

Patient Name: RRI425
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: WEBBER, KYLIE
Organization: North Adelaide

Accession Number: BR-5647233-MR
Requested Date: June 16, 2021 09:49
Report Status: Final
Requested Procedure: 5956768
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary :

Bulky fibroid uterus. There are no submucosal fibroids identified. The vast majority of the fibroids are subserosal or intramural/subserosal. All are non degenerate, non suspicious. Fibroids > 10mm anatomic details provided.

Uterine adenomyosis. No endocavitary pathology. IUD appropriately in situ.

No significant ovarian pathology. No hydrosalpinx. No structural changes to suggest significant pelvic endometriosis/fibrosis.

Clinical:

Fibroid uterus. History of endometriosis. Pre-op planning.

Technique:

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

Findings:

Uterus:

Size & morphology: Anteverted, retroflexed. Size 11.1 x 9.6 x 6.2cm. Enlargement related to multifocal fibroids. Conventional cavity without septum or duplication.

Endometrial thickness: ET = 2mm. There is an IUD appropriately in situ. No myometrial penetration identified.

Junctional zone: Indistinct expanded junctional zone, supportive of adenomyosis. Junctional zone measures 14mm anteriorly, 18mm at fundus and 17mm posteriorly.

Uterine lesions: Multifocal fibroids. There are no fibroids identified with submucosal projection. The vast majority are intramural to subserosal. There is no significant submucosal projection. Approximately six fibroids < 10mm appearing intramural to subserosal are present. All fibroids are non degenerate and non suspicious. Largest/relevant fibroids as follows:

1. Anterior left uterine body. Intramural/subserosal. Approximately 50% subserosal projection. Size 29mm. Distance of 2mm from serosal surface, 14mm from mucosal surface.
2. Left fundal pedunculated subserosal. Size 25mm. Base of attachment approximately 8mm.
3. Fundal intramural/subserosal. Approximately 25% subserosal projection. Size 30mm. 1mm from serosal surface, 12mm from mucosal surface.

4. Right lateral anterior uterine body intramural/subserosal. Around 10% subserosal projection. Size 23mm. 1mm from serosal surface, 9mm from mucosal surface.
5. Left posterior fundal pedunculated subserosal. Size 33mm. Base of attachment 10mm.
6. Posterior central uterine body pedunculated subserosal. Size 56mm. Base of attachment approximately 26mm.
7. Right fundal pedunculated subserosal. Size 25mm. Base of attachment 14mm.
8. Right uterine body/fundus pedunculated subserosal. Size 15mm. Base of attachment 12mm.

Cervix & vagina:

No pathologic features.

Left ovary:

Position: Left lateral adnexa.

Size: 38 x 23 x 26mm (11.8ml). Enlargement related to dominant follicular activity.

Follicle(s): Present. Dominant follicle 24mm. Approximately six subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Right lateral adnexa.

Size: 31 x 18 x 27mm (7.8ml).

Follicle(s): Present. Approximately six subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

Adnexa:

There is local mass effect from the largest fibroids particularly at a posterior uterine body pedunculated fibroid which displaces the sigmoid colon to the right of midline. No architectural distortion to suggest pelvic endometriosis/fibrosis. No pelvic sidewall endometrioma. Uterosacral ligaments appear appropriate. There is normal physiologic fluid layering within the posterior cul-de-sac. No hydrosalpinx.

Other findings:

No other significant intra-abdominal or pelvic pathology.

Dr Steven Knox

Electronically signed 17/06/2021 12:46

Relevant Clinical Information

MB-MRI PELVIS