

Patient Name: RRI122
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: REID, SALLY
Organization: Ashford

Accession Number: BR-3036223-MR
Requested Date: May 12, 2016 08:29
Report Status: Final
Requested Procedure: 2974888
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: CHONG, WOON KIT

PELVIC MRI

Conclusion:

Multiple fibroids as described.

No Mullerian duct abnormalities. No adenomyosis. No endometriomas. No significant pelvic adhesion.

Clinical:

33 year old G0P0. 10 years infertility. Unsuccessful secondary to fibroids. Large lower segment fibroid - most problematic. Previous midline myomectomies.

Technique:

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

Findings:

Uterus:

Size & morphology: 1342cc (8.5 x 15.3 x 19.7cm). Anteverted reflexed. Gross deviation of the endocervical canal and endometrial cavity secondary to fibroids. Endocervical canal displaced to the left of midline by up to 4.3cm. Fundus tilted to the right by up to 40°.

Endometrial thickness: 9mm.

Junctional zone: Anterior maximal junctional zone thickness 3mm. Posterior maximal junctional zone thickness 3mm. Fundal maximal junctional zone thickness 4mm.

No MRI evidence of adenomyosis.

Uterine lesions:

Innumerable fibroids appreciated. Described as best as possible from caudal to cranial. (Measurements provided in AP x transverse x superior inferior)

1. Right uterine neck. Subserosal. FIGO 6. 10.4 x 10 x 10cm. Displacement of the endocervical canal to the left.
2. Right posterior uterine neck. Subserosal. FIGO 5. 4.2 x 5.1 x 5.5cm. Indents the endocervical canal at the 6-9 o'clock position.
3. Right posterior body. Subserosal. FIGO 5. 2.6 x 3.9 x 3.8cm. No indentation of endometrial cavity.
4. Left anterior neck. Submucosal FIGO 3. 3.4 x 4 x 4.4cm. Abuts the left endocervical canal/internal os (12-3 o'clock) with mild deviation.
5. Left body. Subserosal. FIGO 5. 5.4 x 6.7 x 6.2cm. No obvious involvement of the endometrial cavity.
6. Anterior body. Submucosal. FIGO 3. 1.8 x 2.3 x 2.1cm. Indenting the anterior endometrial cavity.
7. Left body/fundus. Submucosal. FIGO 2. 2.6 x 3.4 x 2.9cm. Indentation of the left endometrial cavity and isthmus.

No significant degeneration/haemorrhage seen.

Cervix & Vagina:

Displacement to the left by fibroids 1 and 2. Proximal endocervical canal/internal os further compressed by fibroid 4 in the 12-3 o'clock position.

Left Ovary:

Position: Anterior left abdomen.

Size: 12.4cc (2.6 x 3.5 x 2.6cm).

Follicle(s): At least four subcentimetre. Dominant follicular cyst measuring 2.6cm.

Lesions and/or endometrioma: Nil.

Right Ovary:

Position: Superior right pelvis.

Size: 18.2cc (2.7 x 3 x 4.3cm).

Follicle(s): Four subcentimetre. Dominant follicular cyst measuring 3.5cm.

Lesions and/or endometrioma: Nil.

Adnexa:

No hydrosalpinx.

Other Findings:

Small amount of fluid seen in the pelvis. Previous lower segment scar for myomectomy as reported. Visualised lumbosacral spine is unremarkable.

Dr Woon Kit Chong

Dr Frank Voyvodic

Electronically signed 12/05/2016 11:03