

Patient Name: RRI088
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: TREMELLEN, KELTON
Organization: North Adelaide

Accession Number: BR-2878687-MR
Requested Date: January 6, 2016 09:03
Report Status: Final
Requested Procedure: 2795830
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary:

No MRI scan evidence of adenomyosis, leiomyoma, tubal dilatation or cul-de-sac endometriosis.

Clinical:

Recurrent IVF failure. ? Adenomyosis or hydrosalpinx.

Technique:

1.5T multiplanar phased array surface coil MR imaging. Day 23 menstrual cycle. G0P0.

Findings:

Uterus:

Morphology:

Anteverted, anteflexed midline position.

Arcuate configuration - convex external uterine fundal contour, no septum or duplication.

Size: (corpus + cervix)

8.5 x 4.3 x 3.1cm (59cc)

Adenomyosis:

Submucosal microcysts not identified.

Anterior uterus max. JZ thickness 3mm.

Posterior uterus max JZ thickness 3mm

Fundal uterus max JZ thickness 3mm.

Leiomyoma:

Absent.

Endometrium:

12mm thickness. No polyps or adhesions identified.

Cervix:

Normal.

Vagina:

Normal morphology. Normal posterior vaginal fornix. Normal rectocervical septum.

Ovaries:Right Ovary:

Position: lateral adnexa

Size: 3.4 x 2.7 x 3.0cm (14.4cc)

Follicle Count: 14 < or = 10mm.

No masses or endometriotic cysts.

Left Ovary:

Position: lateral adnexa

Size: 3.3 x 3.8 x 2.7cm (17.7cc)

Follicle Count: 18 < or = 10mm, 1 x 22mm.

Solitary 5mm haemorrhagic follicle or endometriotic cyst.

Adnexa:

No tubal dilatation. No mass, adhesion or infiltrating endometriosis.

Other Findings:

Normal morphology for rectosigmoid colon, urinary bladder, urethra and levator ani musculature.

Radiologist: Dr F. Voyvodic