

Patient Name: RRI046
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: MCLEAN, ANGELA
Organization: North Adelaide

Accession Number: BR-4732436-MR
Requested Date: October 18, 2019 12:02
Report Status: Final
Requested Procedure: 4916256
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

No septum or duplication. Mild background arcuate morphology. The tiny mucosal projecting 3 mm focus at the posterior left uterine wall has imaging overlap between a small shelf/ granulation at prior placentation and a tiny submucosal fibroid. Given the recent 14 week loss this is difficult to characterise further however correlation with those antenatal ultrasounds re placentation site may be of benefit. It does not have typical MRI features of a endometrial polyp.

No adenomyosis. No additional uterine findings of concern. No features of significant ovarian or adnexal pathology.

Clinical:

Recent 14 week miscarriage planning for fertility treatment. Check for adenomyosis.

Worksheet = day 22. G2P1. No prior section or surgery.

Technique:

Multi-parametric pelvic MRI fertility protocol including Volumetric 3D Coronal T2 plus reconstructions, T1 axial pre/post fat saturation.

Findings:

Uterus: Anteverted/anteflexed.

Size (uterine body and cervix) & morphology: 96 x 46 x 53mm. Arcuate morphology with no septum or duplication.

Endometrial thickness: 7 mm. There is a small left posteriori uterine body submucosal projection. There is quite low T2 signal. Given the recent 14wk pregnancy loss it could reflect a small residual shelf/ granulation at prior placentation however has imaging overlap to a small submucosal fibroid. Size 3 mm. It does not have typical blood signal or signal of an endometrial polyp. It is too small to further characterise on MRI.

Junctional zone: Normal. No junctional zone expansion or submucosal microcyst formation to support adenomyosis. JZ measurements: ranging from 5 to 8mm.

Uterine lesions: Nil significant. Nabothian cysts incidentally noted.

Cervix & vagina:

Nil significant.

Left ovary:

Position: Superior left lateral adnexa.

Size: 24 x 23 x 27 mm (7 ml).

Follicle(s): Small present. Approximately eight subcentimetre follicles. A dominant collapsing follicle 19 mm.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Right lateral adnexa.

Size: 19 x 12 x 19 mm (2.3 ml).

Follicle(s): Present. Approximately three small follicles are present.

Lesions and/or endometrioma: Not identified.

Adnexa:

Free fluid layers appropriately within the posterior cul-de-sac. Uterus sacral ligaments are unremarkable. There is no architectural distortion. No hydrosalpinx. No features of pelvic sidewall endometrioma. No bowel pathology identified.

Other findings:

The fibrocystic change of the left femoral head/neck junction region is consistent with chronic femoroacetabular impingement. No additional intra-abdominal or pelvic findings.

Dr Steven Knox

Dr Parineet Takhar

Electronically signed 21/10/2019 09:38