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|---|---|---|---|
| **Patient Name:** | RRI019 | **Accession Number:** | BR-4372620-MR |
| **Patient ID:** | | **Requested Date:** | February 14, 2019 14:41 |
| **Gender:** | | **Report Status:** | Final |
| **Date of Birth:** | | **Requested Procedure:** | 4504761 |
| **Home Phone:** | | **Procedure Description:** | MRI PELVIS |
| **Referring Physician:** | MCKENDRICK, LINDA | **Modality:** | MR |
| **Organization:** | North Adelaide | | |

## Findings

**Radiologist:** KNOX, STEVEN

**MRI PELVIS**

**Summary:**

**Placenta praevia, with internal os covered by the placenta mass. The placental mass itself is predominantly posterior to left lateral, with a small succenturiate lobe favoured at the anterior left para median wall, although in very close proximity to the dominant placental mass. There are no clear imaging features of placenta accreta.**

**Clinical:**

MRI to exclude placenta accreta.

G2P1. Previous LSCS, placenta praevia.

**Comparison Study:**

21/12/2018 morphology scan (Bensons) and ultrasound (Adelaide Women's Imaging 12/02/2019 and 18/12/2018).

**Technique:**

Routine T2 HAST and TRU FI images.

**Findings:**

**Gestation:**

Single viable intra uterine gestation with movement identified during the scan. The fetal anatomic detail on these views is unremarkable. Liquor volume appears appropriate on MRI.

The placenta covers the os and with the dominant placenta mass posterior although with inferior anterior extension and a small island/ succenturiate lobe of placental tissue which sits on the anterior wall around 2mm from the main mass. This is positioned at around 6cm above the internal os. It does not have concerning features. The history of prior LSCS is noted. On these views there does not appear to be any clear evidence of placenta accreta. The placental mass is predominantly homogeneous with fine linear internal low T2 normal septa present. Subplacental vascularity appears appropriate. The placental myometrial interface appears preserved and is quite well appreciated on the TRUFI images.

Overlying serosal surface appears appropriate. There is no uterine irregularity identified. No areas of internal haemorrhage or placental bands. No tenting.

**Other Findings:**

No renal collecting system dilatation. Engorgement of the gonadal vessels as anticipated. No intra abdominal free fluid. The anterior abdominal wall appears unremarkable.

**Dr Steven Knox** **Dr Frank Voyvodic**

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