bensonradiology.com.au
support@bensonconnect.com.au

Patient Name:	RRI121	**Accession Number:**	BR-3719873-MR
Patient ID:		**Requested Date:**	October 25, 2017 09:27
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	3756743
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	SEMMLER, JODIE	**Modality:**	MR
Organization:	Ashford		

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary :

Left unicornuate uterus.

Diffuse adenomyosis.

Caecum, descending colon and rectosigmoid colon closely applied to the pelvic peritoneum but no evidence of infiltrating endometriosis. Similarly there is anterior cul de sac partial effacement with some adhesion between the bladder dome and uterine serosal surface favoured.

No tubal dilatation.

Both ureters are present distally which would imply the presence of both kidneys however the upper abdomen is not captured on this study.

Clinical:

Known endometriosis left uterosacral ligament with adherent bowel in this region. Unicornuate uterus. Now increasing back pain as well. G2 P2.

Technique:

1.5T multiplanar MRI with intravenous Buscopan.

Findings:

Uterus:

Morphology -

Anteverted, anteflexed, mildly deviated to the left.

Left unicornuate configuration.

Partial thickness defect lower segment anterior uterine wall at site of previous LSCS.

Size (Corpus + Cervix) -

8.9 x 3.6 x 3.1cm (52cc)

Adenomyosis -

Submucosal microcysts not identified.

Diffuse junctional zone thickening:

Anterior uterus max JZ thickness 9mm.

Posterior uterus max JZ thickness 9mm.

Fundal uterus max JZ thickness 7mm.

Leiomyoma -

Absent.

Endometrial Thickness -

3mm, nil focal.

Cervix:

Normal.

Vagina:

Normal morphology. Normal posterior vaginal fornix and rectocervical septum.

Ovaries:

Right Ovary -

Position - Right anterior pelvis.

Size - 1.8 x 1.2 x 1.8cm (2.0cc)

Follicle Count - 5 <10mm.

No masses or endometriotic cysts.

Left Ovary -

Position - Anterolateral adnexa.

Size - 2.4 x 2.3 x 2.0cm (5.8cc)

Follicle Count - 1 at 19mm.

No masses or endometriotic cysts.

Adnexa:

No tubal dilatation. The caecum is posteriorly positioned with apex in the posterior cul-de-sac displacing the rectosigmoid junction to the left. The sigmoid colon is closely approximated to the serosa over the uterine body as well. There is however no anatomic distortion to suggest tethering nor MRI scan evidence of haemorrhagic glandular deposits or infiltrating endometriosis evident. Similar there is anterior cul de sac partial effacement with sagittal views suggesting some adhesion between the uterine serosa and bladder dome. No deep infiltrating disease.

Other Findings:

Mild L5-S1 degenerative disc disease with small posterocentral disc protrusion. Distal ureters both appear present with orthotopic ureteric insertions. The kidneys themselves however cannot be evaluated as they are outside of the covered field.

Dr Frank Voyvodic **Dr Steven Knox**

Electronically signed 27/10/2017 08:59