

Patient Name: RRI123
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: MCLEAN, ANGELA
Organization: North Adelaide

Accession Number: BR-3803111-MR
Requested Date: December 22, 2017 11:36
Report Status: Final
Requested Procedure: 3851899
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary:

No convincing uterine features of unequivocal uterine adenomyosis.

Small intramural non degenerate leiomyoma - no submucosal or endocavitary lesion.

Arcuate uterine configuration - no significant Mullerian duct anomaly.

Normal follicular ovarian morphology.

No tubal dilatation.

Small focus (10 x 10mm) infiltrating endometriosis suspected left uterosacral ligament - no cul-de-sac obliteration.

Clinical:

Scans suggests anterior adenomyosis. Check for adenomyosis and endometriosis. Premenstrual spotting.

Technique:

1.5T multiplanar MR scan day 22 menstrual cycle. G0P0. Intravenous Buscopan.

Findings:

Uterus:

Morphology:

Anteverted anteflexed mildly tilted to the right.

Arcuate uterine configuration - no septum or duplication.

Size (corpus plus cervix):

7.6 x 5.5 x 4.4cm (96cc)

Adenomyosis:

Submucosal microcysts not identified.

Prominent transient uterine contractions towards the fundus but no consistent JZ focal thickening to confirm unequivocal adenomyosis.

Anterior uterus max JZ thickness 6mm

posterior uterus max JZ thickness 7mm.

Fundal uterus max JZ thickness 5mm.

Leiomyoma:

8mm diameter non degenerate intramural posterior fundus. 5mm diameter non degenerate intramural right posterior body. No submucosal or endocavitary lesions.

Endometrium:

No polyp, mass or adhesions. 10mm thickness.

Cervix:

Normal

Vagina:

Normal morphology. Normal posterior vaginal fornix. Normal rectocervical septum and space.

Ovaries:

Right ovary:

Position: Lateral adnexa.

Size: 3.3 x 2.0 x 1.8cm (6.2cc)

Follicle Count: Thirteen <10mm.

No mass or endometriotic cyst.

Left ovary:

Position: Lateral adnexa.

Size: 2.8 x 2.9 x 2.7cm (11.5cc)

Follicle Count: Seven <10mm, one at 21mm.

No mass or endometriotic cyst.

Adnexa:

No tubal dilatation.

Physiologic volume fluid posterior cul-de-sac - no obliteration.

Small (10 x 10mm) spiculated focus in the left posterior cul-de-sac involving the uterosacral ligament indicates small focus of infiltrating endometriosis. No bowel involvement.

Other findings:

Normal morphology rectosigmoid colon, urinary bladder, urethra and levator ani musculature.

Dr Frank Voyvodic

Dr Steven Knox

Electronically signed 29/12/2017 08:56