

Patient Name:
Patient ID: RRI485
Gender:
Date of Birth:
Home Phone:
Referring Physician: MEZZINI, TONIA
Organization: North Adelaide

Accession Number: BR-5376256-MR
Requested Date: December 24, 2020 09:02
Report Status: Final
Requested Procedure: 5646813
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary :

Regional anatomic distortion at posterior pelvis suggesting adhesions involving retroflexed tilted uterus and posterior margin right ovary.

Appearances suggest pelvic endometriosis - no rectosigmoid bowel involvement.

Focal adjacent posterior uterine body changes ? focal adenomyosis (contacts junctional zone) versus uterine invasive endometriosis (former favoured as there appears to be some intervening myometrium between the outer margin of the lesion and the posterior cul-de-sac disease).

Clinical:

Exclude pelvic endometriosis.

Technique:

1.5T multiplanar MR imaging.

Findings:

Uterus:

Morphology:

Anteverted acutely retroflexed, fundus tilted and displaced to the left.

Convex external uterine fundal contour - no septum or duplication.

Size:

(Corpus plus cervix).

6.5 x 5.5 x 4.4cm (82cc)

Adenomyosis:

1.9 x 1.8 x 2.1cm persistent mass posterior myometrium uterine fundus/body.

Ill-defined and contains a haemorrhagic microcyst.

Extends to the junctional zone which shows no diffuse thickening and the diagnosis of focal adenomyoma is favoured over the differential diagnosis which is uterine invasive endometriosis.

Leiomyoma:

Absent.

Endometrium:

2-3mm thickness.

No polyp, mass or adhesions.

Cervix:

Normal.

Vagina:

Elevated posterior fornix.

Normal rectocervical septum.

Ovaries:Right ovary:

Position: Lateral.

Size: 2.6 x 2.1 x 2.6cm

Follicle Count: 25+ less than 10mm.

No mass or endometriotic cyst.

Left ovary:

Position: Left adnexa.

Size: 1.9 x 1.2 x 3.1cm.

Follicle Count: 19 less than 10mm.

No mass or endometriotic cyst.

Adnexa:

Non nodular T2 hypointense thickening of the uterosacral ligaments is present bilaterally contacting the posterior uterine body serosa and the posterior margin of the right ovary.

Appearances suggest endometriosis - no large or infiltrating plaque is identified

The posterior uterine body change favoured as adenomyoma rather than invasive endometriosis disease.

Normal rectosigmoid morphology - no serosal tethering or transmural endometriosis involvement.

No tubal dilation.

Normal anterior pelvis.

Normal urinary bladder, urethra, anterior abdominal wall and perineum.

Normal ureters.

Mild L5-S1 degenerative disc disease noted without focal herniation.

Dr Frank Voyvodic

Dr Yen-Lee Leong

Electronically signed 29/12/2020 13:54

Relevant Clinical Information

MB-MRI PELVIS