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Patient Name:	RRI069	**Accession Number:**	BR-5012657-MR
		Requested Date:	May 12, 2020 11:19
		Report Status:	Final
		Requested Procedure:	5236476
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	DUONG, HAI	**Modality:**	MR
Organization:	City West		

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary :

Diffuse uterine enlargement. This is related to a large adenomyoma to the posterior uterine body/fundus spanning maximum 47mm in diameter. Relative sparring of the anterior junctional zone.

Multi focal pelvic endometriosis/fibrosis involving the anterior and posterior cul-de-sacs. Surface small haemorrhagic foci to the uterine serosa also associated with some mild tethering of the upper rectum and distortion to the right ovary. No bowel invasive thick plaque is identified. No definite bladder involvement. No hydrosalpinx.

Clinical:

Dysmenorrhoea and menorrhagia. Exclude endometriosis. Work sheet = Day 4. G0P0. No prior surgery/section.

Technique:

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

Findings:

Uterus:

Size & morphology: Anteverted, mildly anteflexed. Diffusely enlarged. Size 10.5 x 6.6 x 7.5cm. No septum or duplication. Conventional uterine anatomy.

Endometrial thickness: 11mm. There is no endocavitary pathology identified.

Junctional zone: Prominent diffuse infiltrative adenomyosis through the posterior uterine body and fundus. The relatively well marginated area is consistent with adenomyoma formation. The area spans 47 x 38 x 53mm.

Uterine lesions: Nil significant. There is a single small intramural/subserosal fibroid to the lower anterior left uterine body measuring 10mm.

Cervix & vagina: No cervical or vaginal lesions of concern are identified.

Left ovary:

Position: Left lateral adnexa.

Size: 17 x 20 x 28mm (4.9mls).

Follicle(s): Present. Approximately 6 subcentimetre follicles are identified.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Medialised posterior right cul-de-sac adherent to regional endometriosis.

Size: 40 x 16 x 19mm (6.3mls).

Follicle(s): Present. Dominant follicle 24mm.

Lesions and/or endometrioma: No discrete endometrioma identified within the ovary.

Adnexa: There are active small haemorrhagic foci seen to the level of the left uterosacral ligament and on the right within the deep right lateral cul-de-sac. On the left side the small haemorrhagic foci also associated with adjacent regional fibrosis and scarring with some minimal tethering of the upper rectum to this area. There was no bowel plaque identified. The fibrosis in this area walls off the lateral left side of the deep cul-de-sac and physiologic fluid does not extend beyond this. On the right side there is tethering of the right ovary within the deep right lateral cul-de-sac with mild regional endometriosis/fibrosis although no bowel disease is seen. The right sided of the deep cul-de-sac is effaced.

Within the anterior cul-de-sac, particularly on the right, there is lower uterine serosal thin plaque formation and a few small cystic foci supportive of further regional endometriosis/fibrosis. Some active haemorrhage material is seen. Bladder is in close proximity and bladder surface involvement is difficult to exclude although no invasive bladder disease is evident.

There is no hydrosalpinx.

Other findings:

Lumbar disc bulge at L5-S1 with posterior disc protrusion although without features of significant central canal or neural exit foraminal narrowing.

Dr Steven Knox **Dr Melissa Jenkins**

Electronically signed 13/05/2020 09:33