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Patient Name:	RRI407	**Accession Number:**	BR-5980565-MR
Patient ID:		**Requested Date:**	January 14, 2022 11:40
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	6336187
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	RAGHOUDI, ELLEN	**Modality:**	MR
Organization:	North Adelaide		

Findings

Radiologist: HOPKINS, JAMES

MRI PELVIS

Summary :

Expansile polypoid lesion at endocervix favoured to reflect endometrial polyp eminating from low corpus.

No locally infiltrative features or MRI characteristics of an invasive malignancy.

Clinical:

Had ultrasound at Benson's with 3cm multicystic changes slightly increased in size. Clinically Cx appears normal ?benign mucous lesions ?other.

Technique:

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

Findings:

Uterus:

Size and Morphology: Anteverted, with minor left lateral tilt. Normal fundal contour. No septum or duplication. Size (body and corpus) 90 x 38 x 49mm, 87cc.

Leiomyomata: Nil significant.

Endometrial Thickness: Combined endometrial thickness 3mm.

Expansion of the endocervix by hyperintense polypoid lesion measuring 41mm craniocaudal x 35 x 23mm. Slender linear hypointense internal structure eminating from the posterior wall of the low corpus could reflect stalk or base of attachment. Debatable separate anterior stalk or pedicle. No stromal infiltrative features are demonstrated.

Junctional Zone: Junctional zone thin with no subendometrial cystic foci. No specific MRI manifestations of adenomyosis.

Cervix:

3cm length. Above described endocervical features.

Left Ovary:

Size: 27 x 20 x 8mm, 2.2cc.

Follicle(s): Normofollicular morphology.

Lesions and/or Endometrioma: Nil.

Right Ovary:

Size: 27 x 14 x 9mm, 2cc.

Follicle(s): Normofollicular morphology.

Lesions and/or Endometrioma: Nil.

Adnexa:

No adnexal mass.

Other Findings:

No tubal dilatation. Small volume ostensibly simple pelvic fluid which may obviously be physiological. No collection.

Dr James Hopkins
Electronically signed 18/01/2022 08:28

Relevant Clinical Information
MB-MRI PELVIS