

Patient Name: RRI018**Accession Number:** BR-3975562-MR
Requested Date: May 4, 2018 07:58
Report Status: Final
Requested Procedure: 4049246
Procedure Description: MRI PELVIS
Modality: MR**Referring Physician:** YOONG, RAY
Organization: Ashford**Findings****Radiologist:** VOYVODIC, FRANK**MRI PELVIS****Summary:****Diffuse uterine adenomyosis confirmed - no deeply infiltrating disease.****Multiple leiomyomata - no submucosal or endocavitary lesions****Absent left ovary. Normofollicular morphology right ovary.****No tubal dilatation or infiltrating cul de sac endometriosis.****Clinical:**

Recurrent implantation failure ?adenomyosis. Day 21 menstrual cycle. G2 P0. Previous oophorectomy and right hemicolectomy.

Findings:**Uterus:****Morphology:**

Midline anteverted anteflexed.

Convex external uterine fundal contour with arcuate configuration - no septum or duplication.

Size (uterine corpus):

6.3 x 6.0 x 4.9cm (97cc)

Cervix length 3.4cm.

Adenomyosis:

Submucosal micro and macrocysts are identified anterior and posterior uterus and fundus.

Anterior uterus max JZ thickness 10mm.

Fundal uterus max JZ thickness 11mm.

Posterior uterus max JZ thickness 10mm.

Leiomyoma:

29mm diameter intramural left lateral lower segment. Intermediate T2 signal suggests hypercellular. No concerning features.

10mm subserosal right lateral lower segment non degenerate.

Further 13mm intramural non degenerate lesion left posterior uterine body.

No submucosal or endocavitary lesions.

Endometrium:

8mm thickness. No polyp, mass or adhesions.

Cervix:

Cluster of nabothian cysts around internal os.

Vagina:

Normal morphology. Normal posterior vaginal fornix. Normal rectovaginal septum.

Ovaries:

Right ovary:

Position: Lateral adnexa.

Size: 3.1 x 2.2 x 5.3cm (18.9cc)

Follicle Count: 15 <10mm, one at 20mm.

No mass or endometriotic cysts.

Left ovary:

Not identified.

Adnexa:

No tubal dilatation. Physiologic volume fluid posterior cul de sac - no masses or infiltrating cul de sac endometriosis.

Other findings:

Normal morphology urinary bladder, urethra and levator ani musculature.

Mild sigmoid colon diverticulosis uncomplicated.

Moderate L4/5 degenerative disc disease with reactive marrow changes.

Dr Frank Voyvodic

Electronically signed 04/05/2018 17:52