bensonradiology.com.au
support@bensonconnect.com.au

Patient Name:	RRI031	**Accession Number:**	BR-3287506-MR
Patient ID:		**Requested Date:**	November 24, 2016 14:33
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	3262095
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	NGUYEN, TRUNG	**Modality:**	MR
Organization:	North Adelaide		

Findings

Radiologist: KNOX, STEVEN

PELVIC MRI

Summary:

Uterine distortion related to quite prominent posterior uterine serosal invasive endometriosis. A large plaque is present overlying the posterior body and fundus and a few smaller discrete serosal implants are seen to the anterior and fundal uterine region. There is also thickening of the uterosacral ligaments and some regional anatomic distortion. The right ovary is somewhat medialised although does not appear morbidly adherent. The rectosigmoid is in close proximity to the uterine fundus on the right however no definable band adhesions or bowel serosal disease is seen.

No endocavitory pathology. No adenomyosis or leiomyoma. No hydrosalpinx.

Clinical:

Two or three months increasing pelvic pain. No particular cycle relation. Known past history of endometriosis. Breast feeding February 2016. Previous one cycle of IVF. No other family history of cancer, or ovarian cancer. Slight increase in Ca125 to 43.

Technique:

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

Findings:

Uterus:

Size & morphology: Anteverted retroflexed. The retroflexion appears related to posterior cul-de-sac endometriosis/ fibrosis rather than physiologic. Size: 98 x 57 x 58mm. Conventional uterine morphology with no septum or duplication.

Endometrial thickness: ET = 13mm. No endocavitary pathology.

Junctional zone: No junctional zone expansion or submucosal microcyst to support adenomyosis. Anterior JZ- 3mm, fundal JZ - 3mm, posterior JZ - 8mm.

Uterine lesions: Serosal invasive posterior uterine endometriotic plaque. Active haemorrhagic foci. Plaque measures approximately 41mm long x 20mm deep. There are further anterior endometriotic serosal implants with a mid uterine 13mm focus present and smaller fundal 8mm serosal implant. No leiomyomas or other discrete uterine lesion.

Cervix & Vagina:

Small left Bartholin gland cyst at 2mm. Small nabothian cyst incidentally noted. No significant cervical or vaginal pathology.

Left Ovary:

Position: anterior left adnexa.

Size: 26 x 25 x 28mm (9.5ml)

Follicle(s): present. Approx 10 subcentimetre follicles. Dominant follicle 17mm.

Lesions and/or endometrioma: Not identified.

Right Ovary:

Position: right lateral adnexa.

Size: 26 x 18 x 28mm (6.9ml)

Follicle(s): present. Approx. 10 subcentimetre follicles.

Lesions and/or endometrioma: Small subcentimetre endometriotic cyst with at least two definable. Largest at 3mm. The right ovary is somewhat medialised related to the posterior cul-de-sac disease.

Adnexa:

Despite the extent of uterine serosal disease, the posterior cul-de-sac remains definable with regional physiologic fluid present. There is no clear tethering to the lower or mid rectum. The mid to upper rectum overlies the right side of the uterine body and fundus and is very close proximity to some serosal uterine implants. No clearly defined bowel serosal deposits or adhesions are seen and no proximal hold up. The uterosacral ligaments particularly on the right medially are thickened and nodular supporting regional endometriosis. No hydrosalpinx.

Other Findings:

Physiologic fluid also present anteriorly within the pelvis. No obliteration of the anterior cul-de-sac. No other significant lower abdominal or pelvic pathology.

Dr Steven Knox **Dr Frank Voyvodic**

Electronically signed 24/11/2016 17:25