

**Patient Name:** RRI392  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** BEHNIA-WILLISON, FARIBA  
**Organization:** City West

**Accession Number:** BR-5821720-MR  
**Requested Date:** September 30, 2021 15:13  
**Report Status:** Final  
**Requested Procedure:** 6155786  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** VOYVODIC, FRANK

## **MRI PELVIS**

### **Summary :**

**Arcuate configuration - no uterine septum or duplication.**

**No MRI scan evidence of uterine adenomyosis, fibroids nor infiltrating endometriosis.**

**Bilateral polycystic ovarian morphology - this finding has high incidence in this age group and may not be clinically significant.**

### **Clinical:**

Exclude Mullerian duct anomaly or endometriosis.

### **Technique:**

3T multiplanar MR imaging. Intravenous buscopan. Day 22 menstrual cycle. G0P0.

### **Findings:**

#### **Uterus:**

##### **Morphology:**

Midline anteverted anteflexed.

Convex external uterine fundal contour with arcuate configuration - no septum or duplication.

##### **Size (corpus plus cervix):**

8.9cm x 6.6cm x 4.7cm (145cc)

##### **Adenomyosis:**

Submucosal microcyst not identified.

Thin junctional zone throughout (3-4mm).

##### **Fibroids:**

Nil.

In particular, no submucosal or endocavitary lesions.

##### **Endometrium:**

8mm thickness.

No polyp, mass or adhesions.

Cervix:

Normal.

**Vagina:**

Normal morphology.

Normal posterior vaginal fornix.

Normal rectocervical septum.

**Ovaries:**

Right ovary:

Position: Lateral adnexa.

Size: 2.4cm x 3.1cm x 2.4cm (9.3cc)

Follicle Count: Over 30 subcentimetre.

No mass or endometriotic cyst.

Left ovary:

Position: Lateral adnexa.

Size: 3.0cm x 3.1cm x 2.8cm (13.6cc)

Follicle Count: Over 25 less than 10mm, one at 21mm.

No mass or endometriotic cyst.

**Adnexa:**

No tubal dilatation.

Normal urinary bladder.

No distal ureteric nodules.

Patent posterior cul-de-sac with small volume of fluid within physiologic limits.

No infiltrating endometriosis.

No rectosigmoid abnormality.

**Other findings:**

Normal morphology urethra and levator ani musculature.

Normal lumbosacral spine.

**Dr Frank Voyvodic**

Electronically signed 01/10/2021 17:33

**Relevant Clinical Information**

CW-MRI PELVIS