



Patient Name: RRI494

Patient ID: Gender: Date of Birth: Home Phone:

Referring Physician: FIELKE, RICK **Organization:** North Adelaide

Accession Number: BR-5896067-MR

Requested Date: November 16, 2021 08:59

Report Status: Final
Requested Procedure: 6240000
Procedure Description: MRI PELVIS

Modality: MR

Findings

Radiologist: HOPKINS, JAMES

MRI PELVIS

Summary:

Bilateral endometriotic masses associated with ovaries as described.

Superficial endometriotic plaque overlying dorsal uterine corpus and cervix. Regional architectural distortion with the left ovary mildly medialised and applied to dorsal surface of uterine fundus.

No deeply infiltrating endometriotic lesions demonstrated.

Clinical:

Surgical planning. On ultrasound two endometriomas, large on the right and small on the left ?change between left ovary and posterior uterine wall.

Technique:

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

Findings:

Uterus:

<u>Size & morphology</u>: Anteverted, anteflexed. Minimal left lateral pelvic tilt. Normal fundal contour. No septum or duplication. Size (cervix and body) 110 x 58 x 57mm. Calculated volume 190cc.

Leiomyomata: Ocassional small intramural fibroids, largest 8mm anterior corpus. No endocavitatory lesion or subserosal fibroid.

Endometrium: 16mm. No focal endometrial abnormality demonstrated.

Junctional zone: 4mm anterior, 7mm fundal, 6mm posterior. No subendometrial cystic changes. No specific features of adenomyosis.

Cervix & vagina:

Small Nabothian cysts. Normal morphology.

Left ovary:

<u>Position</u>: Mild medialisation and apposition to posterior uterine fundus.

Size: 37 x 33 x 37mm. Calculated volume 23cc.

Lesions and/or endometrioma: 32mm diameter heterogeneously T2 hyperintense, T1 hyperintense lesion supportive of endometrioma.







Right ovary:

Position: Right lateral sidewall lie.

<u>Size</u>: 49 x 61 x 54mm. Calculated volume 85cc. Enlarged by virtue of a 54mm diameter lesion displaying intermediate T2 signal and T1 hyperintensity supportive of endometrioma.

Other findings:

No tubal dilatation. There is mixed T2 hypointense plaque like material overlying the dorsal uterine corpus and cervix with small punctate foci of haemorrhagic material amongst this and consistent with endometriotic plaque. No deeply infiltrative features. No pelvic collections or adenopathy. No pelvic bony abnormality.

Dr James Hopkins

Electronically signed 17/11/2021 09:22

Relevant Clinical Information MB-MRI PELVIS