



Patient Name:

**RRI118** 

Patient ID: Gender: Date of Birth:

Home Phone:

Referring Physician: BEDSON, LISA

Organization:

Ashford

Accession Number: BR-3189648-MR

Requested Date: September 9, 2016 12:12

Report Status: Final
Requested Procedure: 3150506
Procedure Description: MRI PELVIS

Modality: MR

# **Findings**

Radiologist:

KNOX, STEVEN

### **MRI PELVIS**

### **Summary:**

Arcuate uterine morphology. No septum or duplication. No endocavitary pathology. Anterior mid uterine body adenomyosis.

No significant ovarian findings. No endometrioma. No hydrosalpinx.

No features of pelvic regional anatomic distortion.

### Clinical:

IVF plus two miscarriages. ?adenomyosis. ?septum or fibroids. ?hydrosalpinx or other.

### Technique:

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

### Findings:

### **Uterus:**

<u>Size & morphology</u>: Anteverted slight anteflexed. Size (uterine body and cervix) 77 x 40 x 53mm. Mild arcuate morphology with no septum or duplication identified.

<u>Endometrial thickness</u>: ET = 8mm. No endocavitary pathology.

<u>Junctional zone</u>: No overt junctional zone expansion. JZ measures 7mm anteriorly, 7mm at fundus and 5mm posteriorly. There are submucosal microcysts noted at the anterior and mid uterine body supporting regional adenomyosis.

Uterine lesions: Not identified.

### Cervix & Vagina:

Nabothian cysts. No findings of concern.

# Left Ovary:

Position: Left adnexa.

Size: 24 x 21 x 19mm (5ml).

Follicle(s): Present. Approximately 10 subcentimetre follicles. Collapsing follicle 14mm.





Lesions and/or endometrioma: Not identified.

# Right Ovary:

Position: Right superior lateral adnexa.

Size: 26 x 11 x 15mm (2.2ml).

Follicle(s): Present. Approximately 8 subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

### Adnexa:

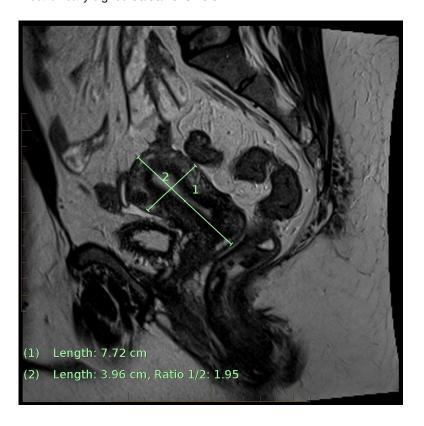
Some minimal physiologic fluid within the anterior and posterior cul de sac. No hydrosalpinx. No uterosacral ligament thickening or features of complex pelvic endometriosis. No pelvic side wall endometrioma.

### Other Findings:

Not identified.

# Dr Steven Knox Dr Frank Voyvodic

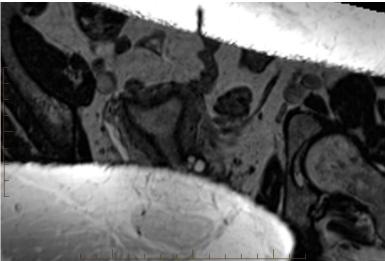
Electronically signed 09/09/2016 16:34





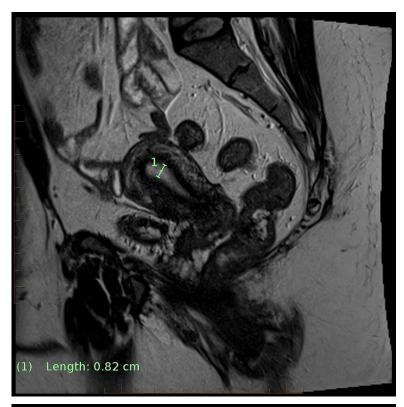


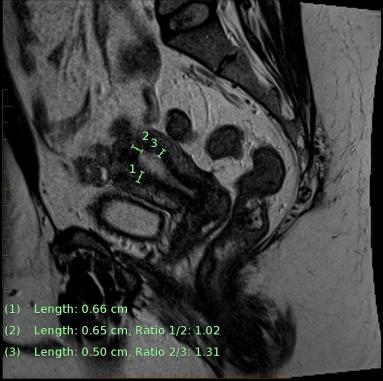






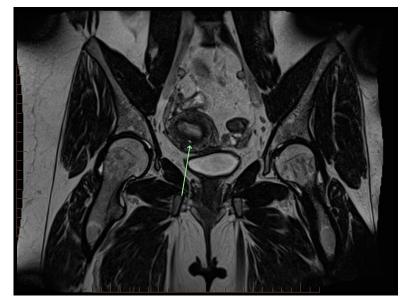


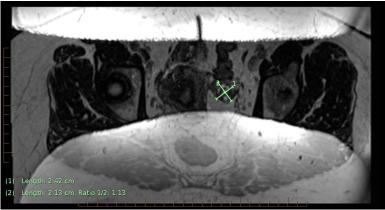
















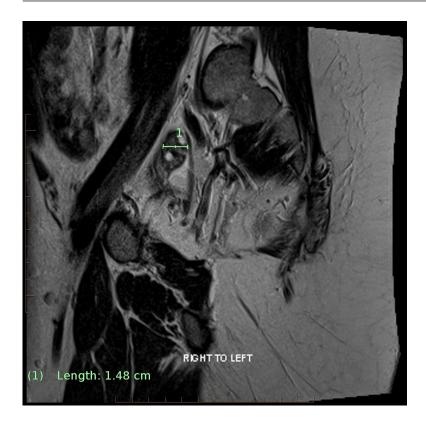












**Relevant Clinical Information AS-MRI PELVIS**