

RRI141

Accession Number: BR-5228623-MR
Requested Date: September 23, 2020 09:15
Report Status: Final
Requested Procedure: 5479595
Procedure Description: MRI PELVIS
Modality: MR

Referring Physician: MCLEAN, ANGELA
Organization: North Adelaide

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS**Summary:**

Abnormal uterine positioning with fundus in anterior pelvis as well as small bowel closely applied to the pelvic peritoneum suggesting extensive pelvic adhesions.

No deeply infiltrating endometriosis identified.

Left ovarian endometriotic cysts are suspected with new cyst since previous exam 25/03/2020.

No tubal dilatation.

Clinical:

Recurrent failed fertility treatment. Check for adenomyosis. Known left ovarian cyst.

Technique:

1.5T multiplanar phased array surface coil MR imaging. Intravenous buscopan.

Day 25 menstrual cycle. G2P1. Past LSCS March 2017.

Comparison Films:

MRI 25/03/2020.

Findings:**Uterus:****Morphology:**

Anteverted, acutely retroflexed.

Convexed external uterine fundal contour - no septal nor duplication.

Arcuate configuration. Uterine niche at the site of the anterior lower segment and site of previous LSCS.

Size (corpus + cervix):

10.0 x 5.7 x 4.6cm (137cc)

Adenomyosis:

Submucosal microcysts not identified.

JZ thickness 5-7mm anterior, posterior and fundal uterus.

Leiomyoma:

Absent. In particular, no submucosal or endocavitary lesions.

Endometrium:

7mm thickness.

No polyp, mass or adhesion.

Cervix:

Normal.

Vagina:

Normal morphology.

Normal posterior vaginal fornix.

Normal rectocervical septum.

Ovaries:

Right ovary:

Position: Right anterior pelvis.

Size: 3.5 x 2.0 x 3.0cm (11.0cc)

Follicle Count: 17 <10mm.

No mass or endometriotic cyst.

Left ovary:

Position: Left anterior pelvis.

Size: 4.6 x 4.3 x 4.4cm (45.6cc)

Follicle Count: 15 <10mm.

21 x 15mm likely endometriotic cyst, not significantly altered since MRI 25/03/2020.

Second adjacent cyst measures 45mm maximum diameter.

Fluid level predominantly simple in nature with T2 hyperintense layering fluid.

This may reflect further new endometrioma.

Adnexa:

No tubal dilatation.

The uterus shows some focal distortion and anterior position in the pelvis which may reflect adhesions in relation to previous LSCS.

No fluid identified within the posterior cul-de-sac where there may be further entero peritoneal adhesions.

No deeply infiltrating endometriosis.

Other findings:

Prominent anterior wall myometrial venous plexus.

Normal rectosigmoid colon, urinary bladder, urethra and levator ani musculature.

Dr Frank Voyvodic

Electronically signed 23/09/2020 16:00