

Patient Name: RRI131
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: KIRBY, CHRISTINE
Organization: Ashford

Accession Number: BR-2975414-MR
Requested Date: March 23, 2016 10:00
Report Status: Final
Requested Procedure: 2905626
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary:

Severe infiltrating posterior cul-de-sac endometriosis with extensive uterine myometrial and rectal wall involvement.

Bilateral ovarian endometriomata.

Clinical:

? Adenomyosis.

Technique:

1.5T multiplanar phased array surface coil MR imaging. Intravenous buscopan. Day 18 menstrual cycle. G0 P0.

Findings:

Uterus:

Morphology:

Anteverted acutely retroflexed.

Convex external uterine fundal contour - no septum or duplication.

Size (Corpus + Cervix):

8.9 x 6.5 x 5.0cm (151cc)

Adenomyosis:

Submucosal microcysts not identified.

Anterior uterus max JZ thickness 3mm.

Fundal uterus max JZ thickness 4mm.

Posterior uterus max JZ thickness 4mm.

Leiomyoma:

Absent.

Endometrium:

8mm thickness. No mass, polyp or adhesion identified.

Cervix:

Normal.

Vagina:

Normal morphology. Elevated posterior fornix. Normal rectocervical septum.

Ovaries:Right Ovary:

Position: Lateral adnexa.

Size: 5.5 x 6.0 x 4.3cm (74cc)

Follicle Count: 8 less than 10mm.

Multiple endometrioma with either T1 hyperintensity and/or T2 shading measuring 39, 39 and 19mm in diameter.

Left Ovary:

Position: Posterolateral adnexa.

Size: 6.9 x 3.3 x 3.6cm (43cc)

Follicle Count: 12 less than or equal to 8mm.

50mm endometrioma with several smaller endometriotic cysts.

Adnexa:

No convincing tubal dilatation.

Large volume infiltrating posterior cul-de-sac endometriosis with extensive uterine myometrial invasion (depth of over 20mm) associated with fixed retroflexion.

The upper rectal wall is involved with serosal contact and small rectal wall endometrioma.

Neither ureter shows involvement or dilatation. The left ureter in the pelvis lies anterior to the ovarian endometriotic cyst with the right ureter posterior to the right ovary. No anterior cul-de-sac disease.

Other Findings:

Normal morphology urinary bladder, anterior abdominal wall, urethra and levator ani musculature.

Dr Frank Voyvodic

Dr Melissa Jenkins

Electronically signed 23/03/2016 14:48