



Patient Name:

**RRI002** 

Patient ID: Gender: Date of Birth:

Home Phone: Referring Physician: BEDSON, LISA

Organization:

MTG and Districts Health

Accession Number: BR-3598563-MR
Requested Date: July 28, 2017 08:12

Report Status: Final
Requested Procedure: 3618095
Procedure Description: MRI PELVIS

Modality: MR

# **Findings**

Radiologist:

AGZARIAN, MONIQUE

#### **MRI PELVIS**

### **Summary**:

Two intramural/ subserosal fibroids as described. No endocavitary pathology.

No definite evidence of adenomyosis, hydrosalpinx or septum.

#### Clinical:

Recurrent IVF? adenomyosis? fibroids? septum? hydrosalpinx? other.

### Technique:

Multi-parametric pelvic MRI fertility protocol including Volumetric 3D Coronal T2 plus reconstructions, T1 axial pre/post fat saturation.

#### Findings:

### **Uterus:**

Size & morphology: 83 x 59 x 38mm. Anteverted anteflexed. Conventional uterine anatomy without septum or duplication.

Endometrial thickness: 11mm. No endocavitary pathology.

<u>Junctional zone</u>: Thickness is appropriate throughout. No submucosal cysts or features to suggest adenomyosis. Junctional zone measurement is 3.5mm at the fundus, 3.6mm in the body and 3.5mm posteriorly.

<u>Uterine lesions</u>: Posterior intramural posterior left fibroid measuring 9mm in diameter. This measures approximately 7mm from the mucosal surface and 5mm from the serosal surface. There is second fibroid with a diameter of 11mm in the anterior left fundus subserosal/intramural subserosal (>50% subserosal).

#### Cervix & vagina:

No cervical or vaginal regions are identified.

### Left ovary:

Position: Posterior left iliac fossa.

Size: 26 x 15 x 22mm.

Follicle(s): Nine subcentimetre follicles noted.



Lesions and/or endometrioma: Not identified.

## Right ovary:

Position: Posterior right iliac fossa.

Size: 32 x 26 x 26mm.

Follicle(s): One collapsing corpus luteum at 15mm. Six subcentimetre fibroids.

Lesions and/or endometrioma: Not identified.

### Adnexa:

No hydrosalpinx demonstrated.

Small trace of physiological free fluid demonstrated in the pelvis.

<u>Dr Monique Agzarian</u> <u>Dr Steven Knox</u>

Electronically signed 28/07/2017 15:38