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RRI132

**Accession Number:** BR-3837182-MR
**Requested Date:** January 23, 2018 09:08
**Report Status:** Final
**Requested Procedure:** 3891049
**Procedure Description:** MRI PELVIS
**Modality:** MR

**Referring Physician:** YOONG, RAY
**Organization:** Ashford

## Findings

**Radiologist:** JENKINS, MELISSA

**MRI PELVIS**

**Summary:**

**21mm left endometrioma. 14mm suspected right posterior exophytic endometrioma, although minor serpiginous appearances raises focal haemorrhagic hydrosalpinx as a differential.**

**Limited cul de sac microcyst suggesting glandular endometriotic deposit, without full thickness rectal mural involvement or gross regional distortion.**

**Clinical:**

Left endometrioma on ultrasound. Also possible rectal nodule. Extent of nodule involvement ?full thickness.

**Technique:**

3T MR female pelvis, with buscopan administered. Day 20 of cycle G0P0.

**Findings:**

**Uterus:**

Size & morphology: Anteverted uterus measure 81 x 43 x 51mm. Conventional morphology, with no septum or duplication.

Endometrial thickness: 7mm. No endocavitary lesion.

Junctional zone: Thin throughout measuring maxillary 4mm. No submucosal microcyst formation.

Uterine lesions: None identified.

**Cervix & vagina:**

NAD.

**Left ovary:**

Position: Posterior left adnexa.

Size: 23cc (3.5 x 3.1 x 4.0cm).

Follicle(s): 20 follicles at 11mm or less.

25mm haemorrhagic follicle.

Lesions and/or endometrioma: 21mm endometrioma.

**Right ovary:**

Position: Right adnexa.

Size: 3.4cc (1.7 x 1.4 x 2.6cm).

Follicle(s): 4 follicles at 6mm or less.

Lesions and/or endometrioma: 14mm exophytic focus posterior to right ovary, likely endometrioma, although appears a little serpiginous and focal haemorrhagic hydrosalpinx is a consideration.

**Adnexa:**

See above regarding right tube vs hydrosalpinx. Left adnexa otherwise NAD.

There is a tiny microcyst in the cul de sac at the mid rectal level, raising focus of cul de sac endometriosis, however no full thickness rectal mural involvement.

No further findings suggestive of active glandular deposit, no deep/infiltrating endometriosis.

**Other findings:**

Disc degenerative changes present at L5-S1, with small central annular tears.

**Dr Melissa Jenkins** **Dr Jennifer Cowie**

Electronically signed 23/01/2018 17:20