

Patient Name: RRI1011  
Patient ID: [REDACTED]  
Gender: [REDACTED]  
Date of Birth: [REDACTED]  
Referring Physician: HULL, LOUISE  
Organization: North Adelaide

Accession Number: BR-6954887-MR  
Requested Date: September 18, 2023 14:19

## **Findings**

Radiologist: KNOX, STEVEN

## **MRI PELVIS**

### **Summary** :

No pathologic features identified. Conventional uterine anatomy. The IUD is normally in situ. No adenomyosis or uterine lesions. No endocavitary pathology. Normal uterosacral ligament thickness. Normal physiologic fluid within the posterior cul-de-sac with no obliterative changes. No bowel disease. Anterior cul-de-sac is clear. No hydrosalpinx. No endometrioma.

### **Clinical:**

University of Adelaide RRI Endometriosis Study.  
Subject ID 1011

### **Technique** :

Per trial protocol multiplanar T2 to, T1 Dixon.

### **Findings** :

#### **Uterus:**

Size & Morphology : Anteverted anteflexed. Size 6.1 x 3.1 x 4.5 cm. Conventional cavity without septum duplication.

Endometrial Thickness : No endocavitary pathology. Normal endometrial thickness. 2mm. IUD appropriately in situ. No myometrial penetration. Distance from the top of the device to the top of the endometrial cavity is 1 mm. Strings in upper vagina.

Junctional Zone : Normal junctional zone thickness throughout, without expansion. No submucosal microcysts as evidence of adenomyosis.

Uterine Lesions : There are no uterine lesions of note identified.

#### **Cervix & Vagina:**

There are no cervical or vaginal features of concern. No relevant lesions.

**Left Ovary:**

Position : Left lateral adnexa.

Size: 32 x 20 x 31 mm. 10.3 mL. Enlargement related to dominant follicular activity.

Follicle(s) : Present. Approximately 18 subcentimetre follicles. Dominant collapsing follicle 19 mm.

Lesions and/or Endometrioma : Not identified.

**Right Ovary:**

Position : Right lateral adnexa.

Size : 22 x 16 x 30 mm. 5.5 mL.

Follicle(s) : Present. In excess of 25 subcentimetre follicles.

Lesions and/or Endometrioma : Not identified.

**Adnexa:**

No features of significant pelvic architectural distortion. No hydrosalpinx. No abnormal thickening of the uterosacral ligaments. No abnormal fluid.

**Other Findings:**

No other significant lower abdominal or pelvic pathology.

**Dr Steven Knox**

Electronically signed 22/09/2023 19:12