

**Patient Name:** RRI293  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** WOOLCOCK, JANE  
**Organization:** North Adelaide

**Accession Number:** BR-4132846-MR  
**Requested Date:** August 24, 2018 13:40  
**Report Status:** Final  
**Requested Procedure:** 4229925  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** HOPKINS, JAMES

## **MRI PELVIS**

### **Summary :**

**No features of complex pelvic or deep cul de sac endometriosis/ fibrosis.**

**There is some low signal smooth scarring anterior and posterior cul de sac extending to right uterosacral ligament although without evidence of deeply infiltrating disease. No deep cul de sac obliteration.**

**Regional uncomplicated distortion and mild surface adhesions between central pelvic bowel loops and subtle occasional low signal serosal nodules without evidence of deep mural infiltration by MRI assessment.**

### **Clinical:**

Known bowel endometriosis on laparoscopy, ?how far does nodule penetrate through bowel wall.

### **Technique:**

Multiplanar non contrast pelvic coverage.

### **Findings:**

#### **Uterus:**

Position: Anteverted, anteflexed, midline.

Dimensions (corpus and cervix): 71 x 33 x 46mm, volume 56cc.

Configuration: Normal fundal contour. No septum or duplication.

Adenomyosis: Anterior junctional zone 4mm, fundal junctional zone 3mm, posterior junctional zone 2mm. There are transient contractions which variably exaggerate the junctional zone thickness throughout the study although no persisting thickening is identified. Small area of equivocal left anterior junctional zone JZ expansion to 9mm. No significant subendometrial microcystic change as direct supportive evidence.

Leiomyoma: Nil.

Endometrium: Non thickened, combined endometrial thickness 4mm, mirena device in situ with no evidence of complication. Position at 2mm from fundus.

Cervix: 25mm, no focal abnormality.

#### **Ovaries:**

Right: Right pelvic lateral lie, 12 x 9 x 28mm, 1.56cc. No medialisation.

Follicles < 10mm: 11.

Follicles >10mm: Nil.

No haemorrhagic or endometriotic cyst.

Left: Left lateral pelvic lie, 25 x 16 x 7mm, 1.5cc. No medialisation.

Follicles <10mm: Eight.

Follicles >10mm: Nil.

No haemorrhagic or endometriotic cyst.

**Adenxa:**

No tubal dilatation. No adnexal masses.

**Serosa/Peritoneum:**

There is some mild low signal scarring or peritoneal thickening anterior and posterior cul-de-sac. Distortion of regional pelvic bowel loops implying sequelae of prior peritoneal inflammation presumed relating to endometriosis and mild regional surface adhesions. While there is suspicion for occasional subcentimetre low signal nodular foci associated with serosal surface of several small bowel and rectosigmoid pelvic bowel loops, there are no clear features of significant mural infiltration or deeply infiltrating cul-de-sac disease by MRI assessment. No 'mushroom cap' sign or other features of significant bowel plaque formation. There is some fibrotic thickening along the right uterosacral ligament. No nodularity.

Small volume pelvic free fluid within physiological limits. No complete cul de sac effacement.

**Other:**

No pelvic adenopathy.

Dr Steven Knox

Dr James Hopkins

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