

Patient Name: RRI071
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: SINGLA, AMITA
Organization: Ashford

Accession Number: BR-3503318-MR
Requested Date: May 17, 2017 10:23
Report Status: Final
Requested Procedure: 3509162
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary:

Borderline diffuse junctional zone thickening but no features of deeply invasive adenomyosis.

Clinical:

Has adenomyosis.

Technique:

1.5T multiplanar MR imaging. Intravenous Buscopan. Day 23 menstrual cycle. G4 P4. Three previous LSCS.

Findings:

Uterus:

Morphology:

Midline anteverted anteflexed.

Convex external uterine fundal contour - no septum or duplication.

Moderately deep niche anterior lower uterine segment at site of previous LSCS.

Size (corpus + cervix):

10.4 x 7.4 x 5.6cm (226cc)

Adenomyosis:

No submucosal microcysts identified.

Anterior uterus max JZ thickness 11mm.

Posterior uterus max JZ thickness 11mm.

Fundal uterus max JZ thickness 10mm.

Leiomyoma:

Absent.

Endometrium:

9mm thickness. No masses or adhesions.

Cervix:

Normal.

Vagina:

Normal morphology. Normal posterior vaginal fornix and rectocervical septum.

Ovaries:

Right ovary:

Position: Upper lateral adnexa.

Size: 2.6 x 3.6 x 1.3cm (6.4cc)

Follicle Count: 7 < 10mm.

No masses or endometriotic cysts.

Left ovary:

Position: Anterolateral adnexa.

Size: 3.7 x 1.4 x 4.0cm (10.8cc)

Follicle Count: 9 < 10mm.

No masses or endometriotic cysts.

Adnexa:

No tubal dilatation. Physiologic volume fluid posterior cul-de-sac. Tniy 7mm rounded focus follows fat signal on T1 weighted image and is favoured as a loose body/detached epiploic appendage - not significant. No evidence of masses, adhesions or infiltrating cul-de-sac endometriosis.

Other findings:

Normal morphology rectosigmoid colon, urinary bladder, urethra and levator ani musculature.

Dr Frank Voyvodic

Dr Melissa Jenkins

Electronically signed 18/05/2017 13:45