

Patient Name: RRI010
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: TREMELLEN, KELTON
Organization: North Adelaide

Accession Number: BR-4366675-MR
Requested Date: February 11, 2019 15:05
Report Status: Final
Requested Procedure: 4497875
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: HOPKINS, JAMES

MRI PELVIS

Summary:

Confirmation of adenomyosis.

Probable arcuate morphology but no septum, duplication or endocavitary lesion.

Polyfollicular ovarian morphology.

No evidence of deeply infiltrating endometriosis.

Clinical:

Possible adenomyosis. LIF pain.

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: Anteverted, antiflexed midline. Normal fundal contour. Probable arcuate morphology but no septum or duplication. Size (cervix and corpus 75 x 31 x 37mm with a volume of 45cc).

Endometrial Thickness: 4mm, no focal endometrial lesion or endocavitary pathology.

Junctional Zone: 11mm anterior, 7mm fundal, 8mm posterior. Subendometrial microcysts. Features supportive of adenomyosis.

Uterine Lesions: Nil leiomyomata.

Cervix and Vagina:

Cervix morphologically normal. 29mm. Vaginal vault morphologically normal.

Left Ovary:

Position: Left lateral pelvis.

Size: 29 x 33 x 21mm, calculated volume 10.5cc.

Follicles less than 10mm: 24.

Lesions and/or Endometrioma: Nil.

Right Ovary:

Position: Right lateral pelvis.

Size: 24 x 29 x 17mm, 6cc.

Follicles less than 10mm: 27.

Follicles greater than 10mm: Nil.

Lesions and/or Endometrioma: Nil.

Adnexa:

No adnexal masses or tubal dilatation. No evidence of deep infiltrating pelvic endometriosis.

Other Findings:

Nil significant.

Dr James Hopkins

Dr Steven Knox

Electronically signed 12/02/2019 15:13