

Patient Name: RRI028
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: MEZZINI, TONIA
Organization: North Adelaide

Accession Number: BR-4819002-MR
Requested Date: December 13, 2019 11:40
Report Status: Final
Requested Procedure: 5015266
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

No MRI evidence of significant bowel endometriosis, tethering or architectural distortion. No regional plaques or microhaemorrhagic signal.

Uterus deviates slightly to the left of midline and there is relative effacement of the left lateral cul-de-sac which suggests there may be some regional uncomplicated adhesions in this location however dynamic ultrasound could assist in assessing mobility of these structures.

No endocavitary pathology. Small superficial focus of adenomyosis present at anterior mid body. No concerning fibroids or other features of note.

Clinical:

Endometriosis. Now PR bleeding ?bowel involvement.

Workshed = last day of pill. G0 P0 no prior surgery.

Technique:

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

Findings:

Uterus:

Size & morphology: Axial version anteflexion. Size (uterine body and cervix) 71 x 36 x 54mm.

Endometrial thickness: ET = 2mm. There is an IUCD appropriately in situ. No malpositioning. Tip position around 3mm from fundus. No myometrial penetration.

Junctional zone: Small area of adenomyosis to the posterior mid uterine body noting small regional submucosal microcyst. Junctional zone is otherwise of appropriate thickness throughout with no features of diffuse adenomyosis. Junctional zone thickness 3mm.

Uterine lesions: There is a fundal eccentric right sided fibroid appearing approximately 50% intramural/50% subserosal. Size 16mm. Distance of around 11mm from cavity. Non degenerate and non suspicious.

Cervix & vagina:

No cervical or vaginal features of concern.

Left ovary:

Position: Left lateral adnexa closely applied to uterine serosa.

Size: 16 x 9 x 18mm (1.3ml).

Follicle(s): Approximately three follicles <5mm.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Right lateral adnexa. No regional anatomic distortion.

Size: 18 x 9 x 12mm (1.0ml).

Follicle(s): Not identified.

Lesions and/or endometrioma: Not identified.

Adnexa:

Uterus deviates slightly to the left of midline and there is relative effacement of the left lateral cul-de-sac compared to the posterior and right side of the cul-de-sac. This would favour a degree of uncomplicated regional adhesions. There is however no abnormal blood signal, dense plaque or other clear features of endometriosis/fibrosis. Dynamic ultrasound could help in assisting with assessment for left ovarian mobility. No hydrosalpinx. The rectosigmoid and mesorectal fascia appear normal. Rectovaginal interface normal. No blood signal or anatomic distortion. There are no clear features of deep posterior cul-de-sac endometriosis/fibrosis. Small volume physiologic fluid. Bladder is unremarkable.

Other findings:

No nodularity or distortion to the level of the uterosacral ligament.

Dr Steven Knox

Dr Frank Voyvodic

Electronically signed 13/12/2019 16:34

Relevant Clinical Information

MB-MRI PELVIS