

Patient Name: RRI086
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: MCLEAN, ANGELA
Organization: North Adelaide

Accession Number: BR-3617992-MR
Requested Date: August 11, 2017 10:42
Report Status: Final
Requested Procedure: 3640369
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary :

Small focus of adenomyosis anterior uterine body.

Innumerable microcysts at endometrial/JZ interface ?decidual cysts rather than very superficial adenomyosis change.

Normal ovarian morphology.

Small focus of infiltrative posterior cul-de-sac endometriosis - no cul-de-sac obliteration.

No tubal dilatation.

Clinical:

Recurrent implantation failure ?adenomyosis ?other

Technique:

1.5T multiplanar phased array surface coil MR imaging. Intravenous buscopan. Day 32 menstrual cycle. G0P0.

Findings:

Uterus:

Morphology:

Midline anteverted anteflexed.

Convex external uterine fundal contour - no septum or duplication.

Size (corpus plus cervix):

6.8 x 6.3 x 4.8cm (108cc)

Adenomyosis:

Submucosal microcysts noted associated with focal thickening of the anterior body junctional zone to 10mm.

Posterior uterus max JZ thickness 5mm.

Fundal uterus max JZ thickness 4mm.

Leiomyoma:

Absent.

Endometrium:

Innumerable microcysts are identified at the endometrial/JZ interface (not submucosal) ?decidual cysts rather than very superficial adenomyosis.

Endometrial thickness 10mm.

Cervix:

Normal.

Vagina:

Normal morphology. Normal rectocervical septum. Posterior vaginal fornix not elevated.

Ovaries:

Right ovary:

Position: Lateral adnexa.

Size: 3.0 x 3.4 x 2.4cm.

Follicle Count: Fifteen <10mm, one at 12mm.

No masses or endometriotic cyst.

Left ovary:

Position: Lateral adnexa.

Size: 2.2 x 2.5 x 2.3cm.

Follicle Count: Twenty <10mm.

No masses or endometriotic cysts.

Adnexa:

No tubal dilatation.

Small focus of infiltrating posterior cul-de-sac endometriosis approximately 25 x 10 x 10mm.

This is fibrosis predominant with tethering to the anterior mid rectum without transmural involvement.

The cul-de-sac is not completely obliterated.

No anterior cul-de-sac disease identified.

Other findings:

Normal morphology urinary bladder, urethra and levator ani musculature.

Dr Frank Voyvodic

Dr Steven Knox

Electronically signed 15/08/2017 15:06