

**Patient Name:** RRI568  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** REID, SALLY  
**Organization:** North Adelaide

**Accession Number:** BR-5911975-MR  
**Requested Date:** November 25, 2021 08:45  
**Report Status:** Final  
**Requested Procedure:** 6258040  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** CHONG, WOON KIT

## **MRI PELVIS**

### **Summary :**

**Acute on chronic endometriotic disease in the cul de sac which appears obliterated. Adherent rectum/sigmoid to the posterior uterine wall. Invasive endometriotic disease seen through the posterior myometrium from fundus to neck. Ovaries difficult to appreciated. Small cystic areas over the posterolateral walls of the uterus - adherent/incorporated ovaries to areas of invasive endometriosis?**

**No hydrosalpinx. No endometriomas. No adenomyosis or mullerian duct abnormality.**

**Small uterine fibroids.**

### **Clinical:**

Known severe endometriosis. Right salpingectomy? Left fixed ovary? PV prominence, smooth lump left hand side. Cervix seems deviated to this side. Fibroid? Endometriosis?

### **Technique:**

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

### **Findings:**

#### **Uterus:**

##### **Size & morphology:**

301cc (6.4 x 8.4 x 10.8cm). Anteverted. No mullerian duct abnormality.

##### **Endometrial thickness:**

2mm.

##### **Junctional zone:**

Anterior maximal junctional zone thickness 6mm.

Posterior maximal junctional zone thickness 6mm.

Fundal maximal junctional zone thickness 8mm.

No features of adenomyosis.

Uterine lesions:

Ill defined area of low T2 signal posterior myometrial wall extending from the fundus to neck. Area of involvement estimated at:

Superior inferior 7.5cm

Anterior posterior 2.8cm

Transverse 8cm.

Mixed signal in an obliterated cul de sac with low and high T1 fat sat signal appreciated. Long segment tethering of adjacent rectosigmoid involving a length of approximately 4.8cm. Acute on chronic endometriosis with myometrial invasion favoured.

There are fibroids seen in:

1. Left anterior body. FIGO 4. Mural. 14mm.
2. Posterior body. At least 3 foci seen. FIGO 4. Mural Largest measures 11mm.

**Cervix & vagina:**

Normal morphology.

**Left ovary:**

Difficult to identify.

**Right ovary:**

Difficult to identify.

There are small cystic areas over the posterolateral uterus with no increased T1 signal changes. Follicles in adherent ovaries?

**Adnexa:**

No hydrosalpinx.

**Other findings:**

No significant free fluid. No adenopathy. Lumbosacral spine is unremarkable.

**Dr Woon Kit Chong**

Electronically signed 25/11/2021 11:27

**Relevant Clinical Information**

MB-MRI PELVIS