

Patient Name: RRI091
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: HENSHAW, R
Organization: Ashford

Accession Number: BR-3126369-MR
Requested Date: July 22, 2016 09:50
Report Status: Final
Requested Procedure: 3078044
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

Uterine retroflexion related to posterior cul-de-sac fibrosis/endometriosis. There is invasive endometriosis involving the posterior lower uterine serosal surface and torus uterinus tethering to the mid rectum. There is a further rectal serosal implant present. The ovaries are medialised particularly on the left and there is asymmetric left sided thickening of the uterosacral ligament. Effacement of the cul-de-sac with minimal regional free fluid.

No evidence of adenomyosis. No endocavitary pathology or septum/duplication.

No hydrosalpinx. Small left sided ovarian endometrioma.

Clinical:

?adenomyosis.

Technique:

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

Findings:

Uterus:

Size and Morphology: Mildly retroverted retroflexed. Slight deviation to the left of mid line. Size (uterine body and cervix) 77 x 35 x 48mm. The uterus deviates to the left of mid line and is also tethered to the mesorectum with invasive posterior cul-de-sac disease present. To be discussed further. No septum or duplication.

Endometrial Thickness: ET = 6mm. No endocavitary pathology.

Junctional Zone: Junctional zone thickness is appropriate throughout. JZ measures 2mm diffusely with no evidence of adenomyosis. No submucosal microcyst as direct evidence of adenomyosis.

Uterine Lesions: Endometriotic plaque measuring approximately 20mm in maximal diameter noted to the posterior lower uterine serosa and the level of the torus uterinus with regional anatomic distortion. Invasive posterior cul-de-sac endometriosis and posterior cul-de-sac obliteration is present eccentric to the right.

Cervix & Vagina:

No cervical or vaginal lesions.

Left Ovary:

Position: Left posterior lower adnexa. Medialised and tethered.

Size: 34 x 17 x 29mm (8.8ml).

Follicle(s): Present. >12 subcentimetre peripheral follicles.

Lesions and/or Endometrioma: Small 8mm endometrioma present. There is tethering and medialisation of the left ovary to the uterosacral ligament posterior uterine serosa and mesorectal fascia.

Right Ovary:

Position: Medialised posterior right lower adnexa.

Size: 20 x 14 x 24mm (3.5ml).

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

Lesions and/or Endometrioma: Not identified.

Adnexa:

Posterior cul-de-sac fibrosis and effacement. There is a plaque with active endometriotic haemorrhagic foci seen extending between the posterior lower uterine serosal surface and the mid rectal serosa anteriorly. The rectal serosal implant measures 24mm in diameter with further haemorrhagic foci seen. The left uterosacral ligament is involved. Ovaries are medialised. No bowel obstruction is definable. No hydrosalpinx. No pelvic side wall endometrioma.

Other Findings:

A few small diverticulae are noted to the sigmoid colon. No other definable intra-abdominal or pelvic pathology.

Dr Steven Knox

Dr Frank Voyvodic

Electronically signed 22/07/2016 11:30