

**Patient Name:** RRI115  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** FISCHER, SIMONA  
**Organization:** Ashford

**Accession Number:** BR-3035280-MR  
**Requested Date:** May 11, 2016 11:55  
**Report Status:** Final  
**Requested Procedure:** 2973805  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** VOYVODIC, FRANK

## **MRI PELVIS**

### **Summary :**

**Small non degenerate intramural uterine leiomyoma.**

**No evidence of adenomyosis.**

**64mm right ovarian endometrioma associated with posterior cul-de-sac obliteration and infiltrating endometriosis with involvement of the anterior mid rectum and mid sigmoid colon.**

**No transmural bowel involvement identified (ultrasound report findings noted - sensitivity of MRI to this disease is limited).**

### **Clinical:**

Extent of endometriosis ? rectal involvement.

### **Technique:**

1.5T multiplanar MR imaging. Day 24 of menstrual cycle. G2 P1.

### **Comparison Study:**

Ultrasound Pelvis report 20/04/2016.

### **Findings:**

#### **Uterus:**

##### **Morphology:**

Anteverted anteflexed tilted to the left.

Convex external uterine fundal contour - no septum or duplication.

##### **Size (corpus plus cervix):**

8.4 x 6.3 x 5.2cm , 144cc

##### **Adenomyosis:**

Submucosal microcysts not identified.

Anterior uterus max JZ thickness 7mm.

Posterior uterus max JZ thickness 7mm.

Fundal uterus max JZ thickness 6mm.

Leiomyoma:

Present. Solitary non degenerate 12mm diameter intramural right anterior uterine body (FIGO class IV). No submucosal or endocavitary lesions.

Endometrium:

8mm thickness. No polyps masses or adhesions.

Cervix:

Normal.

**Vagina:**

Normal morphology.

**Ovaries:**Right Ovary:

Position: Right adnexa and central pelvis adherent to uterus and sigmoid colon

Size: 6.3 x 6.2 x 6.4cm (134cc)

Follicle Count: Multiple small scattered throughout.

64mm max diameter septated cyst containing old haemorrhage consistent with endometrioma.

Adherent to uterus as well as mid sigmoid colon at the level of the sacral promontory.

Left Ovary:

Position: Left adnexa.

Size: 4.6 x 2.6 x 3.1cm (19.4cc)

Follicle Count: Over 20 less than or equal to 5mm.

No masses or endometriotic cysts.

**Adnexa:**

No tubal dilatation. Posterior cul-de-sac obliteration with infiltrating fibrotic type endometriosis involving the torus uterinus with adherence to the posterior uterine body serosa and right ovarian endometrioma. Fibrotic stranding contacts the serosa of the mid rectum - no MRI scan evidence of transmural rectal involvement. It is uncertain whether this focus of rectal involvement represents the nodule identified involving the rectal mucosa as described on ultrasound report 20/04/2016. No MRI scan evidence of transmural rectal disease.

**Other Findings:**

Normal anterior cul-de-sac, urinary bladder, urethra and levator ani musculature.

**Dr Melissa Jenkins**

**Dr Frank Voyvodic**

Electronically signed 12/05/2016 11:04