

Patient Name: RRI398
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: YAU, Y H
Organization: North Adelaide

Accession Number: BR-5243393-MR
Requested Date: October 1, 2020 13:28
Report Status: Final
Requested Procedure: 5496223
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary:

No evidence of deeply infiltrating endometriosis.

Bilateral multifollicular ovarian morphology.

Normal hip joints.

Normal pubic symphysis and sacroiliac joints.

Transitional vertebra at the lumbosacral junction with right sided hemisacralisation with degenerative articulation noted.

Clinical:

Flare in spinal pain, associated right anterior pubic and hip pain radiating to the knee. Known endometriosis.

Technique:

1.5T multiplanar phased array surface coil MR imaging.

Intravenous Buscopan.

Findings:

Uterus:

Morphology:

Midline anteverted anteflexed.

Convex external uterine fundal contour - no septum or duplication.

Size (corpus + cervix):

7.8 x 4.3 x 3.4cm.

Adenomyosis:

Submucosal microcysts not identified.

Persistent mild thickening (9mm) of the junctional zone in the anterior uterus is associated with some endometrial cavity distortion and likely reflects persistent myometrial contraction rather than superficial focal adenomyosis.

Leiomyoma:

Absent.

Endometrium:

Thickness 4mm.

No polyp, mass or adhesions.

Cervix:

Normal morphology.

Vagina:

Normal morphology.

Normal posterior vaginal fornix.

Normal rectocervical septum.

Ovaries:

Right ovary:

Position: Lateral adnexa.

Size: 3.3 x 1.4 x 1.8cm.

Follicle Count: 20 subcentimetre.

No mass or endometriotic cysts.

Left ovary:

Position: Lateral adnexa.

Size: 2.6 x 1.5 x 1.5cm.

Follicle Count: Over 20 < 10mm.

No mass or endometriotic cyst.

Adnexa:

No masses.

No deeply infiltrating endometriosis identified.

No tubal dilatation.

Normal morphology rectosigmoid colon.

Normal visualised anterior abdominal wall and inguinal canal.

Normal pelvic side wall.

Normal morphology sacrum and coccyx.

No sacral plexus pathology.

Normal hip joints.

Normal pubic symphysis and sacroiliac joints.

Transitional vertebra at the lumbosacral junction with right sided hemisacralisation with degenerative articulation noted.

Dr Frank Voyvodic

Electronically signed 01/10/2020 18:31

Relevant Clinical Information

MB-MRI PELVIS