

Patient Name: RRI051
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: DAVIES, TRICIA
Organization: Ashford

Accession Number: BR-3401226-MR
Requested Date: February 27, 2017 09:02
Report Status: Final
Requested Procedure: 3392444
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

PELVIC MRI

Summary :

Conventional uterine anatomy. Posterior left intramural fibroid without submucosal projection. No adenomyosis or endocavitary abnormality.

Polycystic ovarian morphology. No endometrioma. No hydrosalpinx or features of definable pelvic endometriosis/fibrosis. Simple right ovarian follicle.

Clinical:

? Adenomyosis, ? ovarian cyst.

Technique:

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

Findings:

Uterus:

Size & morphology:

Anteverted, slightly anteflexed. Size (uterine body and cervix 91 x 53 x 60mm). Conventional uterine anatomy with no septum or duplication identified.

Endometrial thickness:

ET = 13mm. No endocavitary pathology.

Junctional zone: No junctional zone expansion or submucosal cyst to support adenomyosis. JZ measures 5mm anteriorly, 5mm at fundus and 5mm posteriorly.

Uterine lesions:

Posterior left intramural fibroid without submucosal projection at 18mm. This sits clear of the mucosal surface by 5mm and serosal surface by 3mm.

Cervix & vagina:

No cervical or vaginal lesions.

Left ovary:

Position: Left superior adnexa.

Size: 32 x 25 x 18mm (7.5ml).

Follicle(s): Present. > 12 peripherally placed follicles. Dominant follicle 20mm.

Lesions and/or endometrioma: None identified.

Right ovary:

Position: Right anterior superior adnexa.

Size: 32 x 22 x 29mm (11ml). Polycystic morphology.

Follicle(s): Present. > 12 peripherally placed subcentimetre follicles. Dominant follicle 27mm.

Lesions and/or endometrioma: Not identified.

Adnexa:

Posterior cul-de-sac remains definable. Normal physiologic fluid. No hydrosalpinx. No pelvic side wall endometrioma.

Other findings:

Nil significant.

Dr Steven Knox

Dr Frank Voyvodic

Electronically signed 01/03/2017 09:57