

RRI101

**Accession Number:** BR-3301414-MR  
**Requested Date:** December 6, 2016 07:54  
**Report Status:** Final  
**Requested Procedure:** 3277937  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

**Home Phone:**  
**Referring Physician:** TREMELLEN, KELTON  
**Organization:** Ashford

**Findings**

**Radiologist:** KNOX, STEVEN

**MRI PELVIS****Summary:**

**Arcuate uterine morphology with no septum or duplication. No endocavitary pathology. Submucosal microcysts at the left cornua support regional adenomyosis. No concerning uterine lesion.**

**Normal ovarian morphology. No endometrioma. No features of pelvic endometriosis/fibrosis. No hydrosalpinx.**

**Clinical:**

Investigation recurrent miscarriage and period pain, check for adenomyosis/septum etc.

**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. Size (uterine body and cervix) 79 x 49 x 50mm. Mild arcuate morphology. No septum or duplication identified.

Endometrial thickness: ET = 5mm. No endocavitary pathology.

Junctional zone: Cluster of submucosal microcysts at the left cornua which supports regional adenomyosis. There is no overt junctional zone expansion identified. The junctional zone is diffusely measured at 4.5mm.

Uterine lesions: Not identified.

**Cervix & Vagina:**

No cervical or vaginal lesions of concern.

**Left Ovary:**

Position: Left lateral adnexa.

Size: 22 x 15 x 2.8ml.

Follicle(s): Present. Approximately 10 subcentimetre follicles.

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Lesions and/or endometrioma: Not identified.

**Right Ovary:**

Position: Right lateral anterior adnexa.

Size: 32 x 17 x 38mm (10.8ml).

Follicle(s): Present. Approximately 4 subcentimetre follicles. Dominant follicle 24 x 23mm.

Lesions and/or endometrioma: Not identified.

**Adnexa:**

Uterosacral ligaments appear appropriate. Normal fluid layering posteriorly within the posterior cul-de-sac. No features of pelvic endometriosis/fibrosis are identified.

**Other Findings:**

Mild rectal faecal loading. No further definable abdominal or pelvic pathology. No hydrosalpinx. No significant bony findings.

Dr Steven Knox

Dr Melissa Jenkins

Electronically signed 06/12/2016 18:04