

**Patient Name:** RRI422  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** NENKE, MARNI  
**Organization:** Modbury Hospital

**Accession Number:** BR-5533212-MR  
**Requested Date:** April 7, 2021 10:20  
**Report Status:** Final  
**Requested Procedure:** 5826427  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** VOYVODIC, FRANK

## **MRI PELVIS**

### **Summary:**

**Intramural focus posterior uterine body ?small non degenerate fibroid vs persistent contraction.**

**No significant uterine pathology.**

**Normal endometrium.**

**Bilateral multifollicular ovarian morphology.**

### **Clinical:**

Cyclical abdominal pain and diarrhoea. Mildly elevated chromogranin ?NET. GATATE PET shows uterine uptake. CT and ultrasound no intrauterine pathology.

### **Technique:**

1.5T multiplanar MR imaging.

### **Comparison Film:**

CT abdomen and pelvic ultrasound, February and January 2021. DOTATE PET CT RAH 18/03/2021.

## **Findings:**

### **Uterus:**

#### **Morphology:**

Midline anteverted anteflexed.

Convex external uterine fundal contour - no septum nor duplication.

#### **Size (corpus + cervix):**

7.8 x 5.4 x 4.3cm, 95cc

#### **Adenomyosis:**

Submucosal microcysts not identified.

No abnormal junctional zone thickening.

**Leiomyoma:**

13mm slightly ill defined T2 hypointense lesion intramural posterior uterine body ? non degenerate fibroid or persistent myometrial contraction. No submucosal or endocavitary lesions.

**Endometrium:** 12mm thickness. No polyp, mass or adhesions.

**Cervix:**

Normal.

**Vagina:**

Normal morphology. Normal posterior vaginal fornix. Normal rectovaginal septum.

**Ovaries:****Right ovary**

**position:** Lateral adnexa

**Size:** 2.5 x 3.5 x 2.1cm.

**Follicle count:** 22 <10mm.

No mass or endometriotic cyst.

**Left ovary**

**position:** Lateral adnexa.

**Size:** 2.1 x 2.8 x 1.8cm.

**Follicle count:** 22 <10mm.

No mass or endometriotic cyst.

**Adnexa:**

No tubal dilatation. No haematosalpinx. Normal morphology urinary bladder.

No uterosacral ligament thickening or rectocervical nodule.

Trace of free fluid within the pouch of Douglas within physiological limits - no posterior cul-de-sac obliteration.

Normal morphology rectosigmoid colon and visualised pelvic small bowel.

No pelvic sidewall masses or lymphadenopathy.

**Dr Frank Voyvodic**

**Dr Adela Tashkent**

Electronically signed 08/04/2021 08:32

**Relevant Clinical Information**

MD-MRI PELVIS