

RR11013

<b>Patient Name:</b>	████████████████████	<b>Accession Number:</b>	BR-7006881-MR
<b>Patient ID:</b>	████████████████	<b>Requested Date:</b>	October 19, 2023 09:30
<b>Gender:</b>	██████		
<b>Date of Birth:</b>	██████████		
<b>Referring Physician:</b>	HULL, LOUISE		
<b>Organization:</b>	North Adelaide		

## Findings

**Radiologist:** KNOX, STEVEN

## MRI PELVIS

### Summary :

Acute uterine retroflexion appears related to asymmetric scarring within the deep central posterior cul-de-sac and at the right uterosacral ligament. Unfortunately the acute retroflexion does hinder fine assessment through this area however. Posterior cul-de-sac is favoured as partially effaced. No discrete endometrioma or other features of disease identified. No bowel disease.

Conventional uterine anatomy. IUD appropriately in situ. No adenomyosis. Polyfollicular ovaries.

### Clinical:

University of Adelaide RRI Endometriosis Study.

Subject ID 1013

### Technique :

Per trial protocol multiplanar T2 to, T1 Dixon.

### Findings :

#### Uterus:

Size & Morphology : Axial version, retroflexion. Size 75 x 26 x 37 mm. Conventional cavity without septum or duplication. Uterus deviates slightly to the right of midline.

Endometrial Thickness : No endocavitary pathology. Normal endometrial thickness. 3mm. IUD appropriately in situ. No myometrial penetration. Distance from the top of the device to the top of the endometrial cavity is 1 mm. Strings in the vagina.

Junctional Zone : Normal junctional zone thickness throughout, without expansion. No submucosal microcysts as evidence of adenomyosis.

Uterine Lesions : There are no uterine lesions of note identified.

#### Cervix & Vagina:

There are no cervical or vaginal features of concern. No relevant lesions.

**Left Ovary:**

Position : Left lateral adnexa.

Size: 26 x 14 x 39 mm. 7.4 mL.

Follicle(s) : Present. In excess of 25 subcentimetre follicle.

Lesions and/or Endometrioma : Not identified.

**Right Ovary:**

Position : Right lateral adnexa.

Size : 21 x 17 x 42 mm. 7.8 mL.

Follicle(s) : Present. In excess of 25 subcentimetre follicle.

Lesions and/or Endometrioma : Not identified.

**Adnexa:**

Challenging uterosacral ligament assessment due to the acute uterine retroflexion. On the reconstructed views however there is asymmetric thickening with some irregularity to the right uterosacral ligament relative to the left, findings highly suggestive of changes of regional endometriosis and scarring. Objective haemorrhagic foci however are not identified. There is no external adenomyosis. There are no bowel plaques identified or further complexity. There is no fluid within the central portion or right portion of the deep posterior cul-de-sac which is partially effaced. The anterior cul-de-sac is clear. There are no peritoneal deposits identified. No hydrosalpinx. The course of the round ligaments is unremarkable.

**Other Findings:**

No other significant lower abdominal or pelvic pathology.

**Dr Steven Knox**

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