

Patient Name:	RR1205	Accession Number:	BR-6600300-MR
Patient ID:		Requested Date:	February 16, 2023 08:55
Gender:		Report Status:	Final
Date of Birth:		Requested Procedure:	7036599
Home Phone:		Procedure Description:	MRI FEMALE PELVIS FERTILITY
Referring Physician:	DENTON, NICOLA	Modality:	MR
Organization:	Salisbury		

Findings

Radiologist: VOYVODIC, FRANK

MRI FEMALE PELVIS

Summary:

Endometrial cavity polyp left side 14mm.

18mm plaque external uterine adenomyosis right anterolateral uterine body contacting serosa of urinary bladder fundus without full thickness bladder muscle or intraluminal involvement.

No infiltrating posterior cul-de-sac endometriosis.

Polycystic morphology left ovary.

Probable non obstructing entero-peritoneal adhesions central pelvis.

Clinical:

Endometriosis. Bladder injury at laparoscopy for endometriosis 2005. ?Nodule or scarring at recent ultrasound.

Findings:

Uterus:

Anatomy:

Conventional.

No septum or duplication.

Uterine lie:

Anteverted, anteflexed midline.

Uterine size (corpus plus cervix):

109 x 59 x 49mm.

Endometrium:

Overall thickness 12mm.

14 x 12 x 4mm polyp with narrow pedicle attachment to left posterior fundus.

Adenomyosis:

Submucosal microcyst not identified.

Persistent myometrial contraction posterior body/fundus - no suspicious junctional zone characteristics.

Small focus of external adenomyosis right anterolateral uterine body involving uterovesical space, measuring 18 x 15 x 12mm.

No T1 hyperintensity to suggest active glandular disease, predominantly fibrotic.

Uterine fibroids:

Nil.

Endocavitary lesion does not have typical appearance of fibroid, probably polyp.

Ovaries:

Right ovary:

Position:

Lateral adnexa - no tethering or distortion.

Size:

26 x 21 x 21mm.

Follicle Count:

Fifteen <10mm.

No dominant follicle.

Mass and/or endometrioma:

8 x 4mm T1 hyperintense/T2 hyperintense lesion, probably endometriotic cyst.

Left ovary:

Position:

Lateral adnexa - no tethering or distortion.

Size:

31 x 18 x 26mm.

Follicle Count:

Over twenty subcentimetre.

No dominant follicle.

Mass and/or endometrioma:

Negative.

Adnexa:

No haematosalpinx.

No hydrosalpinx.

Ovaries not approximated.

Anterior pelvis:

Abnormal uterovesical space.

Focus of external uterine adenomyosis as described contacting serosa of right urinary bladder fundus without mural thickening or intraluminal abnormality to suggest full thickness muscle involvement.

Normal distal ureters.

Posterior cul-de-sac:

Obliteration:

Free fluid right and left side - no features of obliteration.

Posterior vaginal fornix:

No elevation.

No nodules.

Rectovaginal septum:

No nodules.

Rectocervical nodule:

Negative.

Uterosacral ligaments:

No thickening or nodularity.

Rectosigmoid colon:

No mass or inflammatory change.

No serosal tethering or evidence of transmural endometriosis involvement.

Other findings:

Small bowel closely applied to parietal peritoneum overlying the uterine body suggesting non obstructive adhesion.

Normal morphology anterior abdominal wall.

Dr Frank Voyvodic

Electronically signed 16/02/2023 16:12

Relevant Clinical Information

SL-MRI FEMALE PELVIS FERTILITY