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Patient Name: RRI095
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: REID, SALLY
Organization: North Adelaide

Accession Number: BR-5085093-MR
Requested Date: June 29, 2020 11:14
Report Status: Final
Requested Procedure: 5318228
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: REID, MICHAEL

MRI PELVIS

Summary:

No evidence of adenomyosis. Minor smooth fibrotic scarring of the right Pouch of Douglas at the uterosacral ligament is non specific and non-oliberative, but could relate to minor chronic endometriosis/ fibrosis, with differential of prior pelvic inflammation. No active hemorrhagic deposits, ovarian endometrioma, hydrosalpinx or other features of architectural distortion.

Clinical:

? Endo/adeno. Significant dysmenorrhoea dyspareunia IBS.

Technique: Routine MRI pelvis.

Comparison Study: Not available.

Uterus:

Size and Morphology: 76 x 34 x 43mm. Anteverted.

Endometrial Thickness: 6mm, not thickened.

Junctional Zone: 3mm, not thickened. No microcystic change of adenomyosis.

Uterine Lesions: Nil noting evidence of fundal contracture on some of the sequences.

Cervix and Vagina:

Nil significant.

Left Ovary:

Position: Left adnexa.

Size: 25 x 22 x 28mm (7.7cc).

Follicles: Seven or eight.

Lesions and/or Endometrioma: 20mm dominant follicle. No haemorrhagic lesion.

Right Ovary:

Position: Right adnexa.

Size: 28 x 15 x 24mm (5.0cc).

Follicles: 15 or 16.

Lesions and/or Endometrioma: 20mm dominant follicle. No haemorrhagic lesion.

Adnexa:

Small volume simple pelvic free fluid. There is asymmetric mild T2 hypointense thickening of the posterior cul-de-sac peritoneum to the right of midline supportive of fibrotic plaque. No focal haemorrhagic lesion and without this not specific for endometriosis although possibly still related. Other chronic pelvic inflammation (ie PID, etc) also considered. No obliterative features. No hydrosalpinx. No architectural distortion.

Other Findings:

No adenopathy. No significant bony abnormality. The rectum and visualised small/large bowel loops are within limits without evidence of stricture or serosal deposit. The appendix is identified extending into the right adnexa. Small fat containing paraumbilical hernia.

Dr Michael Reid **Dr Steven Knox**

Electronically signed 29/06/2020 14:26