

Patient Name: RRI582
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: VIDEON, CATHERINE
Organization: North Adelaide

Accession Number: BR-5511561-MR
Requested Date: March 23, 2021 10:59
Report Status: Final
Requested Procedure: 5801711
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: HOPKINS, JAMES

MRI PELVIS

Summary:

No septum or duplication nor definite endocavitary lesion on current study. No gross synechiae.

Features suggestive of adenomyosis with thickened junctional zone and occasional small subendometrial cystic foci.

Extensive peritoneal scarring presumed sequelae of old endometriosis/ fibrosis, but no deeply infiltrating lesions visible at MRI.

Clinical:

P0+0 laparoscopy and hysteroscopy late 2019 for recurrent ovarian cyst.

Findings - mucinous cystadenoma, endometrial polyp suggestion of atypia, two deep infiltrative spots of endometriosis excised. Recent scan suggested adeno + nat killer cells suggestive of adeno but++ 2 euploid embryo transfers not preg.

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, retroflexed, left lateral pelvic tilt. Normal fundal contour. No septum or duplication.

Size (cervix and corpus) 86 x 63 x 56mm.

Leiomyomata: No sizeable fibroids. Possible small (5mm) posterior intramural fibroid at fundus.

Endometrial thickness: 7mm. No polyp or endocavitary lesion currently visible. No gross synechiae. Narrow endometrial cavity lower corpus without gross adhesion visible on MRI.

Junctional zone: 8mm anterior, 8mm fundal, 12mm posterior. Minimal subendometrial cystic foci. Features suggestive of adenomyosis.

Left ovary:

Position: High left lateral side wall.

Size: 30 x 13 x 21mm calculated volume 4cc.

Follicle(s): 14 peripheral small follicles.

Lesions and/or endometrioma: No haemorrhagic cyst or endometrioma shown. No suspicious lesion.

Right ovary:

Position: Right lateral side wall.

Size: 32 x 25 x 32mm, 12.8cc).

Follicle(s): 18 peripheral small follicles.

Lesions and/or endometrioma: No haemorrhagic cyst or obvious endometriomata. Suspected 17mm functional cyst, no clearly suspicious lesion.

Other findings:

No tubal dilatation. Widespread T2 hypointense peritoneal thickening anterior and posterior cul-de-sac and overlying broad and round ligaments. No deeply infiltrating lesions are visible. No architectural distortion however. No bowel disease. No hydrosalpinx. Small volume pelvic free fluid non specific.

Dr James Hopkins

Dr Steven Knox

Electronically signed 24/03/2021 08:52

Relevant Clinical Information

MB-MRI PELVIS