

**Patient Name:** RRI134  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** HULL, LOUISE  
**Organization:** Ashford

**Accession Number:** BR-2832203-MR  
**Requested Date:** November 23, 2015 09:49  
**Report Status:** Final  
**Requested Procedure:** 2742851  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** KNOX, STEVEN

## **PELVIC MRI**

### **Summary:**

Mild arcuate uterine morphology. There is a small synechia favoured at the right cornual region although otherwise the uterine cavity is definable with no endocavitary pathology. No adenomyosis or uterine lesion.

Appropriate physiologic fluid within the pelvis with no gross regional anatomic distortion. In particular, no imaging evidence of deep posterior cul-de-sac disease. There is a single small endometriotic cyst to the right ovary. No other definable endometriomas or architectural distortion. Normal follicular activity.

No hydrosalpinx or other relevant findings.

### **Clinical:**

Infertility and some symptoms of endometriosis.

**Worksheet** = Day 21 G2P0. No prior section. TOP 2000, 2009.

### **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): 79 x 33 x 51mm. Mild arcuate morphology with no septum or duplication identified. Mild arcuate vascular prominence.

Endometrial thickness: ET = 7mm. No endocavitary polyp or mass. A thin linear band at the right cornua suggests a small synechia in this location but the endometrial cavity is otherwise well defined.

Junctional zone: No submucosal microcyst or junctional zone expansion supporting imaging evidence of adenomyosis. Junctional zone average 5mm.

Uterine lesions: Not identified.

#### **Cervix & Vagina:**

No cervical or vaginal lesions.

#### **Left Ovary:**

Position: Left lateral adnexa.

Size: 21 x 15 x 21mm (3.8ml).

Follicle(s): Present. Approximately seven small subcentimetre follicles.

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Lesions and/or endometrioma: Not identified.

**Right Ovary:**

Position: Right lateral adnexa.

Size: 43 x 26 x 21mm (12.3ml).

Follicle(s): Present. Approximately ten subcentimetre follicles. Two 10-15mm. Dominant collapsing follicle 19mm.

Lesions and/or endometrioma: Tiny medial endometriotic cyst measuring 4mm.

**Adnexa:**

No hydrosalpinx. The posterior cul-de-sac remains definable with no evidence of deep infiltrating posterior cul-de-sac disease or other regional fibrosis/adhesions. No loculated physiologic fluid.

**Other Findings:**

Lumbosacral spine unremarkable. No other definable intra-abdominal or pelvic pathology.

Radiologist: Dr S. Knox

Second Reader: Dr M. Jenkins