

Patient Name: RRI074
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: GRANT, JULIE
Organization: North Adelaide

Accession Number: BR-4445589-MR
Requested Date: April 4, 2019 15:35
Report Status: Final
Requested Procedure: 4587850
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: SHEKHAWAT, JATINDER

MRI PELVIS

Summary :

No MRI scan evidence of uterine arteriovenous malformation/fistula.

Pelvic venous congestion with dilated presumed incompetent left ovarian vein pelvic varies and prominent myometrial veins accounting for the sonographic finding.

Diffuse uterine adenomyosis.

Bilateral multifollicular ovarian morphology.

Clinical:

?AVM noted on pelvic ultrasound at Radiology SA. No history of uterine surgery.

Technique:

1.5T multiplanar phased array surface coil MR imaging including multiplanar venography.

Comparison Study:

Radiology SA pelvic ultrasound 08/02/19.

Findings:

Uterus:

Morphology: Midline anteverted anteflexed. Convex external uterine fundal contour - no septum or duplication.

Size (corpus + cervix): 5.4 x 4.0 x 3.6cm.

Adenomyosis:

Persistent diffuse ill defined thickening at the junctional zone anterior posterior and distal fundus.

Anterior uterus max JZ thickness 10mm.

Posterior uterus max JZ thickness 16mm.

Fundal uterus max JZ thickness 10mm.

Leiomyoma:

Nil.

Other myometrial findings:

Prominent venous structures identified throughout the outer myometrium bilaterally.

No focal nidus/signal void identified to suggest uterine arteriovenous malformation/AV fistula.

Endometrium:

6mm thick.

Nil focal.

Cervix:

Normal.

Vagina:

Normal morphology.

Normal rectovaginal septum.

Normal posterior vaginal fornix.

Ovaries:

Right ovary:

Position: Right lateral adnexa.

Size: 2.4 x 3.8 x 2.2cm.

Follicle Count: Over 25 <10mm.

No masses or endometriotic cysts.

Left ovary:

Position: Lateral adnexa.

Size: 2.8 x 2.8 x 3.3cm.

Follicle Count: Over 25 <5mm.

No masses or endometriotic cysts.

Adnexa:

No tubal dilatation.

Dilated presumed incompetent left ovarian vein (maximum diameter at least 8mm) associated with prominent bilateral pelvic adnexal varices.

Normal calibre uterine arteries again not supportive of diagnosis of uterine AVM/AVF.

Other findings:

Normal morphology rectosigmoid colon, urinary bladder, urethra and levator ani musculature.

Small Bartholin's cysts up to 6mm diameter base of left labia.

Dr Frank Voyvodic

Dr Jatinder Shekhawat

Electronically signed 11/04/2019 10:26