





**RRI049** 

Accession Number: BR-4730930-MR
Requested Date: October 17, 2019 14:58

Report Status: Final
Requested Procedure: 4914538
Procedure Description: MRI PELVIS

Modality: MR

Referring Physician: WEBBER, KYLIE Organization: Christies Beach

**Findings** 

Radiologist: VOYVODIC, FRANK

**MRI PELVIS** 

**Summary:** 

No MRI scan evidence of deeply infiltrating pelvic endometriosis.

Normal morphology rectosigmoid colon.

Right posterior L5-S1 disc extrusion with right S1 nerve root displacement/compression.

Clinical:

Severe rectal pain with periods. ?deep infiltrating endometriosis.

Procedure:

1.5T multiplanar MR imaging.

Findings:

**Uterus:** 

Morphology:

Midline anteverted anteflexed.

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

Size:(Uterine corpus)

5.7 x 5.2 x 3.7cm (57cc)

Adenomyosis:

Submucosal microcysts not identified.

Junctional zone thickness less than 5mm throughout.

Leiomyoma:

Absent.

Endometrium:

4mm thickness. No polyp mass or adhesions.





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Normal.

## Vagina:

Normal morphology. Normal rectovaginal space.

## **Ovaries:**

Right ovary:

Position: Lateral adnexa.

Size: 3.0 x 1.2 x 1.9cm (3.6cc)

Follicle Count: 12 <5mm

No mass or endometriotic cyst.

Left ovary:

Position: Lateral adnexa.

Size: 3.3 x 1.9 x 1.5cm (4.9cc)

Follicle Count: 13 <5mm

No mass or endometriotic cyst.

#### Adnexa:

No tubal dilatation.

No masses or adhesions are identified.

No evidence of superficial or deeply infiltrating endometriosis in the anterior and posterior cul de sac.

Normal morphology uterosacral ligament.

## Other findings:

Normal morphology rectosigmoid colon.

Normal urinary bladder, urethra and levator ani musculature.

Right posterior L5-S1 disc extrusion, contacting and displacing the right S1 nerve root.

# <u>Dr Frank Voyvodic</u> <u>Dr Parineet Takhar</u>

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