

Patient Name: RRI090
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: GRANT, JULIE
Organization: North Adelaide

Accession Number: BR-5040148-MR
Requested Date: May 29, 2020 14:11
Report Status: Final
Requested Procedure: 5267718
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary:

Infiltrating pelvic endometriosis confirmed.

Partial obliteration posterior cul-de-sac with endometriotic plaque elevating posterior vaginal fornix and involving uterine serosa and transmurial segment of anterior rectal wall 12cm above the anal verge.

Ovaries appear spared on the side wall with bilateral oligofollicular morphology.

Clinical:

Bowel pain and pain on defaecation with menses.

Increasing dysmenorrhoea.

?endometriosis.

Technique:

1.5T multiplanar phase array surface coil MR imaging.

Intravenous buscopan.

Day 23 menstrual cycle.

G0P0.

Findings:

Uterus:

Morphology:

Midline retroverted anteflexed relatively posterior position in pelvis.

Convex external uterine fundal contour with arcuate configuration - no septum or duplication.

Size (uterine corpus):

6.2 x 5.7 x 4.8cm (88cc)

Adenomyosis:

Submucosal microcysts not identified.

No significant junctional zone thickening anteroposterior uterus and fundus.

Leiomyoma:

Absent.

Endometrium:

9mm thickness.

No polyp, mass or adhesions.

Cervix:

Normal.

Vagina:

Elevated posterior vaginal fornix with abnormal rectocervical septum.

Ovaries:

Right ovary:

Position: Lateral side wall.

Size: 3.4 x 2.0 x 3.0cm (10.7cc)

Follicle Count: 4<10mm.

No mass or endometriotic cyst.

Left ovary:

Position: Lateral adnexa.

Size: 1.9 x 1.2 x 1.7cm (2.0cc)

Follicle Count: 6<10mm.

No mass or endometriotic cyst.

Adnexa:

No tubal dilatation.

Partial obliteration posterior cul-de-sac in the midline associated with endometriotic plaque invading the uterine serosa and anterior rectal wall 12cm above the anal verge.

Rectal wall involvement extends for superoinferior distance of 15mm and appears near transmural.

There is further hypointense thickening of the uterosacral ligaments bilaterally.

No ureteric involvement.

Anterior cul-de-sac shows small volume of free fluid within physiologic limits - no endometriosis changes identified.

Other findings:

Normal morphology urinary bladder, urethra and levator ani musculature.

Normal lumbosacral spine and pelvic side wall.

Dr Frank Voyvodic

Dr James Bewes

Electronically signed 30/05/2020 17:36