

**Patient Name:** RRI404  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** SINGLA, AMITA  
**Organization:** North Adelaide

**Accession Number:** BR-5247246-MR  
**Requested Date:** October 6, 2020 08:45  
**Report Status:** Final  
**Requested Procedure:** 5500493  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** VOYVODIC, FRANK

## **MRI PELVIS**

### **Summary:**

Posterior cul-de-sac obliteration with large right ovarian endometriotic cyst adherent to the posterior uterine serosa and rectosigmoid colon.

No transmural bowel involvement identified.

Normal anterior pelvis and urinary bladder and anterior abdominal wall.

### **Clinical:**

Severe endometriosis.

### **Technique:**

1.5T multiplanar phase erased surface coil MR imaging.

### **Findings:**

#### **Uterus:**

##### **Morphology:**

Anteverted mildly retroflexed and tilted to the left.

Convex external uterine fundal contour - no septum or duplication.

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

8.4 x 7.1 x 5.3cm (166cc)

##### **Junctional zone:**

Submucosal microcysts not identified.

Anterior uterus max JZ thickness 9mm.

Posterior uterus and max JZ thickness 10mm.

Fundal uterus and max JZ thickness 4mm.

##### **Leiomyoma:**

Solitary 8mm intramural left fundus non degenerate.

No submucosal or endocavitary lesions.

Endometrium:

9mm thickness.

No polyp mass or adhesions.

Cervix:

Normal.

**Vagina:**

Normal posterior cervix. Normal rectocervical septum.

**Ovaries:**

Right ovary:

Position: Medialised into central pelvis.

Size: 6.2 x 4.9 x 4.2cm.

Follicle Count: Five less than 10mm.

5.6cm endometrioma.

Left ovary:

Position: Anterior pelvis.

Size: 3.7 x 2.7 x 2.8cm.

Follicle Count: Three less than 5mm.

3.1cm non haemorrhagic simple cyst.

**Adnexa:**

No tubal dilatation.

Complete obliteration of the posterior cul-de-sac is confirmed.

There is hypointense thickening of the uterosacral ligaments bilaterally.

The right ovarian endometrioma is densely adherent to the posterior uterine body and fundus associated with acute uterine retroflexion.

The upper rectum shows serosal tethering and angulation to the pelvic peritoneum - torus uterinus and the inferior margin of the right ovarian endometrioma.

There is a further focal adhesion between the anterior mesenteric surface of the distal sigmoid and the left pelvic peritoneum.

Non dilated small bowel also closely related to anterior and right lateral margin of the endometrioma, presumed adherent.

There is no transmural bowel involvement identified.

Normal anterior pelvis.

Normal urinary bladder.

Normal anterior abdominal wall.

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No ureteric involvement.

**Other findings:**

Right puborectalis muscle detachment from the pubic symphysis suggests previous childbirth injury.

Normal visualised lumbosacral spine.

**Dr Frank Voyvodic**

**Dr Yen-Lee Leong**

Electronically signed 07/10/2020 17:07

**Relevant Clinical Information**

MB-MRI PELVIS