

Patient Name: RRI136
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: HULL, LOUISE
Organization: North Adelaide

Accession Number: BR-5401538-MR
Requested Date: January 14, 2021 09:37
Report Status: Final
Requested Procedure: 5675872
Procedure Description: MRI PELVIS*
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary :

No gross MRI evidence of underlying pelvic endometriosis/fibrosis. No oblitative change to the deep cul-de-sac. Conventional uterine anatomy. No endocavitary pathology. No uterine lesions. Normal ovarian follicular activity.

Clinical:

University of Adelaide RRI endometriosis study.

Study ID: Not stated.

Technique:

Modified fast screening endometriosis trial protocol including sagittal T2 images, T2 volumetric acquisition of the pelvis plus reconstructions. T1 DIXON.

Findings:

Uterus:

Size & morphology: Anteverted anteflexed. Image quality is slightly reduced due to adjacent bowel artefact and the fast trial protocol scan nature without Buscopan. Images remain diagnostic however. Fine detail is lost. Uterus size 95 x 38 x 53mm. Conventional uterine anatomy without septum or duplication.

Endometrial thickness: ET=8mm. No endocavitary pathology.

Junctional zone: Normal. No junctional zone expansion. No submucosal microcyst or supportive features for adenomyosis. Anterior JZ 3mm, fundal JZ, 5mm, posterior JZ, 4mm. No adenomyosis.

Uterine lesions: Not identified.

Cervix & vagina:

No cervical or vaginal features of concern. No vaginal forniceal elevation.

Left ovary:

Position: Left lateral adnexa.

Size: 40 x 28 x 29mm (17ml). Enlarged.

Follicle(s): <25 subcentimetre follicles. The enlargement is favoured to reflect a collapsing old haemorrhagic follicle at 22mm although some image degradation from the motion artefact is noted. No features of concern however.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Right lateral adnexa.

Size: 71 x 11 x 21mm (8.5mls). Elongated related to a dominant right follicle.

Follicle(s): Present. Approximately 8 subcentimetre follicles. Dominant follicle exophytic right inferior aspect at 27mm.

Lesions and/or endometrioma: Not identified.

Adnexa:

No hydrosalpinx. Posterior cul-de-sac remains definable. No active haemorrhagic foci are seen. There is no anatomic distortion as anticipated with endometriosis/fibrosis. Physiologic fluid extends through the deep posterior cul-de-sac. uterosacral ligaments appear appropriate. No bowel lesions are definable.

Dr Steven Knox

Electronically signed 15/01/2021 08:36

Relevant Clinical Information

MB-MRI PELVIS*