

Patient Name:
Patient ID: RRI424
Gender:
Date of Birth:
Home Phone:
Referring Physician: GUTHRIE, LYNDIA
Organization: Christies Beach

Accession Number: BR-5410789-MR
Requested Date: January 20, 2021 09:38
Report Status: Final
Requested Procedure: 5686496
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary :

Small non degenerate subserosal anterior uterine body fibroid.

No submucosal or endocavitary lesion.

Reduced zonal myometrial differentiation with some minor thickening of the anterior junctional zone ?focal adenomyosis vs persistent myometrial contraction.

No diffuse adenomyosis.

Patent posterior cul de sac with moderate fluid volume and posterior pelvic thin walled cyst, not likely significant.

No MRI scan evidence of deep infiltrating endometriosis.

Clinical:

Severe pelvic pain. Left sided cyst. Exclude endometriosis/adenomyosis.

Technique:

1.5T multiplanar MRI imaging.

Findings:

Uterus:

Morphology:

Midline anteverted anteflexed.

Flat external uterine fundal contour - no septum or duplication.

Size (corpus + cervix):

10.3 x 6.7 x 4.7cm (170cc)

Adenomyosis:

Submucosal microcysts not identified.

Reduced zonal myometrial differentiation with some minor thickening of the anterior junctional zone ?focal adenomyosis vs persistent myometrial contraction.

Leiomyoma:

12mm non degenerate subserosal anterior body.

No submucosal or endocavitary lesions.

Endometrium:

7mm thickness.

No polyp, mass or adhesion.

Cervix:

Normal.

Vagina:

Normal morphology.

Normal posterior fornix.

Normal rectocervical septum.

Ovaries:Right ovary:

Position: Anterior adnexa.

Size: 2.9 x 1.8 x 2.2cm (6.0cc)

Follicle Count: Four <10mm.

No mass or endometriotic cyst.

Left ovary:

Position: Lateral adnexa.

Size: 2.9 x 2.0 x 3.0cm (9.1cc)

Follicle Count: Four <10mm, one at 15mm, one at 17mm.

No mass or endometriotic cyst.

Adnexa:

Small volume free fluid posterior cul de sac at the upper limit of normal.

Thin walled cyst measuring 2.5 x 1.8 x 1.9cm is noted in the posterior cul de sac in the midline, aetiology uncertain but no cyst complexity to suggest significant finding.

No adhesions or infiltrating endometriosis identified within the anterior or posterior cul de sac.

Normal morphology urinary bladder, urethra and levator ani musculature.

Normal rectosigmoid colon.

Normal anterior abdominal wall musculature.

Other

Moderate severity L5/S1 degenerative disc disease with narrowing and reactive marrow fat deposition.

Dr Frank Voyvodic

Dr Yen-Lee Leong

Electronically signed 22/01/2021 09:15

Relevant Clinical Information

CB-MRI PELVIS