

Patient Name: RRI117
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: DUGGAN, PAUL
Organization: North Adelaide

Accession Number: BR-4359935-MR
Requested Date: February 6, 2019 13:52
Report Status: Final
Requested Procedure: 4490167
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary :

Significant improvement in the time since the previous study. The anterior cul-de-sac disease shows regression with a band of plaque present on the anterior uterine and fundal serosal surface without active haemorrhagic foci or significant invasion as seen previously. The involvement/tethering to the adjacent bladder has also resolved with a clear fat plane now present.

There has been volume loss to the uterus and both ovaries in the time since the previous study. The left ovary remains anatomically distorted, medialised and tethered to the posterior uterus.

No features of hematosalpinx, pelvic sidewall endometrioma or findings of progressive disease.

IUD appropriately sited.

Clinical:

Known endometriosis. Mirena in situ ? progression since 2015 MRI.

Comparison Study:

27/10/2015.

Technique:

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

Findings:

Uterus:

Size & Morphology: Reduction in uterine volume in the time since the previous study. IUCD is appropriately in situ tip position near fundus. The uterus measures 61 x 33 x 38mm (previous 62 x 86 x 56mm). Conventional anatomy with no septum or duplication.

Endometrial Thickness: IUCD appropriately positioned with tip near fundus. No malalignment.

Junctional Zone: Ill-defined. The images do not show any evidence of submucosal cyst deposition or gross junctional zone expansion to support adenomyosis. Junctional zone thickness average 3mm throughout.

Uterine Lesions: Significant improvement to the invasive anterior serosal and myometrial endometriotic plaque in the time since the previous study. It was previously measured as 49mm in diameter and now shows regression and scar signal to 29mm. There no clear haemorrhagic active foci in contradistinction to the previous study. The fat plane to the bladder also now appears clear.

Cervix & Vagina:

Unremarkable.

Left Ovary:

Position: Medialised posterior left inferior lower uterine segment.

Size: 15 x 14 x 11mm (1.2ml). Reduction in volume in the time since the previous study.

Follicles: Ill-defined.

Lesions and/or Endometrioma: Not identified. No endometrioma.

Right Ovary:

Position: Challenging to visualise. Suspected anterior right lateral adnexa.

Size: 1.9 x 1.2 x 1.1cm (1.3ml).

Follicles: Poorly visualised.

Lesions and/or Endometrioma: Not identified.

Adnexa:

Significant improvement to the previous study with the prior endometriosis/fibrosis is particularly in the anterior cul-de-sac showing significant regression and scar signal. There are no active haemorrhagic foci identified. Tethering in the left ovary as previously described. Posterior cul-de-sac remains definable.

Other Findings:

Pelvic imaging only requested today and upper abdominal images have not been performed. The liver features at the time of the previous study are outside of the covered field. There is no evidence of definable additional pelvic pathology.

Dr Steven Knox

Dr Melissa Jenkins

Electronically signed 11/02/2019 10:48