

Patient Name: RRI449
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: KAUR, JASWINDER
Organization: North Adelaide

Accession Number: BR-5402939-MR
Requested Date: January 14, 2021 15:39
Report Status: Final
Requested Procedure: 5677508
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary :

Uterine adenomyosis present. Arcuate uterine morphology, borderline for septate although with more MRI features of an arcuate cavity depression rather than deep divisive septum. Suspected mid cavity small synechiae. No uterine lesion.

Normal positioning of the ovaries laterally. No endometrioma. No gross anatomic distortion.

Some suspicious thickening/scarring to the right uterosacral ligament which may be the sequelae of old endometriosis/fibrosis. No active haemorrhagic deposits identified on MRI. No hydrosalpinx.

Clinical:

History of endometriosis. Now pelvic pain. Wishes it done privately.

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. No collection. Size 79 x 42 x 58mm. The cavity has a arcuate morphology showing some fundal indentation of myometrium to the cavity of around 9mm in an obtuse intercornual angle although borderline for subseptate. A discrete septum is not identified.

Endometrial thickness: 2mm. There is suspicion for a small synechiae at the mid cavity noting a linear band internally. No discrete lesion.

Junctional zone: There is adenomyosis at the right fundus. Some mucosal cyst formation. No overt junctional zone expansion. Junctional zone average 10mm.

Uterine lesions: Not identified.

Cervix & vagina:

No cervical or vaginal lesion.

Left ovary:

Position: Left lateral adnexa.

Size: 36 x 22 x 38mm (15ml). Enlargement related to dominant follicular activity.

Follicle(s): Present. Dominant follicle 22mm.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Right lateral adnexa.

Size: 19 x 11 x 24mm (2.6ml).

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

Lesions and/or endometrioma: Not identified.

Adnexa:

No hydrosalpinx. Physiologic fluid is present within the posterior cul-de-sac with no oblitative change identified. On the right side there is some slight thickening/scarring along the uterosacral ligament relative to the left although no active endometriotic implant. This may be the sequelae of old endometriosis/fibrosis. The anterior cul-de-sac is unremarkable.

Other findings:

Nil significant.

Dr Steven Knox

Dr Monique Agzarian

Electronically signed 18/01/2021 08:47

Relevant Clinical Information

MB-MRI PELVIS