





**RRI016** 

**Home Phone:** 

**Referring Physician:** HENSHAW, R **Organization:** North Adelaide

Accession Number: BR-3485777-MR Requested Date: May 4, 2017 08:57

Report Status: Final 3489117
Procedure Description: MRI PELVIS

Modality: MR

# **Findings**

Radiologist: CHONG, WOON KIT

#### **PELVIC MRI**

#### **Summary**:

Arcuate configuration to the uterus.

No direct evidence of adenomyosis although the junctional zone measurements are borderline (between 8-12mm).

No endometriomas, hydrosalpinx or gross pelvic adhesions/endometriotic deposits.

Note mild thickening of the uterosacral ligaments suggesting some mild regional fibrosis/ old endometriosis. No gross features.

## Clinical:

Adenomyosis.

### Technique:

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

#### **Uterus:**

Size & morphology: 69cc (3.9 x 4.6 x 7.3cm). Arcuate configuration. Anteverted uterus.

Endometrial thickness: 8mm.

<u>Junctional zone</u>: Anterior maximal junctional zone thickness 8mm. Posterior maximal junctional zone thickness 9mm, fundal maximal junctional zone thickness 5mm.

No subendometrial cysts. No definite MR evidence of adenomyosis.

Uterine lesions: Nil.

## Cervix & vagina:

Nabothian cysts in the endocervical canal. Otherwise no morphological abnormalities are seen.

## Left ovary:

Position: Lateral adnexa.

<u>Size</u>: 5.8cc (2.8 x 2.1 x 1.9cm) <u>Follicle(s)</u>: Five. Subcentimetre.



Lesions and/or endometrioma: Nil.

#### Right ovary:

Position: Superior right adnexa. Close approximation to the uterine fundus although no definite adhesions.

Size: 4.9cc (2.1 x 1.8 x 2.5cm).

Follicle(s): Seven. Subcentimetre.

Lesions and/or endometrioma: Nil.

#### Adnexa:

No hydrosalpinx.

## Other findings:

Small amount of physiological fluid in the pelvis. No significant adhesions identified.

Lumbosacral spine is unremarkable. Posterior annular tears of the L4-5 and L5-S1 disc.

Mild thickening of the uterosacral ligaments suggests some regional fibrosis and possible old endometriosis. Uncomplicated.

## Dr Woon Kit Chong Dr Steven Knox

Electronically signed 04/05/2017 11:43