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Patient Name:	RRI429	**Accession Number:**	BR-5650146-MR
Patient ID:		**Requested Date:**	June 17, 2021 12:10
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	5960103
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	REID, SALLY	**Modality:**	MR
Organization:	North Adelaide		

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary :

Indeterminate irregular left ovarian mass of low vascularity, potentially with some internal fatty component. The contours to the lesion are ill-defined especially to the posterior/ superior aspect which probably reflects recent capsule rupture. The definable ovary itself is contiguous at the left lateral margin and shows some follicular prominence and a high T2 signal to the stroma which is most consistent with ovarian oedema. In this context, the pressing concern is torsion around a pre-existing ovarian lesion.

Results have been discussed with Dr Reid and immediate follow-up is planned.

Clinical:

Past history of right oophorectomy for benign cyst. Pain ++ for two days. Complex homogeneous pelvic mass CT LMHS 15/6. To delineate.

Technique:

Multiplanar T2 weighted imaging, diffusion weighted imaging, T1 DIXON, sagittal T1, T1 post contrast images.

Findings:

There is an irregular mass associated with the left ovary in the posterior cul-de-sac and to the left adnexa. It measures 10.2 x 6.1 x 8.5cm. There is a contiguous margin to ovarian stroma and its follicles which is at the left lateral margin of the lesion. The ovarian residual stroma is of quite high T2 signal with follicular prominence and with the contiguous lateral ovary component measuring 3.5 x 3.1 x 3.8cm. The ovarian left lateral stroma does have a high T2 signal matrix which is most concerning for oedematous change. The mass itself anteriorly shows some high T1 signal spanning 21mm with supression on the FAT suppressed series which may reflect a fat component within the lesion. The irregular superior and posterior margin potentially is the source of the regional fluid from capsular leak/ rupture. Given the recent acute pain, acute or subacute torsion event potentially around a pre-existing non specific lesion is favoured. Most of the lesion does not enhance and there is no appreciable neovascularity to the lesion. There is surrounding moderate volume free fluid.

Uterus is anteverted and anteflexed. Size 55 x 19 x 32mm. There is conventional anatomy without septum or duplication. The endometrial thickness is normal at 4mm, with no endocavitary pathology. No uterine lesions are seen.

The right ovary is absent.

Free fluid tracks up into the right paracolic gutter. The fluid is relatively simple on MRI and does not show loculation, solid component or features to suggest peritoneal disease. There is no lymphadenopathy.

Dr Steven Knox
Electronically signed 17/06/2021 15:20

Relevant Clinical Information
MB-MRI PELVIS