



Patient Name:

RRI007

Accession Number: Requested Date:

BR-3140489-MR August 3, 2016 08:42

Report Status: Requested Procedure: **Procedure Description:**

3094159 MRI PELVIS

Final

Modality:

MR

Home Phone: Organization:

Referring Physician: TREMELLEN, KELTON North Adelaide

Findings

Radiologist:

JENKINS, MELISSA

MRI PELVIS

Summary:

A little low T2 endometrial signal is favoured as blood products, being more linear than expected for endometrial polyps.

No adenomyosis or uterine fibroids.

Small left ovarian endometrioma. Retroflexed uterus with some thickening at the posterior uterosacral junction is favoured as superficial endometriosis.

Clinical:

Recurrent implantation failure. Clinically adenomyosis.

Technique:

Routine MRI fertility protocol. Day 22 of cycle. G1 P0. Previous laparoscopy and hysteroscopy.

Findings:

Uterus:

Retroverted uterus.

Size & morphology: 87 x 52 x 53mm. Conventional morphology with no septum or duplication.

Endometrial thickness: There is a little low density within the endometrial cavity, which is favoured as blood products. This is more diffuse than expected for polyps.

<u>Junctional zone</u>: There is no junctional zone thickening or submucosal microcyst formation to support underlying adenomyosis. Maximal JZ thickness as follows:

Anterior JZ 4mm.

Fundal JZ 3mm.

Posterior JZ 4mm.

Uterine lesions: None convincing.

Cervix & Vagina:

Unremarkable.





Left Ovary:

Position: Left adnexa.

Size: 10cc (3.3 x 2.4 x 2.5cm).

<u>Follicle(s)</u>: 10 follicles at 8mm or less. One at 12mm. <u>Lesions and/or endometrioma</u>: 15mm endometrioma.

Right Ovary:

Position: Right adnexa.

Size: 7cc (2.9 x 2.2 x 2.2cm).

Follicle(s): Approximately 18 follicles at 7mm or less. Collapsing follicle/corpus luteum at 18mm.

Lesions and/or endometrioma: None identified.

Adnexa:

There is a little low T2 thickening at the posterior uterocervical junction, with the impression of a microcyst at this site, suggestive of endometriosis. Right ovary potentially tethered.

No hydrosalpinx.

Other Findings:

Nil significant.

<u>Dr Melissa Jenkins</u> <u>Dr Steven Knox</u>

Electronically signed 04/08/2016 17:00