

Patient Name: RRI081
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: SIDDIQI, ABAIDULLAH
Organization: Modbury Hospital

Accession Number: BR-4354827-MR
Requested Date: February 4, 2019 09:05
Report Status: Final
Requested Procedure: 4484292
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: HOPKINS, JAMES

MRI PELVIS

Summary:

Sizeable endometrial polyp with stalk emanating from fundus and polyp protruding inferiorly through cervix to upper vaginal vault.

Uterus otherwise normal, no fibroids and no other endocavitary abnormality.

Clinical:

FUP on fibroid versus endometrial polyp.

Comparison Study:

Pelvic ultrasound 29/01/2019.

Technique:

Multiplanar non contrast pelvic coverage.

Findings:

Uterus:

Morphology:

Retroverted retroflexed. Normal fundal contour, no septum or duplication.

Size (cervix and corpus):

69 x 49 x 54mm, 95cc.

Myometrium:

Normal, no leiomyoma.

Junctional Zone:

4mm anterior, 4mm fundal, 3mm posterior. No subendometrial cystic change. No evidence of focal or diffuse adenomyomatosis.

Endometrium:

An endometrial polyp is seen with stalk attached to the right side of the fundus with the polyp protruding inferiorly through the cervix with its lower margin projecting around 6mm below the level of external cervical os, projecting into upper vaginal vault. The body of the polyp measures 17 x 19mm in AP x transverse dimensions. Measurements from the lower margin of the polyp to base of stalk 65mm.

Cervix:

Expanded by the herniating endometrial polyp. Otherwise normal.

Ovaries:

Right: Right lateral pelvic lie 24 x 31 x 33mm, 13cc.

Follicles <10mm: 16.

Follicles >10mm: One (14mm).

Nil endometrioma or haemorrhagic cyst.

Left: Left lateral pelvic lie 26 x 13 x 34mm, 6cc.

Follicles <10mm: 14.

Follicles >10mm: Nil.

No haemorrhagic cyst or endometrioma.

Adnexa:

No tubal dilatation or masses. Small volume pelvic free fluid non specific. Some minor low T2 signal peritoneal scarring and right sided posterior cul-de-sac band/adhesion. No evidence of deeply infiltrating endometriosis.

Other:

Hypertrophied appearance to external urethral sphincter without focal lesion. Bladder unremarkable. No acute pelvic bowel findings.

Dr James Hopkins

Dr Steven Knox

Electronically signed 04/02/2019 17:52