

Patient Name: RRI713
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: HULL, LOUISE
Organization: North Adelaide

Accession Number: BR-6441429-MR
Requested Date: November 3, 2022 14:43
Report Status: Final
Requested Procedure: 6857196
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary :

Uterine retroflexion related to obliterative posterior cul de sac endometriosis/ fibrosis. There is plaque formation within the deep posterior cul de sac showing mixed chronic and active signal. Medialisation and adherence of the right ovary, tethering of the rectosigmoid junction and regional architectural distortion. Vaginal forniceal elevation. External adenomyosis. Uterosacral ligament thickening, more so to the right.

No endocavitary pathology. No hydrosalpinx. No endocavitary pathology. Anterior cul de sac is clear.

Clinical:

University of Adelaide RRI Endometriosis study.

Protocols as per RIRF.

Subject ID: RR713

Technique:

Per trial protocol with multiplanar T2 weighted imaging, T1 DIXON images.

Findings:

Uterus:

Size & morphology : Axial version, retroflexion. 84 x 52 x 54mm. Conventional cavity without septum or duplication.

Endometrial thickness : 7mm. There is no endocavitary pathology.

Junctional zone : There are features of superficial adenomyosis involving the right side of the posterior uterine body/fundus.

Uterine lesions : Changes of external adenomyosis/invasive serosal plaque to the posterior uterine body. This extends over a craniocaudal span of around 36mm with a myometrial depth of around 9mm. It is associated with architectural distortion noting medialisation and adherence to the right ovary and there is tethering of the rectosigmoid junction to this area. No separate uterine fibroids or other features of concern.

Cervix & vagina:

Nabothian cyst. Also a tiny left sided Bartholin gland cyst at around 3mm.

Left ovary:

Position : Left lateral adnexa.

Size : 30 x 23 x 33mm (11.8ml). Enlarged related to follicular activity.

Follicle(s) : Present. Approximately 12 subcentimetre follicles. Dominant follicle 16mm.

Lesions and/or endometrioma : Not identified.

Right ovary:

Position : Distorted medialised posterior right cul de sac.

Size : 26 x 16 x 26mm (5.6ml).

Follicle(s) : Present. Approximately 14 subcentimetre follicles.

Lesions and/or endometrioma : Small endometrioma at the interface of the adherent uterus and ovary measuring 4mm.

Adnexa:

Obliterative posterior cul de sac endometriosis/fibrosis. There is dense plaque formation over the uterine serosa and external adenomyosis present. Tethering of the rectosigmoid junction as well as thickening along the uterosacral ligaments, more so to the right. Right ovary is medialised and adherent. There are no bowel plaques identified. There is no hydronephrosis. There is vaginal forniceal elevation. The anterior cul de sac is clear. Rectovaginal interface appears appropriate. There are small active haemorrhagic foci within the deep cul de sac at the level of the lower posterior uterine serosa. The uterine serosa appears involved over at least two thirds of its posterior extent.

Other findings:

Course of the round ligaments is unremarkable. No additional intra abdominal or pelvic findings.

Dr Steven Knox

Electronically signed 04/11/2022 15:35

Relevant Clinical Information

MB-MRI PELVIS