

Patient Name: RRI094
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: KIRBY, CHRISTINE
Organization: North Adelaide

Accession Number: BR-2896856-MR
Requested Date: January 20, 2016 15:25
Report Status: Final
Requested Procedure: 2816593
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: JENKINS, MELISSA

MRI PELVIS

Summary:

Borderline JZ thickness posteriorly, but no other findings supportive of adenomyosis.

Arcuate uterine configuration.

8mm anterior intramural fibroid.

Small left ovary, with no follicular activity.

No deep/infiltrating endometriotic deposit, but 6mm right ovarian endometrioma.

Clinical:

Ultrasound suggestive of adenomyosis. Secondary infertility.

Technique:

Multi-parametric pelvic MRI fertility protocol including Volumetric 3D Coronal T2 plus reconstructions, T1 axial pre/post fat saturation. Day 18 of cycle G2 P1. Previous LSCS 2011.

Findings:

Uterus:

Size & morphology:

Anteverted uterus measures 96 x 50 x 58mm. There is arcuate morphology. No septum or duplication.

Endometrial thickness:

10mm thickness. No internal uterine contents.

Junctional zone:

There is borderline junctional zone expansion posteriorly at 8mm. No submucosal microcyst formation.

Maximal JZ thickness as follows:

Anterior JZ 7mm.

Fundal JZ 5mm.

Posterior JZ 8mm.

Uterine lesions:

8mm anterior uterine intramural fibroid. No submucosal lesion evident.

LSCS scar, with approximately 40% myometrial thickness involvement.

Cervix & Vagina:

Prominent Nabothian cysts. Unremarkable appearances.

Left Ovary:Position:

Left adnexa/pelvis.

Size:

1.5ccs (2.7 x 1.2 x 0.9cm)

Follicle(s):

None present.

Lesions and/or endometriomata:

None identified.

Right Ovary:Position:

Right adnexa.

Size:

5.6ccs (3.1 x 2.3 x 1.5cm).

Follicle(s):

5 follicles at 9mm or less.

Lesions and/or endometriomata:

6mm focus demonstrating high T1 signal suggestive of endometrioma.

Adnexa:

No deep/infiltrating endometriotic deposit identified, with physiological volume of fluid in the cul-de-sac. No regional distortion.

Other Findings:

Nil significant.

Radiologist: Dr M. Jenkins

Second Reader: Dr P. Takhar