

Patient Name: RRI755
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: HULL, LOUISE
Organization: Ashford Specialist Centre

Accession Number: BR-6571807-MR
Requested Date: January 30, 2023 16:32
Report Status: Final
Requested Procedure: 7004527
Procedure Description: MRI FEMALE PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

The major imaging finding is of diffuse adenomyosis with both junctional zone expansion and widespread submucosal microcyst particularly around the uterine fundus. Arcuate uterine morphology without septum or duplication. No endocavitary pathology or uterine lesions are seen.

There are no features of pelvic architectural distortion as evidence of endometriosis/fibrosis. No discrete endometriomas, plaques or uterosacral ligament abnormality. No hydrosalpinx. Anterior and posterior cul de sacs remain patent.

Clinical:

Endometriosis. Repeat IVF with variable egg quality. ?surgery.

Technique:

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

Findings:

Uterus:

Size & morphology: Anteverted, slightly anteflexed. 70 x 39 x 52mm (uterine body and cervix). Arcuate uterine morphology without septum or duplication.

Endometrial thickness: 5mm. No endocavitary pathology.

Junctional zone: Diffuse changes of adenomyosis. Widespread junctional zone expansion and submucosal microcyst formation particularly around the fundus and at the cornua and right lateral uterine body. There is no discrete adenomyoma. No changes of external adenomyosis identified. Junctional zone measures 3mm anteriorly, 10mm at fundus and 9mm posteriorly.

Uterine lesions: Not identified.

Cervix & vagina:

Cervical length appears appropriate noting history of prior LLETZ. No significant shortening. Cervical length around 27mm. Occasional nabothian cysts. No lesion identified. Parametrium unremarkable. No vaginal abnormality.

Left ovary:

Position: Left lateral adnexa.

Size: 23 x 21 x 25mm (6.3ml). Normal volume.

Follicle(s): Present. Approximately four subcentimetre follicles. Dominant follicle 17mm.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Right lateral adnexa.

Size: 26 x 19 x 28mm (7.2ml).

Follicle(s): Present. Approximately eight subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

Adnexa:

No discrete endometrioma is identified. Uterosacral ligaments are without nodularity or gross architectural distortion. The anterior and posterior cul de sacs appear patent, with appropriate small volume physiologic fluid seen and without evidence of definable adhesions, bowel tethering, bowel plaques or other features of concern. No hydrosalpinx.

Other findings:

No additional pelvic pathologies are identified. There are degenerate changes to the lower lumbar spine which appear related potentially to healed pars defects at L5 with an associated grade 1 anterolisthesis of L5 on S1. Accelerated intervertebral disc degenerate change with moderate features for age. Bilateral L5 foraminal narrowing. No features of significant central canal narrowing.

Dr Steven Knox

Electronically signed 31/01/2023 10:59

Relevant Clinical Information

AS-MRI FEMALE PELVIS