

Patient Name: RRI399
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: WOOLCOCK, JANE
Organization: North Adelaide

Accession Number: BR-5478594-MR
Requested Date: March 3, 2021 08:02
Report Status: Final
Requested Procedure: 5764131
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary :

Supportive MRI features for a 1cm nodule at the vaginal vault showing internal haemorrhagic signal consistent with an endometriotic deposit and active glandular activity. Around the vault there is fibrosis which tethers the right ovary and also slightly distorts the posterior bladder dome. Some thickening along the anterior peritoneal reflection results in some uncomplicated mild tethering to the adjacent bowel although a discrete rectal plaque or rectal invasive disease has not been identified on MRI. No hydrosalpinx or additional complicating features.

Clinical:

Severe endometriosis seen at the time of hysterectomy. 2cm long rectal nodule seen on ultrasound. 1cm vaginal vault nodule near the bladder.

Technique:

Multi-parametric pelvic MRI volumetric 3D Coronal T2 plus reconstructions, T1 axial pre/post fat saturation. Additional sagittal T1 Dixon images, diffusion weighted imaging and high resolution T2 weighted images through the rectum have been performed.

Findings:

Uterus:

Hysterectomy. At the vaginal vault is a discrete nodule showing internal haemorrhagic signal supportive of an endometriotic deposit. Size 10mm. There is some adjacent fibrosis along the adjacent peritoneal reflection particularly on the left with some dense scar nodularity. No tethering to bowel is identified. The right ovary however is slightly medialised and likely adherent just lateral to the vault.

Cervix & vagina:

Cervix is surgically absent. Vagina unremarkable.

Left ovary:

Position: Left lateral adnexa.

Size: 28 x 15 x 28mm (6.1ml). Normal volume.

Follicle(s): Present. Two follicles identified. Collapsing follicle 15mm.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Medialised right adnexa adjacent lateral vault.

Size: 34 x 25 x 31mm (13ml). Enlargement related to dominant follicular activity.

Follicle(s): Present. Dominant follicle 20mm. Approximately five subcentimetre follicles are noted. Further simple follicle at 16mm also present.

Lesions and/or endometrioma: Not identified.

Rectosigmoid:

There is no definable mural plaque or haemorrhagic signal identified on MRI to the rectosigmoid. The rectum around 10cm above the verge is slightly distorted at the level of the anterior peritoneal reflection where there is some dense scar signal seen and fine band adhesions to this area are favoured. No transmural rectal disease is identified on MRI. No obstruction or hold up.

Other findings:

No hydrosalpinx. There is physiological fluid within the pelvis eccentric to the left. No peritoneal inclusion cyst identified. Some benign appearing fluid within the left mesorectum which likely reflects some loculated normal physiologic fluid in the setting of mild regional adhesions. No complicating features. No mass. No complexity.

Divarication of the recti at 62mm. Sacroiliac joints were unremarkable. Lumbosacral spine unremarkable. Annular disc bulge L5/S1. No significant central canal or neural exit foraminal narrowing. The posterior bladder dome appears to tether towards the vaginal vault, an endometriotic nodule with some uncomplicated adhesion favoured.

Dr Steven Knox

Electronically signed 03/03/2021 11:28

Relevant Clinical Information

MB-MRI PELVIS