

Patient Name: RRI439
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: KAMAL, NEERJA
Organization: North Adelaide

Accession Number: BR-5303141-MR
Requested Date: November 6, 2020 15:31
Report Status: Final
Requested Procedure: 5563403
Procedure Description: MRI PELVIS AND ABDOMEN
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS AND ABDOMEN

Summary :

MRI supports a Class V Mullerian duct anomaly with a septate uterus present. There is a dividing mixed muscular and fibrous septum. The muscular septum tapers to the mid cavity. The cervix also appears divided by a septum on these images. The fundal serosal surface is flat to slightly convex. There is no endocavitary pathology identified. No adenomyosis. No significant uterine lesion. Polycystic ovarian morphology. No additional pelvic features of note. No associated structural anomaly to the kidneys is seen.

Clinical:

? Duplex kidney and ? Uterine septum of HSG., measure the length of septum. Exclude duplex kidney and mapping of endometriosis.

Technique:

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

Findings:

Uterus:

Size & morphology: Septated morphology. Fundal serosal surface is flat to slightly rounded/ convex. There is an acute intercornual angle between the divided cavity. The muscular component extends to around 50% of the cavity. Fibrous septum beyond this. The depth of the muscular component from the intercornual angle is measured at around 12mm. The intercornual angle is measured at 76°. Septum also appears to extend through the cervical canal. The uterus itself is anteverted, slightly anteflexed.

Endometrial thickness: Left cavity at 8mm. Right cavity at 6mm. No endocavitary pathology.

Junctional zone: Normal. There is no junctional zone expansion or submucosal microcyst formation to support adenomyosis.

Uterine lesions: Not identified.

Cervix & vagina:

Septum divides the cervical canal. There is no double vagina convincingly identified with a single fibromuscular tube present.

Left ovary:

Position: Left lateral adnexa. No distortion.

Size: 44 x 23 x 38mm (20ml). Polycystic morphology. Enlarged.

Follicle(s): Present. >25 subcentimetre follicles. No dominant follicle.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Right lateral adnexa. No distortion.

Size: 30 x 20 x 38mm (12ml). Enlarged. Polycystic morphology.

Follicle(s): Present. No dominant follicle. >25 subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

Adnexa:

Normal physiologic fluid. No architectural distortion. No features of deep pelvic endometriosis/fibrosis. No hydrosalpinx.

Other findings:

Both kidneys are present. Single collecting system observed, without features of a convincing duplex on MRI. No renal anomaly definable. Distal ureters and bladder unremarkable. No additional solid organ features of note. Lung bases are clear. No significant bony finding.

Dr Steven Knox

Dr Melissa Jenkins

Electronically signed 10/11/2020 13:37

Relevant Clinical Information

MB-MRI PELVIS AND ABDOMEN