13, 2021 13:59

Report Status: Final
Requested Procedure: 5838337
Procedure Description: MRI PELVIS

Modality: MR

# **Findings**

Radiologist: HOPKINS, JAMES

### **MRI PELVIS**

### **Summary**:

Multifibroid uterus, greater than 20 leiomyomata with calculated uterine volume 550cc.

Representative lesions as described noting endometrial cavity distorted by dominant posterior corpus submucosal fibroid 62mm.

#### Clinical:

Fibroids for evaluation and position determination. Menorrhagia.

## Technique:

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

### Findings:

### **Uterus:**

Size & morphology: Anteverted, central pelvic lie. Size (cervix and corpus) 117 x 102 x 88mm. Calculated volume 546cc.

Leiomyomata: Multifibroid uterus. Nil atypical, degenerate or suspicious lesion. Representative lesions:

- 1. Posterior corpus, intramural to submucosal fibroid. Around 25% projection into cavity and distorting endometrial cavity. 62 x 47mm. Mucosal surface contact. Depth from serosa, 12mm.
- 2. Right fundus posteriorly, intramural fibroid. 16 x 11mm. Depth from mucosa 1mm. Depth from serosa 11mm.
- 3. Left anterior corpus, intramural fibroid. 44 x 27 x 45mm. Lesion spans myometrium with extension to mucosa centrally and serosa peripherally.
- 4. Anterior, subserosal fibroid lower uterine segment. 43 x 43 x 66mm.
- 5. Posterior corpus, peripheral, intramural/subserosal fibroid. 52 x 40 x 49mm. Lesion peripheral to the dominant subserosal fibroid (lesion 1). Separated from the endometrial cavity by dominant submucosal fibroid.

Approximately 15 further sub 2cm peripheral intramural and subserosal fibroids. These have no mass effect or intrusion into the cavity.

Endometrium: Anteriorly bowed and distorted with broad contact by dominant intramural/ submucosal fibroid. Endometrial thickness 6mm. No discrete polyp or other endocavitary lesion demonstrated.

<u>Junctional zone</u>: No focal or diffuse thickening. No significant subendometrial cystic change.

# Cervix & vagina:





Cervix 33mm, normal appearances.

# Left ovary:

Position: Left lateral side wall lie.

Size: 20 x 13 x 26mm. 3.5cc.

Follicle(s): Two sub 10mm follicles.

Lesions and/or endometrioma: No haemorrhagic cyst or endometriomata.

# Right ovary:

Position: Lateral pelvic lie.

Size: 25 x 17 x 22mm. 5cc.

Follicle(s): Two sub 10mm follicles.

<u>Lesions and/or endometrioma</u>: No haemorrhagic cyst or endometriomata.

#### Adnexa:

No tubal dilatation or adnexal masses.

## Other findings:

Small volume pelvic free fluid non specific. No deeply infiltrating endometriotic plaques visible at MRI.

## Dr James Hopkins Dr Steven Knox

Electronically signed 14/04/2021 09:24

### **Relevant Clinical Information**

MB-MRI PELVIS