

Patient Name: RRI040**Accession Number:** BR-3376372-MR
Requested Date: February 8, 2017 09:14
Report Status: Final
Requested Procedure: 3363934
Procedure Description: MRI PELVIS
Modality: MR**Referring Physician:** SEMMLER, JODIE
Organization: Salisbury**Findings****Radiologist:** VOYVODIC, FRANK**MRI PELVIS****Summary :**

Reduction in uterine volume since previous MRI 23/06/2016 consistent with post treatment change.

Severe posterior cul de sac endometriosis with extensive myometrial infiltration - fibrosis predominant disease.

Submucosal and myometrial microcysts left anterior uterine body better defined and consistent with adenomyosis.

Left ovarian endometriomas with some minor increase in size since MRI June 2016.

Extensive rectal serosal involvement not altered.

Clinical:

Follow up severe endometriosis. 6 months of Zoladex. Now on Provera.

Technique:

1.5T multiplanar MR imaging.

Comparison Films:

MRI pelvis 23/06/2016.

Findings:**Uterus:****Morphology:**

Anteverted retroflexed. No septum or duplication.

Size: (Uterine corpus)

5.7 x 6.4 x 6.0cm (115cc). Reduction in volume since previous MRI 23/06/2017, 271cc previously.

Adenomyosis:

Posterior uterine myometrial changes reflect invasive endometriosis.

Submucosal and myometrial microcysts anterior uterine body with focal JZ thickening suggestive of adenomyosis as well.

Leiomyoma:

Nil

Endometrium:

3mm thickness. No masses or adhesions. Cavity distortion by posterior myometrial changes.

Cervix:

Normal.

Vagina:

Elevated posterior fornix due to posterior cul de sac disease.

Ovaries:

Right ovary:

Position: Medialised and adherent to uterine fundus and left ovary.

Size: 2.2 x 1.2 x 1.7cm,

11mm endometriotic cyst.

Left ovary:

Position: Medialised and adherent to uterine fundus and right ovary.

Size: 6.5 x 3.4 x ..7cm.

2 <10mm endometriotic cysts measuring 39 and 28mm in diameter.

These cysts were present on previous examination June 2016.

The anterior cyst is slightly smaller and the posterior septated cyst is slightly larger in size.

Adnexa:

No convincing tubal dilatation identified.

Extensive infiltrating posterior cul de sac endometriosis with obliteration and extensive deep uterine myometrial infiltration.

T1 hyperintense foci suggest haemorrhagic deposits but fibrosis predominant disease.

Prominent serosal adhesions to mid rectum without convincing full thickness transmural bowel involvement identified. The mild ureteric prominence noted at the pelvic brim on previous MRI June 2016 is no longer evident. No pelvic side wall, anterior abdominal wall or lumbosacral involvement identified.

Dr Melissa Jenkins

Dr Frank Voyvodic

Electronically signed 08/02/2017 17:54