

**Patient Name:** RRI451  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** NGUYEN, TRAN T T  
**Organization:** North Adelaide

**Accession Number:** BR-5380162-MR  
**Requested Date:** December 30, 2020 09:49  
**Report Status:** Final  
**Requested Procedure:** 5651279  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** COWIE, JENNIFER

## **MRI PELVIS**

### **Summary :**

**Significant deep/infiltrative endometriosis, with obliterated deep cul de sac, medialised bilateral ovaries, multiple endometriomata and thickening of the torus uterinus.**

### **Clinical:**

43 year old with dysmenorrhoea. Two previous NVB. Two ovarian cysts ? endometrioma ? nodules.

### **Technique:**

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

### **Findings:**

#### **Uterus:**

**Size and Morphology:** 7.5 x 4.6 x 4.5cm (81cc). Normal cavity. Anteverted/ retroflexed due to deep posterior cul de sac endometriosis/ fibrosis and plaque formation.

**Endometrial Thickness:** Normal at 4mm. No endometrial lesion.

**Junctional Zone:** The posterior junctional zone is enlarged at 14mm. This supports adenomyosis. The anterior and fundal junctional zone measures 9 and 8mm respectively.

**Uterine Lesions:** No myometrial lesion is identified.

#### **Cervix and Vagina:**

Small bilateral uncomplicated Bartholin gland cysts.

#### **Left Ovary:**

**Position:** Significantly medialised left ovary, in keeping with prominent tethering.

**Size:** 4.9 x 4.1 x 3.3cm (35cc).

**Follicles:** 15 subcentimetre follicles are appreciated.

**Lesions and/or Endometrioma:** Two endometriomas are appreciated, a large lesion measuring 38mm, and a second measuring 11mm.

**Right Ovary:**

Position: Medialised and posteriorly tethered, similar to the left ovary.

Size: 5.1 x 3.4 x 3.5cm (32cc).

Follicles: 12 follicles <10mm.

Lesions and/or Endometrioma: At least four endometriomata are appreciated. They range in size 20mm through to 7mm.

**Adnexa:**

Minimal free fluid. There is thickening of the torus uterinus as well as the posterior peritoneal reflection in keeping with deep/infiltrative endometriosis. No hydrosalpinx. Definitive bowel wall tethering/mural endometriotic deposit is not seen.

**Other Findings:**

Moderate faecal loading is appreciated within the large bowel.

Dr Jennifer Cowie

Dr Steven Knox

Electronically signed 05/01/2021 08:34

**Relevant Clinical Information**

MB-MRI PELVIS