

Patient Name: RRI156
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: MCLEAN, ANGELA
Organization: North Adelaide

Accession Number: BR-5042092-MR
Requested Date: June 1, 2020 10:41
Report Status: Final
Requested Procedure: 5269854
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: CHONG, WOON KIT

MRI PELVIS

Summary:

No Mullerian duct abnormality.

Single subendometrial cyst left fundus which may reflect a focus of adenomyosis. No diffuse disease.

Thickening and fluid at the torus uterinus with retroverted morphology may be secondary to an endometriotic plaque. No altered T1 signal or infiltrating disease

No endometriomas or hydrosalpinx. A small amount of fluid in the pelvis thought within physiological limits.

Clinical:

Recurrent implantation failure for investigation.

Technique:

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

Findings:

Uterus:

Size & morphology: 60ccs (4.0 x 4.9 x 5.8cm). Retroverted retroflexed.

Endometrial thickness: 8mm.

Junctional zone: Anterior maximal junctional zone thickness 6mm.

Posterior maximal junctional zone thickness 7mm.

Fundal maximal junctional zone thickness 4mm.

There are endometrial cysts seen in:

1. Anterior left body measuring 2mm.
2. Right fundus measuring 2mm.

Left subendometrial cyst left anterior fundus measuring 2mm. Focus of adenomyosis a possibility. No diffuse disease identified.

Cervix & vagina:

Nabothian cysts in the endocervical canal. Otherwise normal morphology.

Left ovary:

Position: Lateral adnexa.

Size: 3.8ccs (2.1 x 1.4 x 2.5cm).

Follicle(s): Three. Subcentimetre.

Lesions and/or endometrioma: Nil.

Right ovary:

Position: Lateral adnexa.

Size: 2.4ccs (1.9 x 1.2 x 2.0cm).

Follicle(s): One. Subcentimetre.

Lesions and/or endometrioma: Nil.

Adnexa:

No hydrosalpinx.

Other findings:

Small amount of fluid within the pelvis thought within physiological limits. Thickening with fluid at the torus uterinus which may reflect endometriotic plaque. No high T1 signal seen in the region. No infiltrating disease

Dr Woon Kit Chong

Dr Frank Voyvodic

Electronically signed 02/06/2020 15:08