

Patient Name: RRI023
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: KIRBY, CHRISTINE
Organization: AS

Accession Number: BR-2482118-MR
Requested Date: February 6, 2015 20:31
Report Status: Final
Requested Procedure: 2345225
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Clinical:

Fertility assessment

Technique:

3T multi planar phased erased surface coil MR imaging. Intravenous buscopan. G0P0 ***** T95.

Findings:

Uterus:

Morphology:

Anteverted anteflexed, deviated to the left.

Left unicornuate configuration with non cavitary rudimentary right uterine horn.

Size (corpus plus cervix):

7.5 x 4.1 x 2.9cm (47cc) Mildlr reduced in size consistent with unicornuate configuration.

Adenomyosis:

Persisting focal thickening of junctional zone left lateral uterine body (16mm maximum thickness) consistent with focal near full thickness adenomyosis at this site.

Junctional zone otherwise fine and normal thickness 4mm.

Leiomyoma:

Solitary 9mm diameter intramural lesion rudimentary right uterine horn, non-degenerate. No submucosal or endocavitary lesions.

Endometrium:

9mm thickness. No masses or adhesions. No endometrium identified within the rudimentary horn.

Cervix:

Single cervix. Normal morphology.

Vagina:

Single vagina. Normal morphology. Normal retrocervical septum. Normal posterior vaginal fornix.

Ovaries:

Right Ovary:

Position: Lateral Adnexa.

Size: 3.4 x 3.1 x 2.5cm (13.8cc)

Follicle Count: 10 < or equal to 10mm.

No masses or endometriotic cysts.

Left Ovary:

Position: Lateral adnexal.

Size: 2.2 x 2.4 x 1.4cm (3.9cc)

Follicle Count: 11 < 10mm.

No masses or endometriotic cysts.

Adnexa:

Left tube not dilated. No masses, adhesions or infiltrating endometriosis identified.

Other Findings:

Normal morphology rectosigmoid colon. Hypoplastic distal sacrum as a developmental abnormality. Normal urinary bladder, urethra and levator ani musculature.

Conclusion:

Left sided unicornuate uterus with right sided non cavitory rudimentary horn.

Focal adenomyosis left lateral uterine body.

Morphologically normal ovaries.

No MRI features of pelvic endometriosis.

Note significant incidence of renal anomalies associated with unicornuate uterus - consider upper abdominal imaging for renal assessment if not previously documented.

Radiologist: Dr F. Voyvodic