

Patient Name: RRI054
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: MCLEAN, ANGELA
Organization: North Adelaide

Accession Number: BR-4098796-MR
Requested Date: August 1, 2018 14:26
Report Status: Final
Requested Procedure: 4190738
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary :

No MRI scan evidence of mullerian duct anomaly, adenomyosis, leiomyoma, tubal dilatation or infiltrating cul-de-sac endometriosis.

Bilateral presumed ovarian hyperstimulation.

Clinical:

Recurrent implantation failure. PCOS.

Findings:

Uterus:

Morphology:

Midline anteverted anteflexed.

Convex external uterine fundal contour - no septum or duplication.

Size (corpus):

4.4 x 5.2 x 3.4cm (41cc)

Cervix length 26mm.

Adenomyosis:

Submucosal microcysts not identified.

Anterior uterus max JZ thickness 3mm

Fundal uterus max JZ thickness 2mm

Posterior uterus max JZ thickness 4mm.

Leiomyoma:

Absent.

Endometrium:

10mm thick. No polyp, mass or adhesion identified.

Cervix:

Normal.

Vagina:

Normal morphology. Normal posterior vaginal fornix and rectocervical septum.

Ovaries:Right ovary:

Position: Lateral adnexa.

Size: 6.8 x 4.3 x 4.9cm.

Follicle Count: 21 <10mm,

one at 21mm, 18mm, 24mm, 24mm, 21mm, 28mm. Several haemorrhagic.

No masses.

Left ovary:

Position: Lateral adnexa.

Size: 4.9 x 2.9 x 4.8cm.

Follicle Count: 18 <10mm, one at 25mm, 22mm, 19mm. Several haemorrhagic.

No masses.

Adnexa:

Moderate volume free fluid anterior and posterior cul-de-sac. No mass, adhesions or infiltrating endometriosis.

Other findings:

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

Dr Frank Voyvodic

Dr James Hopkins

Electronically signed 03/08/2018 08:49