

**Patient Name:** RRI397  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** DAVIES, TRICIA  
**Organization:** North Adelaide

**Accession Number:** BR-5877859-MR  
**Requested Date:** November 4, 2021 11:05  
**Report Status:** Final  
**Requested Procedure:** 6219424  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** KNOX, STEVEN

## **MRI PELVIS**

### **Summary:**

Uterine retroflexion with some thickening and nodularity along the course of the uterosacral ligament. The deep central posterior cul-de-sac is effaced although some fluid layers within the more lateral left and right sides of the cul-de-sac. Features would be most supportive of chronic regional endometriosis/fibrosis with resultant architectural distortion. There is no bowel involvement identified. No discrete endometrioma. Normal ovarian follicular activity. No adenomyosis, endocavitary uterine pathology or other significant findings of note.

### **Clinical:**

?adenomyosis on scan to confirm ?endometriosis.

### **Technique:**

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

### **Findings:**

#### **Uterus:**

##### **Size & morphology:**

Anteverted retroflexed. Size (uterine body and cervix) 83 x 46 x 53mm.

##### **Endometrial thickness:**

ET = 10mm. There is no endocavitary pathology. No septum or duplication.

##### **Junctional zone:**

Normal junctional zone thickness throughout. No submucosal microcysts or supportive changes of adenomyosis. Anterior JZ 7mm, fundal JZ 4mm, posterior JZ 6mm.

##### **Uterine lesions:**

Not identified.

#### **Cervix & vagina:**

No cervical or vaginal lesion.

**Left ovary:**Position:

Anterior left upper pelvis just above uterine fundus.

Size:

33 x 23 x 33mm (13ml).

Follicle(s):

Present. Approximately 16 subcentimetre follicles. Largest follicle 16mm.

Lesions and/or endometrioma:

Not identified.

**Right ovary:**Position:

Right lateral adnexa.

Size:

35 x 22 x 24mm (9.6ml).

Follicle(s):

Present. Approximately 20 subcentimetre follicles.

Lesions and/or endometrioma:

Not identified.

**Adnexa:**

The deep posterior central cul-de-sac appears effaced with some thickening in the area along the course of the uterosacral ligament, more so to the right. Also are tiny small cystic foci through this area. While discrete blood products are not seen on the T1 sequences, combination of features is highly supportive of deep posterior central cul-de-sac endometriosis and architectural mild distortion. The more lateral aspect of the deep cul-de-sac appear patent with normal fluid present. The left ovary closely approximates the uterine fundus however definite adhesions or complexity are not seen. There is no rectal tethering, bowel wall endometrioma, hydrosalpinx or other features of concern.

**Other findings:**

Nil significant.

**Dr Steven Knox**

Electronically signed 04/11/2021 14:21

**Relevant Clinical Information**

MB-MRI PELVIS