

Patient Name: RRI009
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: VATANI, MOJGAN
Organization: North Adelaide

Accession Number: BR-3125249-MR
Requested Date: July 21, 2016 11:58
Report Status: Final
Requested Procedure: 3076751
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: CHONG, WOON KIT

MRI PELVIS

Summary:

No Mullerian duct abnormality. Adenomyosis junctional zone with foci of disease along the right lateral and fundal wall where subendometrial cysts are seen.

No endometriomas or hydrosalpinx.

Clinical:

G2P1, lower segment caesarean section. Severe HELLP and liver rupture. Intra uterine fetal death at 35 weeks in 2015. Had hernia repair recently in 2016. Recurrent IVF failure. Adenomyosis. ? Any abnormality seen ? Hernia ?

Technique:

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

Uterus:

Size & morphology:

71cc (3.9 x 5 x 6.9cm). Anteverted. No Mullerian duct abnormality.

Endometrial thickness:

9mm.

Junctional zone:

Anterior maximal junctional zone thickness 5mm.

Posterior maximal junctional zone thickness 11mm.

Fundal maximal junctional zone thickness 6mm.

Subendometrial cysts along the right posterior, lateral and fundal wall.

Findings suggestive of diffuse adenomyosis posterior junctional zone and foci along the right lateral and fundal wall.

Uterine lesions:

Nil

Cervix & Vagina:

Normal morphology. Nabothian cysts in the endocervical canal.

Left Ovary:

Position: Lateral adnexa.

Size: 6cc (2.5 x 1.7 x 2.7cm)

Follicle(s): > 12. Subcentimetre.

Lesions and/or endometrioma: Nil

Right Ovary:

Position: Lateral

Size: 7.9cc (2.2 x 2.3 x 3cm).

Follicle(s): At least 5 subcentimetre.

Lesions and/or endometrioma: Nil

Adnexa:

No hydrosalpinx.

Other Findings:

No significant free fluid.

Dr Woon Kit Chong

Dr Frank Voyvodic

Electronically signed 21/07/2016 15:32