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Patient Name:	RRI029	**Accession Number:**	BR-4135682-MR
Patient ID:		**Requested Date:**	August 27, 2018 15:20
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	4233144
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	ROBERTS, DARREN	**Modality:**	MR
Organization:	North Adelaide		

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary :

No significant intra-pelvic pathology. There is some asymmetry at the pelvic floor which is related to a partial tear of the right puborectalis at anterior attachment. There is no prolapse or other pathology identified. No additional findings at the level of the rectum or anal canal.

Clinical:

Pelvic pain, seems focused to levator muscles. Sharp rectal type pain when using bowels and dyspareunia.

Worksheet = ? day 14. G1P1. Prior caesarean 2016. Prior cystectomy approximately 8 years ago.

Technique:

Multi-parametric pelvic MRI fertility protocol including Volumetric 3D Coronal T2 plus reconstructions, T1 axial pre/post fat saturation. Extended coverage to involve the pelvis and anal canal including PD and PD fat sat sequences.

Findings:

Uterus:

Size & morphology: anteverted. No significant flexion. Size: (uterine body and cervix): 72 x 36 x 42mm. Conventional uterine anatomy with no septum or duplication. There has been a prior caesarean with a lower segment scar. Scar thickness 6mm. No significant niche.

Endometrial thickness: ET = 2.5mm. No endocavitary pathology.

Junctional zone: Transient anterior junctional zone expansion related to physiologic activity. No junctional zone persisting thickening to support adenomyosis or background submucosal microcysts. Anterior JZ - 4.6mm.

Fundal JZ - 5mm, posterior JZ - 5.5mm.

Uterine lesions: Not identified. There is some suspected scar/ fibrosis within the anterior cul-de-sac in close approximation of the bladder and uterine body/ lower segment and serosal surfaces. No complexity.

Cervix & vagina:

No cervical or vaginal lesion.

Left ovary:

Position:&#0;Anterior left lateral adnexa.

Size:&#0;15 x 14 x 16mm (1.8mls)

Follicle(s): Small present. Approximately 4 subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position:&#0;Right lateral mid adnexa.

Size:&#0;29 x 24 x 32mm (11.6mls). Enlargement related to dominant follicular activity.

Follicle(s): Present. Approximately 6 subcentimetre follicles. Dominant follicle 29mm.

Lesions and/or endometrioma: Not identified.

Adnexa:

Free fluid layers appropriately within the posterior cul-de-sac. There is no evidence of deep posterior cul-de-sac endometriosis/ fibrosis. Uterosacral ligaments are unremarkable. No hydrosalpinx.

No pelvic mass.

Pelvic Floor:

Asymmetry to the puborectalis sling which is thinned on the right relative to the left. Features support partial anterior puborectalis detachment although complete detachment is not identified. The levator ani is otherwise unremarkable.

Anal Canal:

Normal signal to the internal and external anal sphincters. There is no evidence of perianal sepsis. No fistula or sinus is identified. The ischioanal fossa is normal. Ischiorectal fossa is unremarkable.

Other Findings:

Bony pelvis appears appropriate. There is no abnormality of the pelvic side wall. No abnormality along the course of the pudendal nerve. No hip joint effusions.

Dr Steven Knox **Dr Frank Voyvodic**

Electronically signed 29/08/2018 11:27