

Patient Name: RRI116
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: MCLEAN, ANGELA
Organization: North Adelaide

Accession Number: BR-3921384-MR
Requested Date: March 23, 2018 14:35
Report Status: Final
Requested Procedure: 3987416
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: CHONG, WOON KIT

MRI PELVIS

Summary:

Pelvic MRI supports diffuse adenomyosis. No focal features.

Anteverted retroflexed uterus with thickening at the torus uterinus/ lower posterior uterine serosal surface suggestive of previous endometriosis/ fibrosis. No overt complexity.

No mullerian duct abnormality, hydrosalpinx or endometriomas identified. No other pelvic adhesion.

Clinical:

Suggestive of adenomyosis. Please clarify.

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 uterus. No mullerian duct abnormality. 15 cc (5 x 5.1 x 8.6 cm).

Endometrial thickness: 12 mm. No focal lesion.

Junctional zone: Anterior maximal junctional zone thickness 12 mm. Posterior maximal junctional zone thickness 12 mm. Fundal maximal junctional zone thickness 9 mm. MRI findings suggestive of diffuse adenomyosis. No discrete submucosal microcysts.

Uterine lesions: Nil. Thickening at the torus uterinus along with retroflexed orientation suggestive of previous endometriotic plaque in the region.

Cervix & vagina:

Left ovary:

Position: Lateral.

Size: 9.9 cc (3.3 x 2.2 x 2.6cm).

Follicle(s): 3. Simple cyst measuring 2.4 cm.

Lesions and/or endometrioma: Nil.

Right ovary:

Position: Lateral adnexa.

Size: 1.4 cc

Follicle(s): 1.

Lesions and/or endometrioma: Nil

Adnexa:

No hydrosalpinx.

Other findings:

No pelvic adhesions. Small amount of fluid within the pelvis within physiological limits. No adenopathy.

Dr Woon Kit Chong

Dr Steven Knox

Electronically signed 26/03/2018 10:59