bensonradiology.com.au
support@bensonconnect.com.au

| | | | |
|---|---|---|---|
| **Patient Name:** | RRI083 | **Accession Number:** | BR-2846479-MR |
| **Patient ID:** | | **Requested Date:** | December 3, 2015 13:33 |
| **Gender:** | | **Report Status:** | Final |
| **Date of Birth:** | | **Requested Procedure:** | 2759119 |
| **Home Phone:** | | **Procedure Description:** | MRI PELVIS |
| **Referring Physician:** | LANE, STEPHEN | **Modality:** | MR |
| **Organization:** | Ashford | | |

## Findings

**Radiologist:** VOYVODIC, FRANK

**MRI PELVIS**

**Summary:**

**Mild uterine retroflexion. No posterior cul-de-sac pathology - in particular, no infiltrating endometriosis.**

**Reduced uterine myometrial zonal differentiation is probably not significant.**

**No MRI scan evidence of Mullerian duct anomaly, leiomyoma, adenomyosis or cul-de-sac endometriosis.**

**Relatively low position cervix at rest, ? pelvic floor laxity.**

**Clinical:**

IVF failure, check for endometriosis - adenomyosis.

**Technique:**

1.5T multiplanar phased array surface coil MR imaging. Intravenous buscopan. Late secretory phase cycle. G3P2.

**Findings:**

**Uterus:**

Morphology:

Anteverted retroflexed midline

Convex external uterine fundal contour - no septum or duplication.

Size (corpus plus cervix):

8.9 x 6.6 x 4.9cm (151cc)

Adenomyosis:

Submucosal microcysts not identified.

Reduced uterine zonal myometrial differentiation despite appropriate phase of menstrual cycle.

Maximum JZ thickness 6mm.

Leiomyoma:

Absent.

Endometrium:

12mm thickness. No masses or adhesions.

Cervix:

Normal.

**Vagina:**

Normal posterior vaginal fornix. Normal rectovaginal septum.

**Ovaries:**

Right Ovary:

Position: Lateral side wall.

*Size:* 2.2 x 4.1 x 1.2cm (5.7cc)

*Follicle Count:* 8 < 5mm.

No masses or endometriotic cysts.

Left Ovary:

Position: Lateral adnexa.

*Size:* 2.7 x 1.0 x 2.6cm (3.7cc)

*Follicle Count:* 9 < 5mm, 1 at 9mm.

No masses or endometriotic cysts.

**Adnexa:**

No tubal dilatation. Physiologic volume fluid posterior cul-de-sac - no masses, adhesions or infiltrating endometriosis.

**Other Findings:**

Relatively low position of cervix in relation to the pelvic floor at rest raises the possibility of pelvic floor laxity.

Intact pelvic floor musculature - no puborectalis detachment.

Normal morphology rectosigmoid colon.

Colonic faecal loading noted incidentally.

Radiologist: Dr F. Voyvodic

Second Reader: Dr M. Jenkins