

Patient Name: RRI099
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: KIRBY, CHRISTINE
Organization: North Adelaide

Accession Number: BR-3239875-MR
Requested Date: October 20, 2016 10:01
Report Status: Final
Requested Procedure: 3207728
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary :

Arcuate uterine configuration.

Solitary submucosal microcyst right lateral fundus - no evidence of widespread or deeply infiltrating adenomyosis.

No leiomyoma, tubal dilatation or cul-de-sac endometriosis.

Clinical:

? Adenomyosis on ultrasound.

Technique:

1.5T multi planar MR imaging. Intravenous Buscopan. Day 23 menstrual cycle. G3P2.

Findings:

Uterus:

Morphology:

Midline anteverted, anteflexed.

Minor arcuate configuration.

Flat external uterine fundal contour - no septum or duplication.

Size: (corpus plus cervix)

9.7 x 5.6 x 4.6cm (131cc)

Adenomyosis:

Solitary submucosal microcyst right lateral fundus.

Anterior uterus max JZ thickness 6mm.

Posterior uterus max JZ thickness 6mm

Fundal uterus max JZ thickness 6mm.

Leiomyoma:

Absent.

Endometrium:

7mm thickness.

No masses or adhesions.

Cervix:

Normal.

Vagina:

Normal posterior vaginal fornix. Normal retrocervical septum. 12mm Bartholin duct cyst noted base of right labia.

Ovaries:

Right Ovary:

Position: lateral adnexa

Size: 2.8 x 2.4 x 2.3cm (8.1cc)

Follicle Count: 12 < 10mm, 1 at 12mm.

No masses or endometriotic cysts.

Left Ovary:

Position: lateral adnexa

Size: 2.1 x 1.5 x 3.4cm (5.6cc)

Follicle Count: 22 < 10mm.

No masses or endometriotic cysts.

Adnexa:

No tubal dilatation. Physiologic volume fluid posterior cul-de-sac - no masses, adhesions or infiltrating endometriosis.

Other Findings:

6mm periurethral cyst at the right lateral external meatus likely Skene's gland origin rather than diverticulum.

Dr Frank Voyvodic

Dr Melissa Jenkins

Electronically signed 20/10/2016 17:17