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Patient Name:	RRI041	**Accession Number:**	BR-5054843-MR
Patient ID:		**Requested Date:**	June 10, 2020 09:08
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	5284271
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	SEMMLER, JODIE	**Modality:**	MR
Organization:	North Adelaide		

Findings

Radiologist: CHONG, WOON KIT

PELVIC MRI

Summary:

Multi-compartmental endometriosis, most notable posteriorly with obliterative deep pelvic endometriosis/ fibrosis present. Medialised ovaries, bilateral endometriomas and tethering/adherence of the serosal surface of distal sigmoid loops. No transmural bowel involvement. Fibrotic/endometriotic plaque of the posterior lower uterine serosa involving an area of up to 2.4cm.

Smaller anterior/ left invasive uterine serosa plaque, also spanning 2.4cm. No bladder involvement.

Incidental findings of:

1. Lower segment caesarean scar.

2. Left Bartholin's cyst.

3. Small amount of physiologic fluid in the anterior pelvis.

Clinical:

Known endometriosis involving plaque on bladder and rectum adherent to right US ligament. For detailed assessment of endometriosis prior to surgery.

Technique:

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

Findings:

Uterus:

Size & morphology: 131cc (4.6 x 5.5 x 9.9cm). Anteverted. No mullerian duct abnormality.

Endometrial thickness: 4mm.

Junctional zone: Anterior maximal junctional zone thickness 8mm.

Posterior maximal junctional zone thickness 8mm.

Fundal maximal junctional zone thickness 5mm.

No subendometrial cyst. No MRI evidence of adenomyosis.

Uterine lesions: Nil. Lower segment caesarean scar. Prominent parametrial vessels. Multifocal uterine serosal endometriosis as described below.

Cervix & vagina:

Nabothian cysts in the endocervical canal.

Left Bartholin's cyst measuring 7mm.

Left ovary:

Position: Superior and lateral. Appears adherent to the posterior left uterine body/neck.

Size: 21.8cc (3.5 x 3.5 x 3.4cm).

Follicle(s): Approximately seven. The largest measures 15mm.

Lesions and/or endometrioma: Endometrioma measuring up to 3cm. Likely a cause of adherence to the uterus.

Right ovary:

Position: Superior right and appears adherent to the uterine body/neck posteriorly.

Size: 115cc (6 x 6.4 x 5.7cm).

Follicle(s): One. Simple cyst measuring 6mm.

Lesions and/or endometrioma: Multilobulated endometrioma measuring up to 5.6cm. Low signal T1/T2 clots within it's lumen. Resulting adherence to adjacent structures.

Adnexa:

No hydrosalpinx.

Other findings:

Multicompartmental endometeriosis/ fibrosis. This is most notable posteriorly with obliterative features at the deep cul de sac, tethering the ovaries medially and with absent normal physiologic fluid. Tethering of the distal sigmoid loops to the posterior uterine body/neck with serosal surface involvement. No bowel invasive plaque. Spiculated plaque in the posterior cul de sac adherent to uterine serosa involves an area of up to 2.4cm.

In addition there is anterior cul de sac disease showing plaque formation and uterine serosal invasion to the left of midline spanning 2.4cm. No bladder involvement.

No distinct tubal dilatation although the tubes are presumed embedded within the deep posterior cul de sac disease and there are regional small peritoneal inclusion cysts.

Physiologic fluid is predominantly anterior/ fundal related to the obliterative posterior features.

Small amount of fluid in the pelvis.

Dr Woon Kit Chong **Dr Steven Knox**

Electronically signed 10/06/2020 13:19