

RRI1017

Patient Name: [REDACTED]
Patient ID: [REDACTED]
Gender: [REDACTED]
Date of Birth: [REDACTED]
Referring Physician: [REDACTED]
Organization: North Adelaide

Accession Number: [REDACTED]
Requested Dates: [REDACTED]
[REDACTED]

Findings

Radiologist: KNOX, STEVEN

MRI FEMALE PELVIS FERTILITY

Summary :

Conventional uterine anatomy. No endocavitary pathology or uterine lesions. Background uterine adenomyosis. No discrete adenomyoma or external adenomyosis. There is some tethering of the left ovary to the posterior left uterine serosa although discrete endometrioma is not identified. Non-specific uncomplicated adhesion in this area is favoured. No nodularity the uterosacral ligaments or changes of obliterative deep infiltrating endometriosis are identified. No bowel disease. No hydrosalpinx.

Clinical:

University of Adelaide RRI Endometriosis Study.

Subject ID 1017

Technique :

Per trial protocol multiplanar T2 to, T1 Dixon.

Findings :

Uterus:

Size & Morphology : Anteverted, retroflexed. Size 86 x 40 x 49 mm. Conventional cavity without septum or duplication. Prior cesarean section with a scar thickness at the LSCS of 6mm and a small niche with a depth of 4 mm.

Endometrial Thickness :No endocavitary pathology. Normal endometrial thickness. 7mm.

Junctional Zone : There are supportive changes of adenomyosis. Junctional zone measurements: 11 mm anteriorly, 8 mm at fundus and 14 mm posteriorly. In addition there are submucosal microcysts largely at the fundus and right cornua. No adenomyoma.

Uterine Lesions : There are no uterine lesions of note identified.

Cervix & Vagina:

There are no cervical or vaginal features of concern. No relevant lesions.

Left Ovary:

Position : Medialised left adnexa.

Size: 31 x 25 x 24 mm. 9.7 mL.

Follicle(s) : Present. Approximately 8 subcentimetre follicle. Further dominant follicle at 20 mm.

Lesions and/or Endometrioma : Not identified

Right Ovary:

Position : Right lateral adnexa.

Size : 21 x 18 x 24 mm 4.7 mL.

Follicle(s) : Present. Approximately 3 subcentimetre follicle. Largest follicle 30.

Lesions and/or Endometrioma : Not identified.

Adnexa:

There is uncomplicated adhesion favoured between the posterior bladder dome and the cesarean section scar with mild tethering of the bladder in this area. The anterior cul-de-sac is otherwise patent. Whilst discrete endometriomas are not identified, the left ovary appears distorted and slightly tethered with adhesions favoured to the level of the posterior left uterine serosa. Uncomplicated adhesion in this area is favoured. There is no bowel disease identified. Cul-de-sac is partially effaced on the left, patent on the right and centrally. No changes of complete oblitative endometriosis/fibrosis identified. There is no abnormal nodularity or thickening of the uterosacral ligaments. No hydrosalpinx. Course of the round ligaments unremarkable. No peritoneal deposits.

Other Findings:

No other significant lower abdominal or pelvic pathology.

Dr Steven Knox

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