

Patient Name:
Patient ID: RRI415
Gender:
Date of Birth:
Home Phone:
Referring Physician: MATTHEWS, SARAH
Organization: North Adelaide

Accession Number: BR-5486983-MR
Requested Date: March 9, 2021 10:28
Report Status: Final
Requested Procedure: 5773622
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

Conventional uterine anatomy. No adenomyosis or endocavitary pathology. No significant uterine lesion.

There is some suspected uncomplicated minor adhesion centrally within the posterior cul-de-sac between a small area of the uterine serosa and the junction of the rectosigmoid. No active endometriotic plaque however and the remainder of the deep cul-de-sac remains definable and outlined by fluid.

Slight tethering of small bowel to the anterior uterine serosa at the level of the caesarean scar supporting uncomplicated adhesion. No bladder deformity.

No definable endometrioma, active endometriotic implants or other significant pathology.

Clinical:

G2P1. Previous history endo/adeno. 6 months post partum with c section ? endo/adeno. Pre IVF.

Technique:

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

Findings:

Day 22. G1P1. Prior caesarean July 2020.

Uterus:

Size & morphology: Retroverted anteflex. Size (uterine body and cervix) 101 x 58 x 62mm. Conventional uterine anatomy.

Endometrial thickness: ET=5mm. There is no endocavitary pathology.

Junctional zone: Junctional zone thickness is normal throughout. Anterior, 6mm, fundal, 6mm, posterior, 6mm.

Uterine lesions: Nil significant. LSCS scar thickness at around 9mm.

Cervix & vagina:

No pathologic features.

Left ovary:

Position: Left lateral adnexa.

Size: 24 x 19 x 35mm (8.2ml).

Follicle(s): Present. Approximately 10 subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Right superior anterior adnexa.

Size: 31 x 21 x 26mm (8.8ml).

Follicle(s): Present. Approximately 4 subcentimetre follicles. Dominant follicle 17mm.

Lesions and/or endometrioma: Not identified.

Adnexa:

No abnormal fluid or mass. No hydrosalpinx. No pelvic side wall endometrioma. There is normal physiologic fluid in the deep posterior cul-de-sac. There is some equivocal potential adhesion between the junction of the rectosigmoid and posterior midline uterine serosa thus may be better demonstrated on ultrasound with probe pressure. No gross architectural distortion however.

Other findings:

Small bowel tethers towards the lower uterine segment scar with some uncomplicated adhesions supported in this area. Prior caesarean section scar noted. No concerning bony features.

Dr Steven Knox

Dr James Hopkins

Electronically signed 09/03/2021 18:41

Relevant Clinical Information

MB-MRI PELVIS