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

Patient Name:	RRI445	**Accession Number:**	BR-5673063-MR
Patient ID:		**Requested Date:**	July 1, 2021 09:01
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	5986191
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	MEZZINI, TONIA	**Modality:**	MR
Organization:	North Adelaide		

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

IUD appropriately in situ. No septum or duplication. There is no adenomyosis.

Architectural distortion within the pelvis more so to the central and left side of the posterior cul de sac. Anatomic distortion around the level of the left ovary and regional sigmoid colon which are favoured as adherent. Bowel invasive plaques are however not identified. There is no hydrosalpinx. No ovarian lesion. In particular, MRI does not support the presence of a regional dermoid cyst. Two small endometriomas to the level of the left ovary. Right ovary and right lateral adnexa are unremarkable without anatomic distortion.

Clinical:

Endometriosis with bowel involvement. Scan to guide surgery.

Work sheet = Unknown cycle date. G0P0. Prior laparoscopy for endometriosis 2020.

Comparison Study:

Ultrasound pelvis 03/06/2019 and 14/07/2020 from Radiology SA.

Technique:

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

Findings:

Uterus:

Size & morphology: Retroverted and anteflexed. 75 x 41 x 54mm (uterine body and cervix). Conventional cavity without septum or duplication.

Endometrial thickness: 7mm. IUCD appropriately in situ.

Junctional zone: Thickness is within normal limits at 6mm anteriorly, 6mm at fundus and 6mm posteriorly. No submucosal microcyst as evidence for adenomyosis.

Uterine lesions: There is a right fundal, small subserosal fibroid at 9mm.

Cervix & vagina:

No cervical or vaginal lesion.

Left ovary:

Position: Left adnexa. Mild distortion with adhesion favoured to the regional sigmoid colon.

Size: 33 x 21 x 18mm (6.5ml).

Follicle(s): Present. Approximately five subcentimetre follicles.

Lesions and/or endometrioma: Present. There are two small endometriomas or endometriotic surface foci at 7mm and 2mm.

Right ovary:

Position: Right lateral adnexa.

Size: 22 x 20 x 30mm (6.9ml).

Follicle(s): Present. Approximately 14 subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

Adnexa:

There is architectural distortion within the pelvis, more so to the left lateral adnexal region around the ovary and sigmoid colon. In addition, two small endometriotic cysts or endometriotic foci are identified, there is favoured tethering to the level of the sigmoid colon by the left ovary. There are however no bowel plaques identified or further regional complexity. Some adjacent fascial thickening. There is no significant physiologic fluid in this area. I note that there has been concern for a prior dermoid associated with the left ovary however that finding is not replicated on MRI and is likely related to some distorted invaginating normal fatty tissue into the area rather than a fat containing ovarian lesion. The right lateral adnexa appears appropriate with normal physiologic fluid. At the deep cul de sac is partially effaced on the left and centrally. There is some smooth thickening/scarring of the posterior uterine serosa, without invasive plaque or rectal plaque. There is no definable rectovaginal pathology. No hydrosalpinx. Pelvic sidewall appears appropriate. No additional findings of note.

Dr Steven Knox **Dr Adela Tashkent**

Electronically signed 02/07/2021 09:01

Relevant Clinical Information
MB-MRI PELVIS