

Patient Name: RRI144
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: TREMELLEN, KELTON
Organization: City West

Accession Number: BR-3976465-MR
Requested Date: May 4, 2018 11:58
Report Status: Final
Requested Procedure: 4050298
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary:

Diffuse uterine adenomyosis.

Clinical:

Investigation, recurrent IVF failure. ?adenomyosis.

Technique:

Day 23 menstrual cycle. G6P1. LSCS December 2015. Right tubal resection for ectopic.

Findings:

Uterus:

Morphology:

Neutral version, mild retroflexion, minimally tilted to the right.

Convex external uterine fundal contour - no septum or duplication.

LSCS scar noted lower uterine segment with focal thinning and minor cystic change - no deep niche.

Size (uterine corpus):

6.1 x 5.1 x 4.3cm (70cc)

Cervix length 30mm.

Adenomyosis:

Extensive submucosal microcyst formation throughout the upper body and fundus anteriorly and posteriorly.

Anterior uterus max JZ thickness 15mm.

Fundal uterus max JZ thickness 9mm.

Posterior uterus max JZ thickness 16mm.

Leiomyoma:

Absent.

Endometrium:

5mm thickness. No polyp, masses or adhesions.

Cervix:

Small nabothian cyst internal os level.

Vagina:

Normal morphology. Normal posterior vaginal fornix and rectocervical septum.

Ovaries:**Right ovary:**

Position: Lateral adnexa.

Size: 2.3 x 3.3 x 2.0cm (7.9cc)

Follicle Count: 18<10mm.

No masses or endometriotic cyst.

Left ovary:

Position: Lateral adnexa.

Size: 2.8 x 3.6 x 1.8cm (9.5cc)

Follicle Count: 16<10mm.

Two subcentimetre endometriotic cysts suspected.

Adnexa:

No tubal dilatation. Physiologic volume of fluid posterior cul de sac - no masses, adhesions or infiltrating endometriosis.

Other findings:

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

Dr Frank Voyvodic

Dr James Hopkins

Electronically signed 06/05/2018 19:30