

**Patient Name:** RRI150  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** NGUYEN, TRAN T T  
**Organization:** North Adelaide

**Accession Number:** BR-5457130-MR  
**Requested Date:** February 18, 2021 08:44  
**Report Status:** Final  
**Requested Procedure:** 5739639  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** KNOX, STEVEN

## **MRI PELVIS**

### **Summary:**

Supportive features for deep obliterative posterior cul de sac endometriosis/fibrosis. At the lateral aspect of the right adnexa there is dense adhesion tethering the right ovary, uterine fundus and posterior serosal surface and involving the uterosacral ligament. There are multifocal linear bands which extend to the serosal surface of the distal sigmoid. At the rectosigmoid junction is a plaque present at the serosal surface containing some active haemorrhagic foci. No mucosal surface involvement is identified however. No additional findings of note.

### **Clinical:**

Previous left salpingo-oophorectomy and right ovarian cystectomy for severe endometriosis. Anal pain, urinary and faecal urgency ?deep infiltrating endometriosis.

Worksheet = G0 P0, surgery for endometriosis May 2020.

### **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 and slightly retroflexed. Distorted and deviated to the right of midline due to posterior cul de sac endometriosis/fibrosis. Size 63 x 33 x 49mm. Conventional uterine anatomy without septum or duplication.

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

Junctional zone: Normal junctional zone thickness throughout. No expansion to support adenomyosis or submucosal microcysts. Anterior JZ 4mm, fundal JZ 3mm, posterior JZ 5mm.

Uterine lesions: No lesions identified.

#### **Cervix & vagina:**

No cervical or vaginal lesions are identified.

#### **Left ovary:**

Surgically absent.

**Right ovary:**

Position: Right lateral adnexa adherent to uterine fundus.

Size: 29 x 18 x 25mm.

Follicle(s): Present. Approximately four follicles are identified. Dominant follicle 23mm.

Lesions and/or endometrioma: Not identified.

**Adnexa:**

Supportive features of chronic deep posterior cul de sac endometriosis/fibrosis. There is a dense area of scarring which extends along the right uterosacral ligament, with tethering of the uterus, right ovary and also multifocal rectosigmoid adhesions. The upper rectum and distal sigmoid show multifocal macroscopic adhesions which tether to the serosal surface of the bowel. At the rectosigmoid junction is a plaque containing a small focus of active haemorrhagic material. The thickness measures 7mm but does not appear to extend to the mucosal surface. Plaque extends over a length of around 20mm. No hydrosalpinx is identified. No collection. Minimal physiologic fluid within the pelvis. The anorectal junction is unremarkable. Tampon is in situ.

**Dr Steven Knox****Dr Yen-Lee Leong**

Electronically signed 19/02/2021 11:27