

Patient Name: RRI162
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: RADESIC, BRUNO
Organization: City West

Accession Number: BR-4014034-MR
Requested Date: May 31, 2018 09:56
Report Status: Final
Requested Procedure: 4093361
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary :

Multiple (30+) uterine leiomyomata.

40mm submucosal (greater than two thirds intramural) lesion posterior fundus with indentation of the endometrial cavity.

Further 44mm intramural lesion right lower segment with some endometrial cavity compression without submucosal extension.

Large fundal exophytic serosal leiomyoma bilaterally.

No worrisome or high risk features for leiomyosarcoma.

Infiltrating posterior cul de sac endometriosis with medialisation and adherence of the ovaries to the uterus with posterior cul de sac obliteration. Serosal tethering to mid rectum - no MRI scan evidence of transmural involvement.

Clinical:

Multiple fibroids. Fertility assessment.

Technique:

3T multiplanar MR imaging.

Comparison Films:

Nil available.

Findings:

Uterus:

Morphology:

Anteverted borderline retroflexed midline.

Convex external uterine frontal contour - no septum or duplication.

Size (uterine corpus):

11.5 x 7.7 x 7.3cm, enlarged (339cc)

Cervix length 29mm.

Adenomyosis:

Submucosal microcysts not identified.

Reduced myometrial zonal differentiation - no evidence of widespread or deeply infiltrating adenomyosis.

Leiomyoma:

Multiple present.

40 x 39mm posterior fundal lesion with submucosal extension (greater than two thirds intramural).

Minimum thickness of at least 5mm between outer margin and posterior uterine serosa.

44mm intramural lesion right lower segment compresses the lower segment endometrial cavity without submucosal extension. Outer margin extends to the uterine serosa.

Innumerable further leiomyoma are present (over 30).

Large exophytic subserosal lesions are present at the fundus bilaterally measuring up to 73mm in diameter at the left side and 42mm on the right.

Endometrium:

2-4mm thick.

Upper cavity distorted by the posterior submucosal leiomyoma. No endocavitary lesion.

Cervix:

Normal.

Vagina:

Normal posterior vaginal fornix.

Ovaries:Right ovary:

Position: Posteromedial adnexa adherent to posterior uterus and left ovary.

Size: 3.7 x 2.5 x 4.1cm.

Follicle Count: 10<=10mm.

No mass or endometriotic cyst.

Left ovary:

Position: Medialised adherent to posterior uterus and right ovary.

Size: 3.9 x 2.7 x 3.0cm.

Follicle Count: 11<10mm.

19mm endometriotic cyst.

Adnexa:

No tubal dilatation.

Posterior cul de sac is obliterated with fibrotic endometriotic plaques with serosal tethering to the mid rectum without transmural involvement identified. The posterior uterine serosa is involved and adherent to both ovaries. No anterior pelvic involvement identified.

Other findings:

Normal morphology urinary bladder, urethra and levator ani musculature.

Dr Frank Voyvodic

Dr James Hopkins

Electronically signed 31/05/2018 20:39