

Patient Name: RRI045
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: REID, SALLY
Organization: North Adelaide

Accession Number: BR-3907992-MR
Requested Date: March 15, 2018 09:17
Report Status: Final
Requested Procedure: 3972058
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

Anteverted minimally anteflexed uterus without evidence of gross architectural pelvic distortion. A small focus of left cornual adenomyosis is favoured. No significant endocavitary or uterine pathology. No gross uterine serosal or endometriotic plaques.

The small bowel slightly clusters around the right uterosacral ligament where a tiny haemorrhagic focus is favoured however the architecture is not overtly distorted and there is no oblitative posterior cul-de-sac disease identified. No bowel or bladder infiltrating serosal involvement/plaque formation.

No hydrosalpinx, endometrioma or other significant findings. Both ovaries are laterally positioned within the adnexa without medialisation or significant distortion. Free fluid layers appropriately within the posterior cul-de-sac.

Minimally septated otherwise uncomplicated right Bartholin gland cyst.

Clinical:

Pre surgical mapping of endometriosis.

Worksheet = no regular cycle (Mirena). G1P1 no prior surgery.

Technique:

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

Findings:

Uterus:

Size & morphology: Anteverted minimally anteflexed. Size (uterine body and cervix) 89 x 45 x 52mm. Uterine corpus.: Cervix ratio 2.: 1. Conventional uterine anatomy without evidence of septum or duplication.

Endometrial thickness: ET = 4mm. There is an IUCD appropriately in situ. Tip 3mm short of fundus.

Junctional zone: Minimal focus of left cornual adenomyosis favoured with small submucosal microcysts and indistinct junctional zone. The junctional zone is otherwise unremarkable.

Uterine lesions: Not identified.

Cervix & vagina:

No concerning cervical or vaginal findings. There is a loculated right Bartholin gland cyst measuring 22 x 11mm.

Left ovary:

Position: Left lateral adnexa.

Size: 16 x 12 x 17mm (1.7ml).

Follicle(s): Present. Three subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Right lateral adnexa.

Size: 38 x 35 x 31mm (21ml). Enlargement related to dominant follicular activity.

Follicle(s): Present. 1 <10mm. Dominant physiologic follicle 31 x 33mm.

Lesions and/or endometrioma: Not identified.

Adnexa:

There is no evidence of gross rectosigmoid disease. The small bowel closely approximates the anterior peritoneal reflection however the reflection itself appears smooth without gross nodularity and no architectural distortion to suggest significant endometriosis/fibrosis. The posterior cul-de-sac contains fluid and remains relatively well defined with no evidence of obliterative posterior cul-de-sac disease. There is some mild thickening along the right uterosacral ligament relative to the contralateral side and a tiny high T1 signal focus is noted internally, this may reflect a small endometriotic implant. No associated significant architectural distortion. The mild uterine ante flexion does not appear related to gross anterior tethering with the bladder dome contours appearing appropriate and with no gross plaque formation identified. There is no hydrosalpinx. Slight prominence of the right adnexal vessels relative to the left measuring up to 5mm diameter, this may reflect some mild right sided pelvic congestion. No gross dilatation.

Other findings:

Pelvic floor appears appropriate. No other significant intra-abdominal pelvic findings. There is mild annular disc laxity at L5/S1.

Dr Steven Knox

Dr Melissa Jenkins

Electronically signed 19/03/2018 09:58