

Patient Name: RRI082
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: LIUBINAS, EDWINA
Organization: Salisbury

Accession Number: BR-4681100-MR
Requested Date: September 13, 2019 15:13
Report Status: Final
Requested Procedure: 4857472
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary:

No MRI scan evidence of tubal dilatation, ovarian pathology or infiltrating cul-de-sac endometriosis.

Clinical:

Chronic pelvic pain ?endometriosis. G2 P2 past LSCS.

Technique:

3T multiplanar MR imaging intravenous Buscopan. Day 1 menstrual cycle.

Findings:

Uterus:

Morphology:

Midline anteverted.

Normal anteverted anteflexed.

Convex external uterine fundal contour:

No septum or duplication.

Shallow anterior segment incomplete muscle defect at site of previous LSCS.

Size (uterine corpus):

5.9 x 5.7 x 4.2cm (74cc)

Cervical length 26mm.

Adenomyosis:

Minor generalised thickening of the junctional zone likely related to phase of menstrual cycle and can mimic adenomyosis.

No submucosal microcysts or other supporting features of significant disease.

Leiomyoma:

Absent.

Endometrium:

10mm thick.

Cervix:

Normal.

Vagina:

Normal morphology.

Normal posterior vaginal fornix and rectocervical septum.

Ovaries:**Right ovary:**

Position: Lateral adnexa.

Size: 2.2 x 1.5 x 2.0cm (3.5cc)

Follicle Count: Eight <5mm.

No mass or endometriotic cyst.

Left ovary:

Position: Anterior adnexa.

Size: 4.5 x 1.7 x 2.2cm (8.8cc)

Follicle Count: Six <5mm, one at 12mm, one at 13mm.

No mass or endometriotic cyst.

Adnexa:

No tubal dilatation.

No masses.

No evidence of infiltrating cul-de-sac endometriosis.

Small bowel serosa closely applied to the pelvic peritoneum over the uterus and rectouterine space but no bowel distortion or tethering is seen to support the presence of entero-visceral or entero-parietal adhesions.

Other findings:

Normal morphology rectosigmoid colon.

Normal terminal ileum.

Normal retrocolic appendix.

No pelvic sidewall varices.

Lower lumbar spine normal.

Normal morphology distal ureters, urinary bladder, urethra and levator ani musculature.

Dr Frank Voyvodic

Electronically signed 13/09/2019 17:12