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Patient Name:	RRI124	**Accession Number:**	BR-4147739-MR
Patient ID:		**Requested Date:**	September 4, 2018 15:54
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	4247015
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	DEFONTGALLAND, DAYAN	**Modality:**	MR
Organization:	City West		

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary :

Significant response to gonadotropin-releasing hormone agonist (Zoladex).

Significant reduction in volume of posterior cul-de-sac endometriosis and resolution of haemorrhagic/glandular components with residual fibrosis. Focal serosal tethering upper rectum without transmural rectal involvement.

Associated reduction in uterine corpus volume and decrease in degree of junctional zone thickening.

Likely pedunculated intercavitary fibroid with some minor degeneration.

Clinical:

Severe endometriosis with rectal tethering to posterior wall of uterus. ? Improvement on Zoladex.

Technique:

3T multiplanar MR imaging.

Comparison Films:

MRI 23/01/2018.

Findings:

Uterus:

Morphology:

Anteverted anteflexed.

Previous LSCS scar with focal thinning anterior myometrium lower segment noted.

Size (uterine corpus):

6.3 x 6.4 x 5.9cm (125cc) compared to 249cc (8.3 x 8.2 x 7.0cm) on MRI 23/01/2018.

Cervix length 27mm.

Adenomyosis:

Diffuse junctional zone thickening up to 13-14mm (reduced from 23mm on previous MRI).

Leiomyoma:

34 x 15mm diameter mass within the endometrial cavity was noted on previous exam although has also shown some reduction in size and likely reflects endocavitary fibroid pedunculated with posterior fundal attachment and some intermediate T2 signal suggesting degeneration.

Endometrium:

Nil additional

Cervix:

Normal.

Vagina:

Normal.

Ovaries:

Right ovary:

Position: Medialised to central pelvis.

Size: 1.9 x 2.3 x 1.4cm.

Follicle Count: Five < 10mm.

No mass or endometriotic cyst.

Left ovary:

Position: Slightly medialised.

Size: 2.3 x 2.3 x 1.7cm.

Follicle Count: Five < 10mm, one at 11mm.

No mass or endometriotic cyst.

Adnexa:

Infiltrating posterior cul-de-sac endometriosis with tethering to serosa of the upper rectum anteriorly approximately 14cm above the anal verge.

No evidence of transmural rectal wall involvement.

Disease is T2 hypointense suggesting predominantly fibrotic and there is a significant reduction in overall extent size and glandular component compared to previous MRI of 23/01/2018.

The cul-de-sac disease contacts the posterior cervix with stranding to the ovaries bilaterally. No ureteric obstruction.

Other findings:

No anterior cul-de-sac disease. Normal morphology urinary bladder, urethra and levator ani musculature.

Dr Frank Voyvodic **Dr Yen-Lee Leong**

Electronically signed 05/09/2018 15:00