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Patient Name:	RRI483	**Accession Number:**	BR-5771061-MR
Patient ID:		**Requested Date:**	September 1, 2021 08:49
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	6098046
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	WEATHERILL, COLIN	**Modality:**	MR
Organization:	North Adelaide		

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary :

Supportive features for both abdominal and pelvic endometriosis. Within the pelvis, there is obliterative deep cul de sac endometriosis/fibrosis with a tethered medialised appearance to the ovaries and associated adherence to the posterior lower uterine serosa. There is serosal lower uterine plaque formation and invasion to a depth around 8mm. There is also an adjacent rectosigmoid junction anterior serosal bowel plaque over a length of around 28mm. This does not appear to show full thickness invasion to mucosal surface on MRI. Left side ovarian endometriomas and potential hydrosalpinx. Within the abdominal cavity, there is discernible blood products consistent with endometriotic plaques over the posterior right diaphragmatic dome at the liver capsule segment 7 and also more inferiorly at right lateral diaphragm and liver capsule segment 6. No deep hepatic invasion is identified. Equivocal lower pole splenic foci, also potentially small areas of disease. Further left sided disease is not definable on MRI.

Clinical:

Severe endometriosis. One plaque under the left diaphragm right shoulder symptoms more than left.

Technique:

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

Upper abdominal T2 and T1 multiplanar screening given comments on diaphragmatic endo.

Uterus:

Size & morphology: Anteverted. No flexion. Size 76 x 45 x 49mm. Conventional cavity without septum or duplication.

Endometrial thickness: ET = 3mm. There is no endocavitary pathology.

Junctional zone: Normal. No expansion or submucosal microcyst as evidence of adenomyosis.

Uterine lesions: Not identified.

Cervix & vagina:

Left ovary:

Position: Medialised and distorted due to regional endometriosis.

Size: 32 x 28 x 26mm (12ml). Enlargement related to endometrioma formation.

Follicle(s): Present. Approximately 12 subcentimetre follicle.

Lesions and/or endometrioma: Present. Two dominant endometriotic cysts at 14mm and 12mm. Given the serpiginous nature, some of this may be tubal blood products and distortion but not possible to discern further.

Right ovary:

Position: Medialised posterior right adnexa.

Size: 24 x 16 x 20mm (4ml).

Follicle(s): Present. Approximately 12 subcentimetre follicle.

Lesions and/or endometrioma: Not identified.

Adnexa:

Obliterative deep posterior cul de sac endometriosis/fibrosis. There is a peritoneal inclusion cyst posteriorly within the right lateral deep cul de sac around 37 x 17mm. The ovaries are medialised and tethered to the posterior lower uterine serosa. There is serosal lower posterior uterine plaque formation which extends over a craniocaudal length of around 30mm with depth of myometrial invasion and scarring of around 8mm. There is also some adjacent plaque formation to the rectosigmoid junction which extends over a length of around 28mm to a plaque thickness of 6mm. This does not appear to extend through full wall thickness or to mucosal surface. There is an elevation of the right vaginal fornix. Uterosacral ligament thickening more so on the left. Some serpiginous fluid and blood signal intimately associated with the left ovary could also reflect tubal dilatation but cannot be distinguished given the architecture of distortion in this area. The anterior cul de sac does not appear effaced. There is no bladder or small bowel disease. At the left superior adnexa/pelvis some adhesion uncomplicated between the superior aspect of the left ovary and the mid to distal sigmoid is also likely. No bowel plaque in this area.

Peritoneal Cavity:

There is active endometriotic blood signal seen around the right diaphragmatic surface both at the posterior aspect of the dome adjacent segment 7 of the liver and more inferiorly at the right lateral diaphragmatic margin adjacent segment 6 of the liver. The area largest under the posterior right diaphragm adjacent segment 7 spans a length of around 4cm in the craniocaudal plane of blood signal. At the more inferior right lateral deposit a smaller, expanding around 6mm. No gross liver invasion. Left sided subdiaphragmatic disease is not identified although the coronal views suggest some subtle signal change at the surface of the lower pole of the spleen adjacent left hemidiaphragm, which is viewed with suspicion. This feature is not seen on the other sequences.

Other Findings:

Both kidneys are present. Right side extrarenal pelvis. No additional solid organ features of note. The lung bases are clear.

Dr Steven Knox **Dr Adela Tashkent**

Electronically signed 01/09/2021 14:53

Relevant Clinical Information
MB-MRI PELVIS