



Patient Name:

RRI108

Patient ID: Gender: Date of Birth:

Home Phone:

Referring Physician: RADESIC, BRUNO Organization: Christies Beach

Accession Number: BR-3349402-MR Requested Date: January 17, 2017 15:36

Report Status: Final
Requested Procedure: 3333032
Procedure Description: MRI PELVIS

Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

Acuate uterine morphology with no septum or duplication. No endocavitary pathology. Small focal region of superficial adenomyosis at the anterior lower uterine cavity. No further significant uterine lesion.

Polycystic ovarian morphology. No endometrioma.

No evidence of pelvic endometriosis/fibrosis. No hydrosalpinx.

Clinical:

Check for uterine abnormalities and adenomyosis.

Worksheet = day 25. G1P0 (4x biochemical additional pregnancies). No section. No prior surgery. 1xD and C.

Technique:

Multi-parametric pelvic MRI fertility protocol including Volumetric 3D Coronal T2 plus reconstructions, T1 axial pre/post fat saturation.

Findings:

Uterus:

<u>Size & morphology</u>: Mild arcuate morphology with obtuse intercornual angle and fundal indentation of the endometrial cavity by around 4mm. No septum or duplication.

Endometrial thickness: 3mm. No endocavitary pathology.

<u>Junctional zone</u>: No junctional zone expansion. There is a single submucosal microcyst noted at the anterior lower uterine segment junctional zone which supports a small focal region of adenomyosis. No discrete adenomyoma. The junctional zone thickness is diffusely measured at 2mm.

Uterine lesions: Not identified.

Cervix & vagina: Bilateral bartholin gland cyst. Left at 17mm and right at 4mm. No complicating features.

Left ovary:

Position: Left lateral adnexa.

Size: 40 x 19 x 30mm (12ml). Polycystic morphology.



Follicle(s): Present >20 subcentimetre follicles. No dominant follicles.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Right lateral adnexa.

Size: 43 x 32 x 45mm (32ml). Enlargement related to dominant follicular activity and background polycystic morphology.

Follicle(s): Present >20 subcentimetre follicles. Single prominent follicle at 33mm.

Lesions and/or endometrioma: Not identified.

Adnexa: Physiologic fluid is present within the pelvis more so in the anterior cul de sac although layering appropriately within the posterior cul de sac eccentric to the right at the site of dominant follicular activity. No uterosacral ligament fibrosis, features of pelvic endometriosis or hydrosalpinx.

Other findings: Nil significant.

Dr Steven Knox

Electronically signed 17/01/2017 17:17