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Patient Name:	RRI024	**Accession Number:**	BR-3627826-MR
Patient ID:		**Requested Date:**	August 18, 2017 11:12
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	3651609
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	BEDSON, LISA	**Modality:**	MR
Organization:	North Adelaide		

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

Conventional uterine anatomy. No endocavitary pathology. No adenomyosis or septum/duplication.

Normal ovarian follicular activity. Normal physiologic fluid. No hydrosalpinx. No endometrioma.

Clinical:

?adenomyosis on ultrasound, ?adeno, ?endo, ?other.

Worksheet = Day 22. G3 P2. No prior section. No prior surgery.

Technique:

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

Findings:

Uterus:

Size and Position: Anteverted. No significant flexion. Size (uterine body and cervix) 70 x 38 x 46mm.

Endometrial Thickness: ET = 2mm. No endocavitary pathology. Conventional uterine anatomy.

Junctional Zone: Normal junctional zone thickness throughout. No submucosal microcysts or other supportive features for adenomyosis. Collateral zone measures 6mm diffusely.

Uterine Lesions: Not identified.

Cervix and Vagina:

No cervical or vaginal lesions.

Left Ovary:

Position: Superior left paracentral pelvis.

Size: 27 x 18 x 16mm (4.1m).

Follicle(s): Present. Approximately 18 subcentimetre follicles.

Lesions and/or Endometrioma: Not identified.

Right Ovary:

Position: Right lateral adnexa.

Size: 34 x 17 x 22mm (10.6ml). Enlargement related to dominant follicular activity.

Follicle(s): Present. Proximally 10 subcentimetre follicles. Dominant collapsing follicle 16mm.

Lesions and/or Endometrioma: Not identified.

Adnexa:

No clear features of pelvic endometriosis/fibrosis. No nodularity along the uterosacral ligaments. Physiologic fluid present eccentric to the right. No pelvic side wall endometrioma. No bowel findings of concern.

Other Findings:

Colonic diverticulosis. This is most notable to the sigmoid. No other significant intra-pelvic finding.

Dr Steven Knox **Dr Frank Voyvodic**

Electronically signed 18/08/2017 16:04