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|---|---|---|---|
| **Patient Name:** | RRI058 | **Accession Number:** | BR-2821329-MR |
| **Patient ID:** | | **Requested Date:** | November 13, 2015 08:48 |
| **Gender:** | | **Report Status:** | Final |
| **Date of Birth:** | | **Requested Procedure:** | 2730534 |
| **Home Phone:** | | **Procedure Description:** | MRI PELVIS |
| **Referring Physician:** | THALLURI, VAMSEE | **Modality:** | MR |
| **Organization:** | Ashford | | |

## Findings

**Radiologist:** KNOX, STEVEN

**MRI PELVIS**

**Summary:**

**Conventional uterine anatomy with no septum or duplication. No uterine lesion, endocavitary pathology or adenomyosis.**

**Polycystic ovarian morphology. Small endometriotic cyst to both ovaries.**

**No regional anatomic distortion as imaging evidence of significant regional fibrosis/adhesions. No definable pelvic side wall endometrioma or deep infiltrating posterior cul-de-sac disease. No hydrosalpinx.**

**Clinical:**

?endometriosis ?adenomyosis.

**Technique:**

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

**Findings:**

**Uterus:**

Size & morphology:

Anteverted slightly anteflexed. Size (uterine body and cervix) 99 x 50 x 69mm. Conventional uterine anatomy with no septum or duplication identified.

Endometrial thickness:

ET = 9mm. No endocavitary pathology. A few small mucosal base cysts are noted although no submucosal microcysts are seen.

Junctional zone:

Thickness is appropriate throughout. No expansion identified. No submucosal microcyst. No direct or indirect evidence of adenomyosis. JZ average 5mm.

Uterine lesions:

Not identified.

**Cervix & Vagina:**

Nil significant.

**Left Ovary:**

Position:

Left lateral adnexa.

Size:

52 x 18 x 40mm (20ml). Increase. Polycystic morphology.

Follicle(s):

>20cm follicle. No dominant follicle. Polycystic morphology.

Lesions and/or endometrioma:

Two tiny endometriotic cysts present within the left ovary measuring 4 and 3mm respectively.

**Right Ovary:**

Position:

Right lateral adnexa.

Size:

49 x 27 x 46mm (31ml). Enlargement related to both dominant follicular activity and polycystic morphology.

Follicle(s):

Present. > 20 peripherally placed subcentimetre follicles. Collapsing dominant follicle at 22mm.

Lesions and/or endometrioma:

Present. Approximately four small endometriotic cysts. The largest measuring 10mm.

**Adnexa:**

Free fluid lies appropriately within the posterior cul-de-sac. There is no posterior cul-de-sac obliteration or deep infiltrating posterior cul-de-sac disease. No clear regional adhesion. No uterosacral ligament spiculation, nodularity or clear fibrotic change. No pelvic side wall endometrioma. No regional anatomic distortion.

**Other Findings:**

Lumbosacral spine unremarkable.

Radiologist: Dr S. Knox

Second Reader: Dr F. Voyvodic