

Patient Name: RRI047
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: THALLURI, VAMSEE
Organization: North Adelaide

Accession Number: BR-4616905-MR
Requested Date: August 2, 2019 11:58
Report Status: Final
Requested Procedure: 4783864
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

Conventional uterine anatomy. No endocavitary lesion or adenomyosis.

Polycystic ovarian morphology. Dominant ovarian follicular activity on the right. No ovarian lesions of note. No hydrosalpinx. No pelvic anatomic distortion.

Clinical:

?Adenomyosis.

Worksheet = Day 21. G0P0. No prior surgery.

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. No gross flexion. Size (uterine body and cervix) 94 x 44 x 51mm. Conventional uterine anatomy with no septum or duplication identified.

Endometrial thickness: ET = 8mm. No endocavitary pathology.

Junctional zone: Normal junctional zone thickness throughout. Anterior JZ 8mm, fundal JZ - 6mm, posterior JZ - 7mm. No submucosal microcysts.

Uterine lesions: Not identified.

Cervix & vagina:

No cervical or vaginal lesions of concern.

Right ovary:

Position: Anterior adnexa/lower pelvis.

Size: 61 x 33 x 47mm (49ml). Enlargement related to dominant follicular activity.

Follicle(s): Present. Dominant follicle 35mm. Collapsing follicle 16mm. Approximately 20 subcentimetre follicle.

Lesions and/or endometrioma: Not identified.

Left ovary:

Position: Left lateral adnexa.

Size: 41 x 26 x 34mm (18ml). Polycystic morphology.

Follicle(s): >25 peripheral subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

Adnexa:

No hydrosalpinx. There is physiologic fluid within the posterior and anterior cul-de-sac. No features of deep infiltrative posterior cul-de-sac endometriosis/fibroids or architectural distortion. No hydrosalpinx.

Other findings:

Nil significant.

Dr Steven Knox

Dr Frank Voyvodic

Electronically signed 02/08/2019 17:35