

**Patient Name:** RRI112  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** O'LEARY, BRENDAN  
**Organization:** Ashford

**Accession Number:** BR-3403369-MR  
**Requested Date:** February 28, 2017 09:49  
**Report Status:** Final  
**Requested Procedure:** 3394869  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** JENKINS, MELISSA

## **MRI PELVIS**

### **Summary:**

**Retroflexed uterus, however without regional tethering or obliteration of the pouch of Douglas, and with no deep/infiltrating endometriotic deposit identified.**

**Arcuate uterine morphology. No adenomyosis or uterine fibroids.**

### **Clinical:**

Dysmenorrhoea, ? endometriosis.

### **Technique:**

Multi-parametric pelvic MRI fertility protocol including Volumetric 3D Coronal T2 plus reconstructions, T1 axial pre/post fat saturation. Day 24 of cycle GOP0.

### **Findings:**

#### **Uterus:**

**Size & morphology:** Axially orientated retroflexed uterus measures 8.5 x 5.0 x 6.5cm. Arcuate uterine morphology. No septum or duplication.

**Endometrial thickness:** 9mm thickness. No polyp or endocavitary lesion.

**Junctional zone:** Transit uterine contractions, however no convincing junctional zone expansion or submucosal micro cyst formation to support underlying adenomyosis.

**Uterine lesions:** None identified.

#### **Cervix & vagina:**

NAD.

#### **Left ovary:**

**Position:** Left adnexa.

**Size:** 8cc (2.5 x 2.8 x 2.2cm).

**Follicle(s):** Greater than 25 follicles measuring 7mm or less.

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Lesions and/or endometrioma: None identified.

**Right ovary:**

Position: Right adnexa.

Size: 13cc (3.9 x 3.1 x 2.1cm).

Follicle(s): Collapsing follicle/corpus luteum at 18mm. 15 follicles at 8mm or less.

Lesions and/or endometrioma: None identified.

**Adnexa:**

Physiological volume of fluid within the pelvis. There are a few thin strands seen within the fluid within the pouch of Douglas, however no thick septation, regional distortion, or deep/infiltrating endometriotic deposit has been identified.

There is no hydrosalpinx.

**Other findings:**

Nil significant.

Dr Melissa Jenkins

Dr Steven Knox

Electronically signed 28/02/2017 17:47