

Patient Name: RRI450
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: HULL, LOUISE
Organization: City West

Accession Number: BR-5939447-MR
Requested Date: December 13, 2021 09:08
Report Status: Final
Requested Procedure: 6289156
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: REID, MICHAEL

MRI PELVIS

Summary:

1. Retroverted anteflexed uterus with uterine body deviated to the right adnexa with transverse lie. This is noted in regards to the described planned instrumentation but also as it along with ovarian positioning supports adhesions. Minor cervical blood products suggested.

2. Thickening of the rectouterine pouch peritoneum (more pronounced to the right) supportive of minor chronic endometriotic nature. No deep infiltrating focus. No active hemorrhagic foci.

Clinical:

Previous endo. Mirena under GA planned. ?Need for further surgery.

Technique: Routine MRI pelvis.

Comparison Study: None available.

Findings:

Uterus:

Morphology: Retroverted, anteflexed with quite prominent deviation to the right adnexa resulting in relatively transverse lie of the uterine body. 3D reconstructions appear to show two cornua and this is favoured as likely adhesional deviation.

Volume: 33 x 64 x 29mm.

Endometrial cavity: 4mm.

Junctional zone: Not thickened (2mm). No subendometrial cyst formation or other features to support adenomyosis.

Uterine lesions: Nil. Small region of T1 hyperintensity in the cervical canal adjacent the internal os may reflect some minor blood products. No definable lesion here on T2/T1 or diffusion sequences.

Ovaries:

Left ovary: 29 x 18 x 18mm (4.7cc).

Location: Superomedially positioned.

Follicular count: Multifollicular - numerous (>20) small predominantly peripheral follicles. No dominant follicle.

Lesions: Nil.

Right ovary: 27 x 17 x 31mm (7.1cc).

Location: Right adnexal although immediately adjacent to the deviated uterus, potentially adherent.

Follicular count: Multifollicular - numerous (>20) small peripherally located follicles. 10mm dominant follicle.

Lesions: Nil.

Adnexa/POD:

Small volume pelvic free fluid. No mass. No haemorrhagic lesion characteristic of an endometrioma. Uterine deviation to the right adnexa and the ovarian position-suspected adhesions. Slight hypointense thickening of the pouch of Douglas peritoneum (more pronounced to the right) supporting minor chronic endometriotic nature. No deep infiltrating deposit, in particular involving rectum or bladder.

Other Findings:

Nil significant. No adenopathy. No significant bony abnormality. Visualised bowel, rectum and bowel loops are unremarkable.

Dr Michael Reid

Dr Steven Knox

Electronically signed 14/12/2021 12:53

Relevant Clinical Information

CW-MRI PELVIS