



Patient Name:

RRI096

Patient ID: Gender:

Date of Birth: Home Phone:

Referring Physician: TREMELLEN, KELTON

Organization:

Ashford

Accession Number: BR-3393540-MR
Requested Date: February 21, 2017 09:25

Report Status: Final 3383594
Procedure Description: MRI PELVIS

Modality: MR

Findings

Radiologist:

JENKINS, MELISSA

MRI PELVIS

Summary:

There is no MRI finding suggestive of adenomyosis or deep/infiltrating endometriosis.

Unremarkable pelvic MRI.

Clinical:

Recurrent IVF implantation failure FI.

Technique:

Multi-parametric pelvic MRI fertility protocol including Volumetric 3D Coronal T2 plus reconstructions, T1 axial pre/post fat saturation. Day 22 of cycle. G1 P1.

Findings:

Uterus:

Size & morphology: Anteverted uterus measures 85 x 40 x 53mm. Minor arcuate configuration.

No septum or duplication.

Endometrial thickness: 7mm. No internal uterine contents/polyp.

<u>Junctional zone</u>: There is no convincing junctional zone expansion or submucosal microcyst formation to support underlying adenomyosis.

Maximal JZ thickness as follows:

Posterior JZ 9mm.

Fundal JZ 4mm.

Anterior JZ 7mm.

Uterine lesions: None identified.

Cervix & vagina:

NAD.





Left ovary:

Position: Left adnexa.

Size: 8cc (3.2 x 3.1 x 1.5cm).

Follicle(s): 18 follicles at 7mm or < .

Lesions and/or endometrioma: None identified.

Right ovary:

Position: Right adnexa.

Size: 8.5cc (3.4 x 3.2 x 1.5cm).

Follicle(s): 21 follicles at 9mm or <. 18mm haemorrhagic collapsing follicle/corpus luteum.

Lesions and/or endometrioma: None identified.

Adnexa:

Physiological volume of free fluid within the adnexa/pouch of Douglas. No hydrosalpinx. No deep/infiltrating endometriotic deposit.

Other findings:

Nil significant.

<u>Dr Melissa Jenkins</u> <u>Dr Oliver Ayres</u>

Electronically signed 21/02/2017 13:45