

Patient Name: RRI072
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: TREMELLEN, KELTON
Organization: Ashford

Accession Number: BR-3496940-MR
Requested Date: May 12, 2017 09:14
Report Status: Final
Requested Procedure: 3501893
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

Multiple submucosal fibroids around the uterine fundus distorting the fundal endometrial cavity.

In addition there are several smaller intramural also pedunculated subserosal fibroids without mass effect on the cavity.

No septum or duplication. No other significant endocavitary finding. Although the junctional zone is quite irregular and distorted this is favoured as fibroid related with no submucosal microcysts or direct supportive evidence of adenomyosis.

Two small right sided ovarian endometriotic cysts. No other features of significant pelvic endometriosis/fibrosis.

Clinical:

Intramural fibroid with impression of distortion of the fundal endometrium. Please assess size.

Technique:

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

Findings:

Uterus:

Size and Morphology: Fibroid uterus. Anteverted, slightly anteflexed. Size (uterine body and cervix) 76 x 41 x 50mm. Conventional uterine anatomy with no definable septum or duplication.

Endometrial Thickness: ET = 4.5mm. There is endometrial cavity distortion at fundus related to submucous fibroid present.

Junctional Zone: Distorted and expanded junctional zone diffusely without discrete submucosal cyst formation. On balance the junctional zone is favoured as multiple submucous fibroids clustering in the junctional zone rather than expansion related to adenomyosis. The junctional zone is very challenging to measure accurately.

Uterine Lesions: Multiple fibroids are present including several small subcentimetre submucous fibroids particularly at fundus. Measurements as follows:

1. Mid uterine body/fundus anterior base of attachment submucous fibroid. Size 10mm. Base of attachment 6mm. Almost entirely endocavitary.
2. Anterior uterine fundus intramural/submucous fibroid. Approximately 50% endocavitary. Size 8mm.
3. Left fundus intramural/submucosal approximately 75% intramural. Size 10mm. Base or attachment approximately 4mm.

No further fibroids significantly projected into the cavity are identified.

4. Pedunculated fundal anterior subserosal fibroid 19mm. Broad based of attachment 22mm.

5. Left lateral pedunculated subserosal. 23mm. Base of attachment 8mm.

6. Fundal right subserosal pedunculated. 7mm. Base of attachment 5mm.

Cervix and Vagina:

No cervical or vaginal findings of concern.

Left Ovary:

Position: Anterior lateral left adnexa.

Size: 26 x 16 x 21mm (4.4ml).

Follicle(s): Present. Approximately five subcentimetre follicles. One follicle 17mm.

Lesions and/or Endometrioma: Not identified.

Right Ovary:

Position: Anterior right lateral adnexa.

Size: 37 x 15 x 21mm (6.1ml).

Follicle(s): Present. Approximately ten subcentimetre follicles. Two follicles 5-10mm.

Lesions and/or Endometrioma: Present. Two small endometriotic cysts. 12mm and 8mm respectively.

Adnexa:

No hydrosalpinx. No pelvic side wall endometrioma. Uterosacral ligaments appear appropriate. Small amount of physiologic fluid within the anterior cul-de-sac. Posterior cul-de-sac remains definable.

Other Findings:

Nil significant.

Dr Steven Knox

Dr Frank Voyvodic

Electronically signed 16/05/2017 08:51