

**Patient Name:** RRI044  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** TREMELLEN, KELTON  
**Organization:** City West

**Accession Number:** BR-3881710-MR  
**Requested Date:** February 23, 2018 11:04  
**Report Status:** Final  
**Requested Procedure:** 3942095  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** VOYVODIC, FRANK

## **MRI PELVIS**

### **Summary :**

Marked lateral uterine flexion associated with focal full thickness myometrial pathology at the left fundus contiguous with the junctional zone.

Most likely diagnosis is focal deeply infiltrative uterine adenomyosis as there is no evidence of cul-de-sac abnormality to suggest widespread pelvic endometriosis.

Note imaging overlap between endometriosis and adenomyosis and adhesions on the left pelvic sidewall would help to explain the uterine distortion.

No evidence of Müllerian duct anomaly, leiomyoma or tubal dilatation.

Normo-follicular ovarian morphology.

### **Clinical:**

Recurrent IVF failure for investigation ? adenomyosis.

### **Technique:**

3T multiplanar MR imaging. Phased array surface coil imaging. Intravenous Buscopan. Day 24 menstrual cycle. G2 P0.

### **Findings:**

#### **Uterus:**

##### **Morphology:**

Anteverted anteflexed markedly tilted to the right.

Convex external uterine fundal contour - no septum or duplication.

##### **Size:**

7.8 x 5.3 x 4.2cm (91cc)

##### **Adenomyosis:**

Anterior uterus max JZ thickness 6mm

Posterior uterus max JZ thickness 6mm.

Fundal uterus max JZ thickness 5mm.

III defined mass centred on the left uterine cornu with microcystic change and T2 hypointensity measuring up to 3cm in diameter with full thickness involvement to the uterine serosa.

Appearances are consistent with focally deeply invasive adenomyosis. Note overlap with appearance of focally invasive endometriosis.

Leiomyoma:

Absent.

Endometrium:

8mm thickness. No polyp mass or adhesion.

Cervix:

Nabothian cysts in the internal os. Nil significant.

**Vagina:**

Normal morphology.

**Ovaries:**

Right ovary:

Position: Lateral adnexa.

Size: 3.3 x 2.2 x 1.8cm (6.8cc)

Follicle Count: 24 <10mm,

no mass or endometriotic cyst.

Left ovary:

Position: Lateral adnexa adjacent left uterine body fundus.

Size: 3.9 x 1.7 x 2.3cm (8.0cc)

Follicle Count: 13 less than or equal to 10mm.

No mass or endometriotic cyst.

**Adnexa:**

Physiologic volume of fluid posterior cul-de-sac - no obliteration.

No tubal dilatation.

Normal morphology rectosigmoid colon.

Small bowel closely applied to superior margin uterine fundus - no evidence of regional distortion to support the presence of adhesions.  
Anterior cul-de-sac normal.

**Dr Frank Voyvodic**

**Dr Steven Knox**

Electronically signed 26/02/2018 08:43