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Patient Name:	RRI334	**Accession Number:**	BR-6000652-MR
Patient ID:		**Requested Date:**	January 28, 2022 15:46
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	6359078
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	YONG, JONATHON	**Modality:**	MR
Organization:	Christies Beach		

Findings

Radiologist: HOPKINS, JAMES

MRI PELVIS

Summary:

Deeply infiltrating disease anterior wall rectosigmoid epicentre 15cm from anocutaneous junction. Serosal infiltration and tethering, no clear extension to mucosal surface or lumen visible at MRI.

Posterior posterior cul de sac plaque with tethering and indrawing of rectosigmoid and bilateral ovaries.

Bilateral ovarian haemorrhagic cysts or endometriomata.

Clinical:

?rectosigmoid endometrial disease into bowel. PR bleeding.

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 with mild right lateral tilt. Normal fundal contour. No septum or duplication. Size (body and cervix) 88 x 48 x 42mm, calculated volume 92cc.

Leiomyomata: 9mm anterior corpus subserosal fibroid.

Endometrial thickness: 6mm. No endocavitary lesion perceived.

Junctional zone: 6mm anterior, 8mm fundal, 16mm posterior, no substantial sub-endometriotic cystic change but probable focal posterior corpus adenomyomatosis.

Cervix & vagina:

31mm cervical length. Left lateral lie to cervix relating to posterior cul de sac adhesions.

Right ovary:

43 x 39 x 44mm, 38cc.

Medialised with adhesion to posterior corpus.

38mm haemorrhagic cyst or endometrioma.

Left ovary:

38 x 34 x 41mm, 28cc. 27mm haemorrhagic cyst. Medialisation and tethering to posterior corpus.

Other:

Endometriotic plaque overlying posterior corpus with significant architectural distortion indrawing and adhesion of bilateral ovaries. High rectum/rectosigmoid also indrawn to this region. Endometriotic plaque of 1.4cm depth and roughly 7cm craniocaudal length overlying anterior high rectal/rectosigmoid wall epicentre 15cm from anocutaneous junction. The plaque infiltrates serosa of the anterior rectal wall without infiltration to mucosal surface visible. A anterior cul-de-sac scarring, indrawing and some distortion of posterior wall urinary bladder but no deeply infiltrating vesicle lesion.

Dr James Hopkins
Electronically signed 31/01/2022 12:11

Relevant Clinical Information
CB-MRI PELVIS