



Patient Name: RRI133

Patient ID: Gender: Date of Birth: Home Phone:

Referring Physician: MONTANA, NICOLE

Organization: Ashford

Accession Number: BR-2985362-MR Requested Date: April 1, 2016 14:09

Report Status: Final
Requested Procedure: 2916887
Procedure Description: MRI PELVIS

Modality: MR

# **Findings**

Radiologist: KNOX, STEVEN

#### **PELVIC MRI**

#### Summary:

Pedunculated subserosal fibroid in the right adnexal region accounting for the area of interest at the broad ligament on the recent ultrasound. This does not have MRI characteristics of blood/haemoconcentration and there are no features of endometrioma or pelvic endometriosis identified.

The diffusely echogenic finding in the right adnexa at 4cm on the previous ultrasound is not confirmed as a true anatomic/pathologic finding today. The small bowel does sit within the right adnexa closely applied to the right ovary and I suspect on rereview of the ultrasound images that gas artefact has accounted for the findings rather than a true lesion. In particular, there is no regional fat signal to suggest a dermoid cyst.

Polycystic ovarian morphology. No significant uterine features.

# Clinical:

Right adnexal mass. ? Dermoid versus endometrioma. Nodule on the broad ligament. ? Endometrioma.

#### Comparison Study:

Ultrasound 24/03/2016.

### 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 80 x 29 x 40mm. Conventional uterine anatomy with no septum or duplication.

Endometrial thickness: ET = 3mm. No endocavitary pathology.

Junctional zone: No submucosal microcysts are identified. No junctional zone expansion as evidence of adenomyosis. JZ average 3mm.

<u>Uterine lesions</u>: Corresponding to the area of interest in the right adnexal region is a pedunculated subserosal fibroid which is at the region of the broad ligament. Size 16 x 9 x 12mm. Base of attachment to the uterus estimated at around 4mm. FIGO 7.

#### Cervix & Vagina:

At the anterior ectocervix there is an 8mm well circumscribed lesion probably a small regional cyst. Direct visualisation would be worthwhile to confirm. Morphology not typical of neoplastic change. No vaginal lesion.

#### Left Ovary:

Position: Left lateral anterior adnexa.





Size: 21 x 20 x 28mm (6.2ml).

Follicle(s): Present. > 12 peripherally placed subcentimetre follicles. Polycystic morphology.

Lesions and/or endometrioma: Not identified.

#### **Right Ovary:**

Position: Right lateral adnexa.

Size: 35 x 20 x 21mm (7.8ml).

Follicle(s): > 20 peripherally placed small subcentimetre follicles. No dominant follicle.

Lesions and/or endometrioma: Not identified.

#### Adnexa:

There are no features suspicious for an adnexal mass. In particular, no fat containing dermoid or other abnormality is seen. Noting the recent ultrasound findings and the close approximation of small bowel to the right ovary in the right adnexa. This is probably shadowing of bowel gas in the area that is accounted for the diffusely echogenic findings as an artefactual rather than true pathologic finding. No hydrosalpinx. No pelvic side wall endometrioma. Minimal/absent physiologic fluid.

# Other Findings:

Nil significant.

Dr Steven Knox Dr Frank Voyvodic

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