





RRI1497

Patient Name:
Patient ID:

Gender:

 Accession Number: Requested Date:

BR-8058350-MR May 2, 2025 09:55

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS ENDO

Summary:

Conventional uterine anatomy without septum or duplication. No endocavitary pathology identified. No adenomyosis. No uterine lesions.

Normal ovarian positioning and follicular activity. Dominant left ovarian follicle. No endometrioma.

No hydrosalpinx.

No changes of deep invasive or obliterative endometriosis or discrete endometriotic plaque. No bowel pathology.

Clinical:

University of Adelaide RRI Endometriosis Study.

Subject ID 1497

Technique:

Per trial protocol multiplanar T2, T1 Dixon.

Findings:

Uterus:

Size (corpus + cervix) & Morphology:

Retroverted, slightly anteflexed. Uterus deviates to the right of midline which appears secondary to faecal loading rather than pathologic deviation. 74 x 49 x 48 mm. Conventional cavity without septum or duplication.

Uterine volume (corpus):

64 mL.

Endometrial Thickness:



Anterior Compartment:



No endocavitary pathology. Normal endometrial thickness. 9mm.
Cavity length (ext os to fundal cavity):
71 mm
Junctional Zone:
Normal junctional zone thickness throughout, without expansion. No submucosal microcysts as evidence of adenomyosis.
<u>Uterine Lesions:</u>
There are no uterine lesions of note identified.
Cervix & Vagina:
There are no cervical or vaginal features of concern. No relevant lesions.
Left Ovary:
Position:
Left lateral adnexa.
Size:
32 x 18 x 36 mm. 10.8 mL. Enlargement related to dominant follicular activity.
Follicle(s):
Present. Dominant follicle 30 mm. Approximately 10 subcentimetre follicle.
Lesions and/or Endometrioma:
Not identified.
Right Ovary:
Position:
Right lateral adnexa.
Size:
23 x 13 x 31 mm 4.8 mL.
Follicle(s):
Present. Over 20 subcentimetre follicle.
Lesions and/or Endometrioma:
Not identified.
Adnexa:

Normal. Anterior cul-de-sac is unremarkable. No abnormality of the vesicovaginal or vesicocervical region. No bladder or ureteric nodule..





Middle Compartment:

Normal. Uterosacral ligaments appear appropriate. Round ligaments unremarkable. Vaginal fornices appear appropriate. There is no hydrosalpinx identified. No ovarian abnormality..

Posterior Compartment:

Normal. Appropriate physiologic fluid. No obliterative changes or architectural distortion as features of significant endometriosis/fibrosis. Rectovaginal septum unremarkable. Retrocervical space unremarkable. No bowel plaques.

Other Findings:

No extra peritoneal endometriosis identified. No other significant lower abdominal or pelvic pathology.

Dr Steven Knox

Electronically signed 12/05/2025 07:20

This radiology report is intended solely for use by healthcare professionals. Patients are advised against interpreting this report independently and should consult their referring healthcare practitioner.



























