



Patient Name: RR

RRI005

Accession Number: BR-3092179-MR Requested Date: June 24, 2016 10:29

Report Status: Final 3038909
Procedure Description: MRI PELVIS

Modality: MR

Referring Physician: BEDSON, LISA

Organization: Ashford

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary:

Limited uterine fundal adenomyosis.

Suspected 9mm endometrial polyp towards the fundus.

Solitary intramural non degenerate uterine leiomyoma.

Posterior pelvic endometriosis with partial cul-de-sac obliteration, uterine adherence with retroflexion, bilateral medialised ovaries and rectal serosal involvement.

Small right ovarian endometriotic cysts. No tubal dilatation. No ureteric involvement.

Clinical:

Recurrent IVF failure.

Technique:

1.5T multiplanar phased array surface coil MR imaging. Day 23 menstrual cycle. G0P0.

Findings:

Uterus:

Morphology:

Mild retroversion and retroflexion.

Convex external uterine fundal contour - no septum or duplication.

Size (Corpus x Cervix):

8.5 x 5.0 x 4.5cm (100cc)

Adenomyosis:

Isolated cluster of microcysts posterior fundus.

Anterior uterus max JZ thickness 5mm

Posterior uterus max JZ thickness 5mm

Fundal uterus max JZ thickness 2mm.

Liomyoma:





Present.

Solitary 12mm diameter non degenerate intramural lesion (FIGO 4) right posterolateral uterine body. No submucosal or endocavitary lesions.

Endometrium:

10mm thickness. Suspicion of 9mm polyp anterior fundus.

Cervix:

Normal.

Vagina:

Elevated posterior vaginal fornix. Normal rectocervical septum. Otherwise normal morphology.

Ovaries:

Right Ovary

Position: Posteromedial adnexa adjacent uterus. Ovary adherent to posterior cul-de-sac endometriosis.

Size: 3.2 x 2.2 x 2.7cm (10.0cc)

Follicle Count: 14 < 10mm.

Two endometriotic cysts measuring 15mm and 6mm in diameter.

Left Ovary

Position: Posteromedial adnexa adherent to posterior caul-de-sac endometriosis.

Size: 4.4 x 2.1 x 3.0cm (14.5cc)

Follicle Count: 7 < 10mm, one at 16mm, one at 16mm, one at 12mm.

No discrete endometriotic cysts.

Adnexa:

No tubal dilatation.

Partial obliteration posterior cul-de-sac with infiltrating endometriosis which appears predominantly fibrotic. Associated with adherent fixed uterine retroflexion and bilateral medialised adherent ovaries in the posterior cul-de-sac. The posterior vaginal fornix is involved. There is no deep myometrial invasion.

The anterior margin mid rectal serosa appears adherent without evidence of full thickness (i.e. transmural) rectal endometriotic involvement (limited sensitivity MRI).

Anterior cul-de-sac unremarkable.

Normal morphology urinary bladder, urethra and levator ani musculature.

Dr Frank Voyvodic Dr Monique Agzarian

Electronically signed 24/06/2016 18:08