



Patient Name: HABENSCHUSS, SARAH

 Patient ID:
 47.01919841

 Gender:
 Female

 Date of Birth:
 June 25, 1981

 Home Phone:
 0422 363 583

 Referring Physician:
 THALLURI, VAMSEE

Organization: Salisbury

Accession Number: BR-4239053-MR

Requested Date: November 7, 2018 13:24

Report Status: Final
Requested Procedure: 4351812
Procedure Description: MRI PELVIS

Modality: MR

# **Findings**

Radiologist: LEONG, YEN-LEE

### **PELVIC MRI**

#### **Summary:**

No evidence of Mullerian duct abnormality. No septum nor duplication.

Superficial adenomyosis, particularly extending into the anterior myometrium. Two small leiomyomata, no submucosal nor endocavity lesion.

Normofollicular ovaries. Endometriotic cyst left ovary as well as further corpus luteum.

No evidence of deep infiltrative endometriosis.

#### Clinical:

? Endo ? adenomyosis.

# Technique:

3T Multi planar imaging performed. Intravenous Buscopan. Day21. G0P0.

### Findings:

## **Uterus:**

# Morphology:

Midline anteverted anteflexed.

Convex external uterine fundal contour. No septum nor duplication.

Size:

Corpus: 50 x 41 x 45mm.

Cervix: 27mm.

Adenomyosis:

Submucosal microcysts demonstrated throughout particularly towards the posterior fundus.

Anterior Uterus: Max JZ thickness 10mm. Fundal Uterus: Max JZ thickness 5mm.



Posterior Uterus: Max JZ thickness 7mm.

Leiomyoma:

Right posterior body, intramural, 6 x 4 x 6mm. Anterior fundus, subserosal (less than 50% intramural projection), 8 x 6 x 10mm. No submucosal nor endocavity lesions. Endometrium: Thin and uniform. No polyp, mass nor adhesion. 7.3mm. Cervix: Normal. Vagina: Normal morphology. Normal rectocervical septum and posterior vaginal fornix. **Ovaries:** Left ovary: Position: � Lateral adnexa. Size: �20 x 18 x 24mm (4.3cc). Antral Follicle Count: 15. No mass nor endometriotic cyst. Right ovary: Position: � Lateral adnexa. Size: �26 x 32 x 34mm (14.1cc). Antral Follicle Count: 16. Endometriotic cyst measuring 7mm. Corpus luteum also identified measuring 20mm. Adnexa: No tubal dilatation. Physiologic volume free fluid in the pouch of Douglas. No evidence of adhesions nor deep infiltrating endometriosis. Normal uterosacral ligaments. Other findings:

Normal urinary bladder and urethra. Normal morphology rectosigmoid bowel.

**Dr Frank Voyvodic** 

Normal levator ani musculature.

**Dr Yen-Lee Leong** 



Electronically signed 08/11/2018 08:16