

Patient Name: RRI129
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: STANKIEWICZ, M
Organization: Ashford

Accession Number: BR-3532836-MR
Requested Date: June 7, 2017 15:56
Report Status: Final
Requested Procedure: 3542947
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary :

Bilateral ovarian endometriomas with the larger measuring 63mm on the left corresponding to the previously documented sonographic abnormality. Significant pelvic endometriosis with obliteration posterior cul de sac with 21mm endometriotic implant posterior lower uterine segment with serosal tethering rectosigmoid junction and medialisation and adherence of both ovaries.

Clinical:

Persistent septated ovarian cyst since October 2016. For further characterisation.

Technique:

1.5T multiplanar MR imaging. Intravenous Buscopan. Day 15 menstrual cycle. G1P1.

Findings:

Uterus:�

Morphology:

Anteverted anteflexed.

Convex external uterine fundal contour - no septum or duplication.

Near full thickness small myometrial defect lower anterior segment at site of previous caesarian section scar.

Size (corpus plus cervix):

9.2 x 5.4 x 5.1cm (133cc)

Adenomyosis:

Submucosal microcysts not identified.

Anterior uterus max JZ thickness 8mm.

Posterior uterus max JZ thickness 9mm.

Fundal uterus max JZ thickness 6mm.

Leiomyoma:

Absent.

Endometrium:

10mm thickness. No mass, polyp or adhesion.

Cervix:

Normal.

Vagina:

Normal morphology. Normal posterior vaginal fornix and recto-cervical septum.

Ovaries:**Right ovary:**

Position: Medialised into central pelvis adherent to left ovary and uterine fundus.

Size: 5.9 x 3.1 x 3.5cm (33.5cc)

Follicle Count: Sixteen <10mm, one at 18mm, one at 20mm.

13mm endometriotic cyst.

Left ovary:

Position: Medialised into central pelvis adherent to right ovary and uterus.

Size: 6.1 x 5.7 x 5.7cm (104cc)

Follicle Count: Seven <10mm. Further follicle at 14mm.

63mm cyst containing haemorrhage consistent with endometrioma.

No concerning features for malignancy.

Adnexa:

No tubal dilatation.

Obliteration of posterior cul de sac with 21 x 21 x 13mm endometrioma deposit invading the serosa of the lower uterine segment . Tethering to the rectosigmoid junction and medialisation and adherence of both ovaries. The sigmoid colon is also in close proximity to the cephalad margin of the right ovary, possibly adherent.

Urinary bladder and anterior cul de sac unremarkable.

Other findings:

Normal morphology urinary bladder, urethra and levator ani musculature.

Dr Frank Voyvodic

Dr Melissa Jenkins

Electronically signed 08/06/2017 17:30