



Patient Name:

RRI020

Patient ID: Gender: Date of Birth:

Home Phone:

Referring Physician: RADESIC, BRUNO Organization: North Adelaide

Accession Number: BR-4971652-MR
Requested Date: April 3, 2020 12:0

Requested Date: April 3, 2020 12:08
Report Status: Final
Requested Procedure: 5190065
Procedure Description: MRI PELVIS

Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary:

Thin probably incomplete fibrous septum noted partly dividing the endometrial cavities and endocervical canal.

No significant intramuscular septum.

No evidence of bicornuate uterus.

Clinical:

Fertility assessment. ? Septum or bicornuate uterus.

Technique:

1.5T multiplanar scan.

Day 23 menstrual cycle.

G2P1.

Previous LSCS 2017.

Previous hysteroscopy with septum resection.

Uterus:

Morphology:

Midline anteverted anteflexed.

Flat external uterine fundal contour - no fundal cleft to suggest bicornuate configuration.

There is a muscular indentation in the midline at the fundus with appearances suggesting arcuate configuration and/or past resected septum.

The maximum depth of muscle at this level from serosa to inner margin is 17mm with 8mm thickness from inner margin to the level of the interestial line.

No residual deep intermuscular septum.

Thin linear hypointense structure is noted in the midline in the lower segment endometrial cavity extending into and dividing the endocervical canal suggesting residual fibrous septum





The previous lower segment Caesarean section scar is hardly visible. No muscular defect at this site.

Submucosal microcysts not identified.

Anterior uterus max JZ thickness 3mm.

Posterior uterus max JZ thickness 5mm.

Fundal uterus max JZ thickness 5mm.

Leiomyoma:

Absent.

Endometrium:

Nil additional.

Vagina:

Normal morphology.

Normal rectocervical septum.

Normal post vaginal fornix.

Ovaries:

Right ovary:

Position: Lateral side wall.

Size: 2.8 x 3.4 x 1.3cm.

Follicle Count: Nine < 10mm.

No mass or endometriotic cyst.

Left ovary:

Position: Left lateral side wall.

Size: 2.6 x 3.2 x 2.6cm.

Follicle Count: Six < 10mm, one at 21mm.

No mass or endometriotic cyst.

Adnexa:

No tubal dilatation.

No mass, adhesions or evidence of infiltrating cul-de-sac endometriosis.

Other findings:

Normal morphology rectosigmoid colon, urinary bladder, urethra and levator ani musculature.

Dr Frank Voyvodic





Electronically signed 07/04/2020 15:14