

Patient Name:	RRI135	Accession Number:	BR-4199060-MR
Patient ID:		Requested Date:	October 11, 2018 09:34
Gender:		Report Status:	Final
Date of Birth:		Requested Procedure:	4305948
Home Phone:		Procedure Description:	MRI PELVIS AND TERMINAL ILEUM
Referring Physician:	TREHAN, DINESH	Modality:	MR
Organization:	North Adelaide		

Findings

Radiologist: CHONG, WOON KIT

MRI PELVIS AND TERMINAL ILEUM

Summary:

Appendix visualised and appears normal.

Free fluid in the pelvis which may be physiological. Appears simple on current MRI.

No significant gynaecological abnormality.

Clinical:

Right iliac fossa pain. Cause? Now worse. Previous haematological investigations on 31/1 - 2/8: NAD. Tender in right iliac fossa. Rest abdomen NAD.

Technique:

1.5 Tesla MRI of the lower abdomen and pelvis - T2 coronal volume, axial T1 T2, T2 fat sat, B value/ADC.

Findings:

Uterus:

Size and Morphology:

54cc. Anteverted, retroflexed. No Mullerian duct abnormality.

Endometrial Thickness:

7mm.

Junctional Zone:

Anterior maximal junctional zone thickness 3mm.

Posterior maximal junction zone thickness 4mm.

Fundal maximal junctional zone thickness 4mm.

Subendometrial cyst posterior body measuring 3mm.

Uterine Lesions:

Nil.

Cervix and Vagina:

Nabothian cyst in the endocervical canal. Otherwise normal morphology.

Left Ovary:

Position: Lateral adnexa.

Size: 10.3cc (2 x 2.4 x 4.1cm).

Follicle(s): Greater than 12. Subcentimetre.

Lesions and/or Endometrioma: Nil.

Right Ovary:

Position: Lateral adnexa.

Size: 15.4cc (2.9 x 2.6 x 3.9cm).

Follicle(s): Greater than 12. Subcentimetre.

Lesions and/or Endometrioma: Nil.

Adnexa:

No hydrosalpinx.

Other Findings:

Small amount of fluid in the pelvis.

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Pelvic caecum. Appendix visualised and appears normal. Terminal ileum also appears unremarkable.

No suspicious B value/ADC abnormality. No adenopathy identified.

Dr Woon Kit Chong

Dr Frank Voyvodic

Electronically signed 11/10/2018 17:28