

Patient Name: RRI062
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: TREMELLEN, KELTON
Organization: Ashford

Accession Number: BR-3103090-MR
Requested Date: July 4, 2016 09:56
Report Status: Final
Requested Procedure: 3051384
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: REID, MICHAEL

MRI PELVIS

Summary :

1. Superficial fundal adenomyosis.

2. Enlargement of the right ovary by a 48mm dominant follicle. Given size confirmation of resolution with ultrasound in 6 weeks could be obtained.

Clinical:

Investigation of pelvic pain and infertility. Prior IVF.

Worksheet = Day 24. G2P1. Prior abdominal/ pelvic surgery.

Technique:

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

Findings:

Uterus:

Size & morphology: Anteverted, no Mullerian duct abnormality, 78 x 35 x 38mm.

Endometrial thickness: 4mm, not thickened.

Junctional zone: Relatively ill defined although not expended. JZ average thickness 5mm. There are however at least three junctional microcysts supporting underlying adenomyosis.

Uterine lesions: LSCS scar. Thickness 4mm. No fibroid mass.

Cervix & Vagina:

Left Ovary:

Position: Left adnexa.

Size: 2.2 x 1.6 x 1.0cm (3.5ccs).

Follicle(s): 7 or 8 small follicles.

Lesions and/or endometrioma: Nil.

Right Ovary:

Position: Right adnexa.

Size: Enlarged, 4.8 x 4.8 x 3.4cm (39ccs).

Follicle(s): 5 or 6 small follicles and one dominant cyst.

Lesions and/or endometrioma: 48mm simple cyst, likely a dominant follicle.

Adnexa: No free fluid. No hydrosalpinx. Minor distortion of ileal loops and sigmoid colon by the dominant right adnexal cyst without obvious adhesion. There is minor thickening of the fascial planes between the right ovary and posterior cervical wall. No focal endometrioma. No pelvic adenopathy.

Other Findings: Mild colonic diverticular disease.

Dr Michael Reid

Dr Steven Knox

Electronically signed 04/07/2016 18:10