

**Patient Name:** RRI432  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** SEMMLER, JODIE  
**Organization:** North Adelaide

**Accession Number:** BR-5635433-MR  
**Requested Date:** June 8, 2021 10:45  
**Report Status:** Final  
**Requested Procedure:** 5943325  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** KNOX, STEVEN

## **MRI PELVIS**

### **Summary:**

Pelvic architectural distortion in the setting of large volume peritoneal inclusion cyst formation (>1L total). The fluid forms multiple loculations and insinuates around the uterus, through the left side of the posterior cul-de-sac and results in lateral deviation and some compression to the ovaries. It also displaces small bowel superiorly and the bladder inferiorly. No internal complexity identified. There is presacral fibrosis/scarring related to prior distal proctocolectomy. Diversion stoma left lower quadrant. The presacral scarring distorts the central and right sided deep cul-de-sac which is effaced and there is uterine retroflexion as a result of this.

No additional uterine features of note. No endocavitary pathology or adenomyosis. Dominant ovarian follicular activity on the right.

### **Clinical:**

Recurrent implantation failure. Known sequestered fluid from multiple surgeries. Crohn's disease.

### **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 retroflexed. Size 71 x 47 x 44mm. Conventional anatomy without septum or duplication.

Endometrial thickness: 11mm. No endocavitary pathology.

Junctional zone: Normal. No submucosal microcysts or junctional zone expansion to support adenomyosis. Junctional zone average 6mm.

Uterine lesions: Not identified.

#### **Cervix & vagina:**

No pathologic features.

#### **Left ovary:**

Position: Left lateral adnexa just lateral to the external iliac vein.

Size: 17 x 16 x 21mm (3ml).

Follicle(s): Present. Approximately eight subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

**Right ovary:**

Position: Superior right lateral adnexa.

Size: 45 x 33 x 41mm (37ml). Enlargement related to dominant follicular activity.

Follicle(s): Present. Approximately four subcentimetre follicles. Dominant follicle 41mm.

Lesions and/or endometrioma: Not identified.

**Adnexa:**

Multifocal large volume peritoneal inclusion cysts occupying most of the pelvis and extending superiorly to around the level of the pelvic brim. Bladder is depressed inferiorly; small bowel superiorly. Despite the non aggressive nature, the volume of fluid is exerting some local mass effect resulting in transverse uterine compression and lateral compression of particularly the left ovary. The left adnexa has a loculation measuring 11.5 x 6.9 x 12.0cm (500ml). In the anterior pelvis, further loculation measuring 6.2 x 5.9 x 6.0cm (114ml). At the right adnexa, communicating loculations spanning 10.3 x 6.7 x 12.1cm (434ml).

No discrete hydrosalpinx is identified. No features of endometriosis signal. There is presacral scarring and fibrosis in the setting of prior distal colectomy. This scar tissue does result in some deep posterior cul-de-sac effacement centrally and to the right of midline and accounts for the uterine retroflexion.

**Other findings:**

Left iliac fossa diversion stoma. No additional findings of note.

**Dr Steven Knox**

Electronically signed 08/06/2021 16:08

**Relevant Clinical Information**

MB-MRI PELVIS