

**Patient Name:** RRI289  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** COCCHIARO, CARMEL  
**Organization:** North Adelaide

**Accession Number:** BR-4122238-MR  
**Requested Date:** August 17, 2018 11:16  
**Report Status:** Final  
**Requested Procedure:** 4217706  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## Findings

**Radiologist:** KNOX, STEVEN

## MRI PELVIS

### Summary :

**Uterine adenomyosis. No other significant uterine pathology.**

**Small volume ovaries for age.**

**There is no evidence of gross deep posterior cul-de-sac architectural distortion or endometriotic plaque formation. Likely some uncomplicated minimal adhesion between the posterior uterine body/cervix and the rectosigmoid junction noting the close proximation of these structures. Also some minimal scar in the right adnexa. No posterior cul-de-sac obliteration identified or other complicated findings.**

### Clinical:

History of endometriosis. Excision x 2 right of rectum. Planning hysterectomy. Assess for evidence of rectal invasion.

Worksheet = G3P2. No prior section. 2 x prior laparoscopy approximately 2007 and 2015. No cycle at present.

### Technique:

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

### Findings:

#### Uterus:

Anteverted minimally anteflexed.

Size & morphology: Uterine body and cervix (98 x 54 x 57 mm). Conventional uterine anatomy with no septum or duplication.

Endometrial thickness: ET = 6 mm. There is an IUCD appropriately in situ with no myometrial penetration or mal-positioning. Tip at around 3 mm from fundus.

Junctional zone: Supportive features of diffuse background uterine adenomyosis with junctional zone expansion noted. There are no submucosal microcysts however as direct evidence. JZ 17 mm anteriorly, 12 mm at fundus and 16 mm posteriorly.

Uterine lesions: Not identified.

**Cervix & vagina:** No cervical or vaginal lesions are identified.

**Left ovary:**

Position: Superior left lateral adnexa. Uncomplicated positioning.

Size: 15 x 5 x 17 mm (0.7 ml). Small volume for age.

Follicle(s): Small present. Approximately three subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

**Right ovary:**

Position: Right lateral adnexa.

Size: 18 x 9 x 17 mm (1.4 ml).

Follicle(s): Approximately six subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

**Adnexa:** No features of deep posterior cul-de-sac plaque formation or gross obliteration. There is some mild surface contact between the serosa of the rectosigmoid junction and the posterior lower uterus/cervix which may reflect some uncomplicated adhesions although no invasive features are seen. On dedicated axial views there is some minimal fibrosis just medial to the right ovary and adjacent to colon which likely reflects minimal regional scar. No gross anatomic distortion and with physiologic fluid remaining through this region. There is no obliteration of the deep posterior cul-de-sac. No evidence of hydrosalpinx or pelvic sidewall endometrioma.

**Other findings:** Nil significant.

**Dr Steven Knox**

**Dr Frank Voyvodic**

Electronically signed 17/08/2018 14:05