

**Patient Name:** RRI013  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** BAEDI-SOUW, WENDY  
**Organization:** City West

**Accession Number:** BR-5053019-MR  
**Requested Date:** June 9, 2020 10:27  
**Report Status:** Final  
**Requested Procedure:** 5282227  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** TOPHAM, DEAN

## **MRI PELVIS**

### **Summary :**

**No features to suggest deep infiltrating endometriosis or endometrioma on today's study.**

**Cystic lesion as seen on recent ultrasound to the right ovary has MRI features most suggestive of a hemorrhagic follicle, with no convincing features to suggest endometrioma. Follow up ultrasound could be considered in 8 weeks to ensure resolution and this study is too close in timing to the recent ultrasound to see any meaningful resolution.**

**No hydrosalpinx.**

### **Clinical:**

Pelvic pain. Suspected endometriosis on ultrasound ? endometriosis.

### **Comparison Study:**

Pelvic ultrasound 06/06/2020.

### **Technique:**

Multi-parametric pelvic MRI fertility protocol including Volumetric 3D Coronal T2 plus reconstructions, T1 axial pre/post fat saturation.

### **Findings:**

#### **Uterus:**

**Size & morphology:** Uterus is normal in size measuring 31 x 37 x 64 mm. Uterus appears axial in orientation. The uterine fundus appears normal in morphology. No septum/ duplication.

**Endometrial thickness:** Normal at 4 mm.

**Junctional zone:** Appears blurred in the fundus however is within normal limits at 3.5 mm in the body of the uterus. No submucosal microcysts.

**Uterine lesions:** No fibroid seen. No convincing evidence of adenomyosis.

#### **Cervix & vagina:**

Cervical appears unremarkable with no mass. Visualised vagina unremarkable.

**Left ovary:**

Position: Left pelvic sidewall.

Size: Normal measuring 22 x 21 x 17 mm and estimated volume of 4.3 ml.

Follicle(s): Physiological follicles present.

Lesions and/or endometrioma: No focal ovarian mass. No evidence of endometrioma. No hydrosalpinx.

**Right ovary:**

Position: Posterior to fundus in right adnexa.

Size: Enlarged measuring 42 x 25 x 36 mm estimated volume of 20 ml.

Follicle(s): Numerous follicles are present. The lesion seen on ultrasound is identified and appears as a well defined cystic lesion with one solitary internal septum. This lesion measures approximately 26 x 24 mm. The fluid in the superior locule appears mostly high in signal on T2 weighted sequences with no high T1 signal component seen to suggest haemorrhage. No low T2 signal changes or shading seen. I suspect this lesion relates to an involuting follicle rather than endometrioma.

Lesions and/or endometrioma: See above. No evidence of endometrioma in the right adnexa.

**Adnexa:**

No significant free fluid or mass. Smooth thickening to the left uterosacral ligament although no nodularity or gross regional distortion to suggest complex regional endometriosis/ fibrosis. No ovarian distortion.

**Other findings:**

Pouch of Douglas appears preserved. No adhesions are appreciated in the adnexa or pouch of Douglas today. No fluid collection. Urinary bladder appears unremarkable. No distal ureteric dilatation seen. No lymphadenopathy in the pelvis.

**Dr Dean Topham**

**Dr Steven Knox**

Electronically signed 09/06/2020 20:28