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Patient Name:	RRI064	**Accession Number:**	BR-3496848-MR
Patient ID:		**Requested Date:**	May 12, 2017 08:50
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	3501789
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	SEMMLER, JODIE	**Modality:**	MR
Organization:	North Adelaide		

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

No septum or duplication. No endocavitary pathology. No features of adenomyosis or significant uterine lesion.

In the left lateral fornix and at the left side of the ectocervix there are small haemorrhagic foci present probably haemorrhagic Nabothian's. This does not clearly reflect adjacent peritoneal endometriosis although direct visualisation of the cervix would be worthwhile.

There is some mild thickening of the right uterosacral ligament favouring old posterior cul-de-sac endometriosis/fibrosis. No glandular foci are seen and there is no gross architectural distortion. No hydro or pyosalpinx.

Clinical:

History of endometriosis ?adenomyosis, left salpingectomy and ?proximal blockage of right tube. Recurrent implantation failure. Assess for uterine abnormalities.

Work sheet = Day 26. G3 P1. Prior section 2013. Prior pelvic surgery, laparoscopy 2016, ectopic 2015, D&C 2012. Recent ultrasound January 2017 Fertility 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: Anteverted minimally anteflexed. Size (uterine body and cervix) 86 x 41 x 46mm. No septum or duplication identified. Very minor arcuate morphology with fundal indentation of the endometrial cavity by myometrium of around 2mm. LSCS defect with a niche measuring 6 x 2mm. There is overlying scar thickness of 5mm.

Endometrial thickness: ET = 6mm. There is no endocavitary pathology identified.

Junctional zone: No submucosal microcysts as direct supportive evidence of adenomyosis. The junctional zone thickness is normal throughout without expansion. Anterior JZ - 5mm. Fundal JZ - 5mm. Posterior JZ - 8mm. No clear evidence of adenomyosis.

Uterine lesions: Not identified.

Cervix & vagina:

No cervical or vaginal mass. The left lateral level of the ectocervix and fornix is a small cystic cluster containing internal haemorrhage which appears in part to be reflective of a small haemorrhagic Nabothian although the fluid more lateral to the cervix maybe a small cluster of exophytic Nabothian's and some haemorrhagic material within the forniceal region. This is difficult to clarify further but does not appear to be intraperitoneal.

Left ovary:

Position: Left lateral adnexa.

Size: 25 x 19 x 25mm (6.2ml).

Follicle(s): Present. Approximately 12 subcentimetre follicles. Dominant collapsing follicle 16mm.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Left lateral adnexa.

Size: 23 x 15 x 18mm (3.2ml).

Follicle(s): Present. Approximately 10 subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

Adnexa:

Some asymmetric thickening along the right uterosacral ligament consistent with old posterior cul-de-sac endometriosis/fibrosis. There are no active glandular deposits identified with no significant architectural distortion. The rectosigmoid overlies the posterior left side of the cervix and uterus without clear adhesions or an endometriotic foci. There is no evidence of hydro or pyosalpinx. Free fluid does layer within the posterior cul-de-sac with no clear features of obliterative deep posterior cul-de-sac endometriosis. Bladder unremarkable, closely applied however to the lower segment scar.

Other findings:

Nil significant.

Dr Steven Knox **Dr Frank Voyvodic**

Electronically signed 16/05/2017 09:00