

Patient Name: RRI022
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: MCLEAN, ANGELA
Organization: North Adelaide

Accession Number: BR-4976787-MR
Requested Date: April 9, 2020 09:16
Report Status: Final
Requested Procedure: 5195821
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary :

Conventional uterine anatomy with no significant endocavitary pathology. No suspicion for adenomyosis. No submucosal microcysts identified. No uterine lesion.

Uterine retroflexion although with physiologic fluid remaining deep within the posterior cul-de-sac. No oblitative features or spiculation to support deep endometriosis/fibrosis.

Polycystic ovarian morphology. Ovarian volumes are increased with >20 subcentimetre follicles to each ovary.

Clinical:

Scans suggestive of adenomyosis. Also noted small sub-endo cyst in the mid body of cervix.

Work sheet = current day - unsure/"Repromed tracking". G0 P0. No prior pelvic surgery.

Technique:

Multi-parametric pelvic MRI fertility protocol including Volumetric 3D Coronal T2 plus reconstructions, T1 axial pre/post fat saturation.

Findings:

Uterus:

Size and Morphology: Anteverted minimally retroflexed. Size 98 x 47 x 59mm. Conventional uterine anatomy without septum or duplication. Mild arcuate morphology.

Endometrial Thickness: ET = 10mm. No endocavitary pathology.

Junctional Zone: Normal junctional zone thickness throughout. There are no submucosal microcysts identified or junctional zone expansion to support adenomyosis. JZ average 5mm.

Uterine Lesions: Not identified.

Cervix and Vagina:

No cervical or vaginal lesions identified.

Left Ovary:

Position: Left lateral adnexa.

Size: 32 x 23 x 35mm (13ml). Mildly enlarged.

Follicle(s): Present. >20 subcentimetre follicles. Polycystic morphology.

Lesions and/or Endometrioma: Not identified.

Right Ovary:

Position: Posterior right adnexa.

Size: 37 x 19 x 38mm (14ml). Mildly enlarged. Polycystic morphology.

Follicle(s): >20 subcentimetre follicles.

Lesions and/or Endometrioma: Not identified.

Adnexa:

No hydrosalpinx. No pelvic side wall endometrioma. Although there is uterine retroflexion, the deep posterior cul-de-sac appears to contain fluid without nodular thickening or other suspicious features for deep posterior cul-de-sac endometriosis/fibrosis.

Other Findings:

No peritoneal nodularity or ascites. No significant bony abnormality. Bowel unremarkable.

Dr Steven Knox

Dr Frank Voyvodic

Electronically signed 09/04/2020 16:48