

Patient Name: RRI021
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: MCLEAN, ANGELA
Organization: Ashford

Accession Number: BR-2842400-MR
Requested Date: December 1, 2015 08:36
Report Status: Final
Requested Procedure: 2754454
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: AYRES, OLIVER

MRI PELVIS

Summary :

Borderline junctional thickness maximally 10mm but with small submucosal cyst in the left cornua/fundus features suggest adenomyosis. No fibroid, adnexal masses or endometriomas.

Clinical:

Fertility treatment required. Ultrasound suggestive of adenomyosis.

Technique:

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

Findings:

Uterus:

Size & morphology: Axially orientated, mildly retroflexed uterus measures 80mm craniocaudal by 54mm AP x 66mm transverse with a volume of 151ml. Normal morphology with no septum or duplication.

Endometrial thickness: 10.4mm within normal limits.

Junctional zone: Anterior 9mm, posterior 10mm, fundal thickness 6mm. 5mm cyst within the junctional zone left cornua/fundus, with further tiny microcyst anterior body JZ.

Uterine lesions: Nil.

Cervix & Vagina:

Tiny Nabothian cyst on the left. Nil concerning lesions.

Left Ovary:

Position: Left lateral.

Size: 29 craniocaudal x 12mm transverse x 12mm AP with a volume of 2.1ml.

Follicle(s): 5 follicles measuring 6mm or smaller are present.

Lesions and/or endometrioma: Nil.

Right Ovary:

Position: Lateral.

Size: 2.9cm AP x 2cm transverse x 2.7cm craniocaudal with a volume of 8.2ml. Dominant 13mm follicle mid ovary anteriorly.

Follicle(s): 5 smaller follicles measuring 7mm or less are present.

Lesions and/or endometrioma: Nil.

Adnexa:

Nil masses.

Other Findings:

Normal appearance to visualised small and large bowel loops. Bladder and rectum unremarkable. Normal alignment of both hips. No focal skeletal lesion.

Radiologist: Dr O. Ayres

Second Reader: Dr M. Jenkins