

Patient Name: RRI414
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: MEZZINI, TONIA
Organization: North Adelaide

Accession Number: BR-5464591-MR
Requested Date: February 23, 2021 09:18
Report Status: Final
Requested Procedure: 5748181
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

MRI PELVIS

Summary:

No evidence of deep infiltrating posterior cul-de-sac endometriosis/fibrosis. No architectural distortion. No definable haemorrhagic foci. Normal lateral positioning of the ovaries and positioning of the uterus and rectosigmoid. No hydrosalpinx. No secondary features of concern.

IUCD appropriately in-situ. Uterine appearances unremarkable.

Clinical:

? Endo. Chronic pelvic pain. Mirena IUD in-situ.

Technique:

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

Findings:

Uterus:

Size & morphology: Anteverted, minimally anteflexed. Size (uterine body and cervix) 73 x 36 x 51mm. Conventional uterine anatomy without septum or duplication.

Endometrial thickness: ET = 3mm. IUD is appropriately in-situ tip position near fundus. No myometrial penetration identified.

Junctional zone: Normal. No expansion or submucosal microcyst to support adenomyosis. JZ average 5mm.

Uterine lesions: No identified.

Cervix & vagina:

Unremarkable.

Left ovary:

Position: Left lateral adnexa.

Size: 23 x 17 x 22mm (4.5ml). Normal volume.

Follicle(s): Present. Approximately 20 subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Anterior lateral right adnexa. No distortion.

Size: 43 x 21 x 27mm (12.7ml). Enlargement related to dominant follicular activity.

Follicle(s): Present. Dominant follicle 24mm. Approximately 15 subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

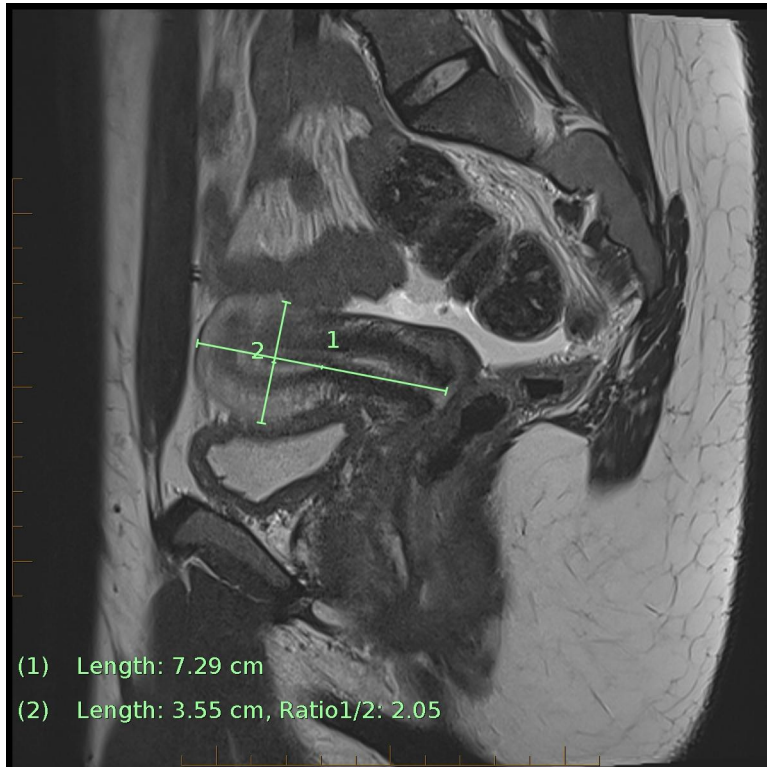
Adnexa:

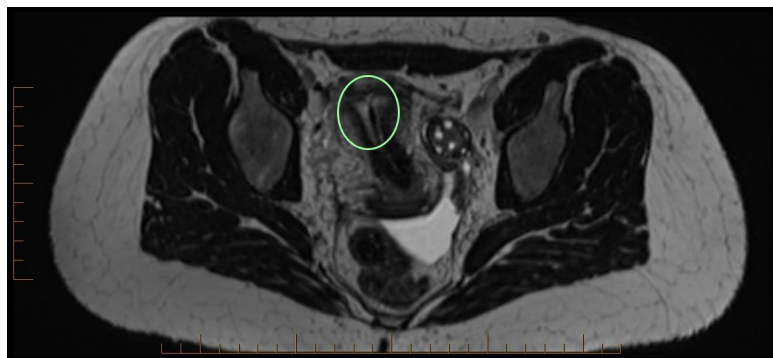
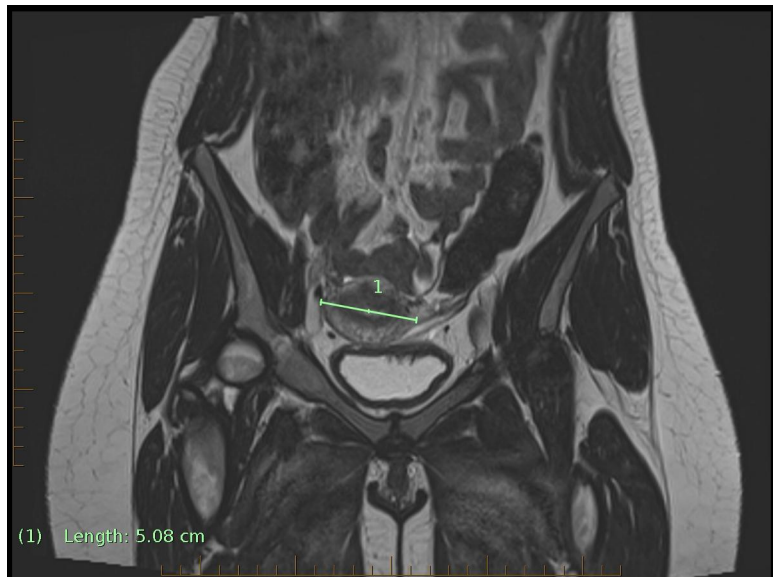
There is good definition to the posterior cul-de-sac. Physiologic fluid clearly outlines without distortion. There is no bowel tethering identified. Smooth appearance to the peritoneal reflections. No uterosacral ligament thickening. No blood signal. No hydrosalpinx. No rectal serosal plaque. No anterior cul-de-sac pathology. Pelvic vessels are within normal limits.

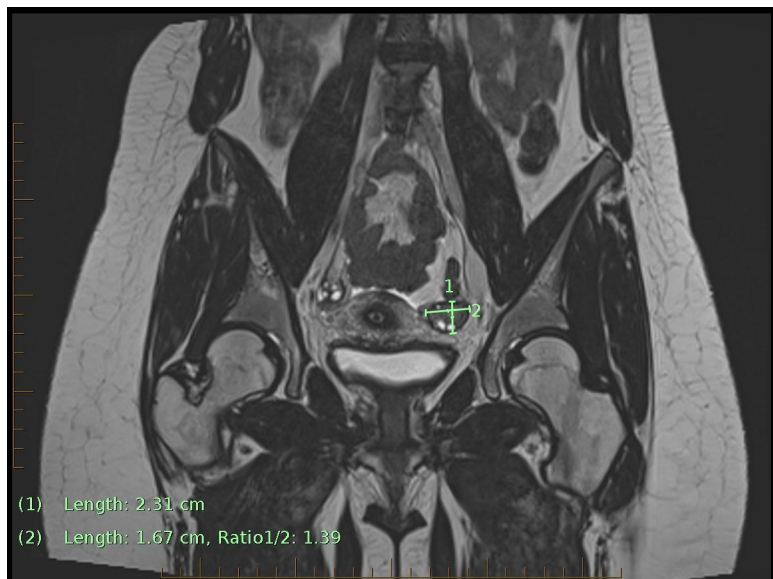
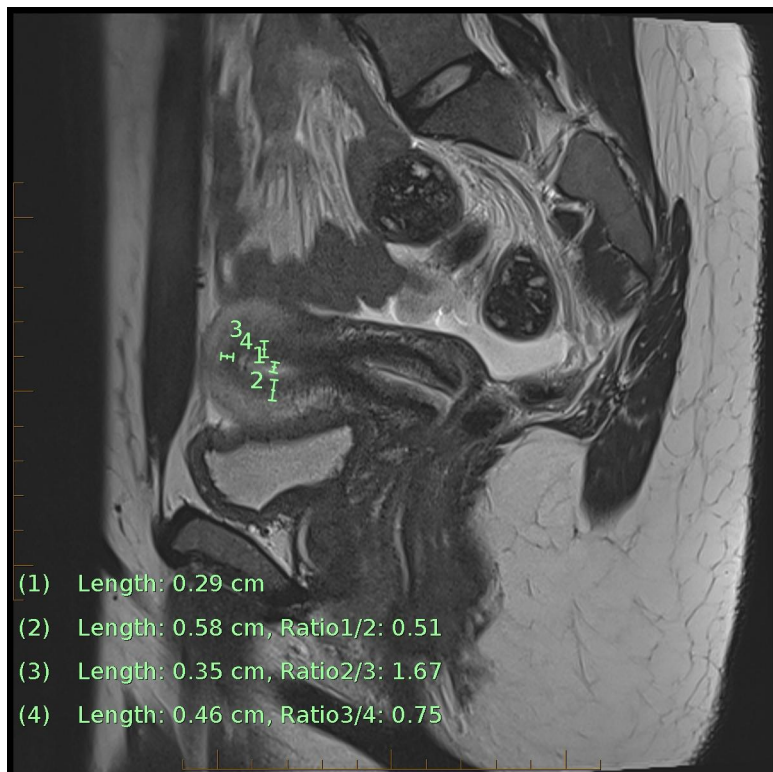
Dr Steven Knox

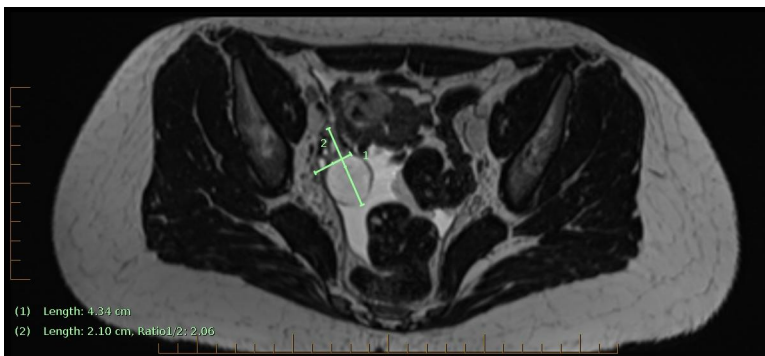
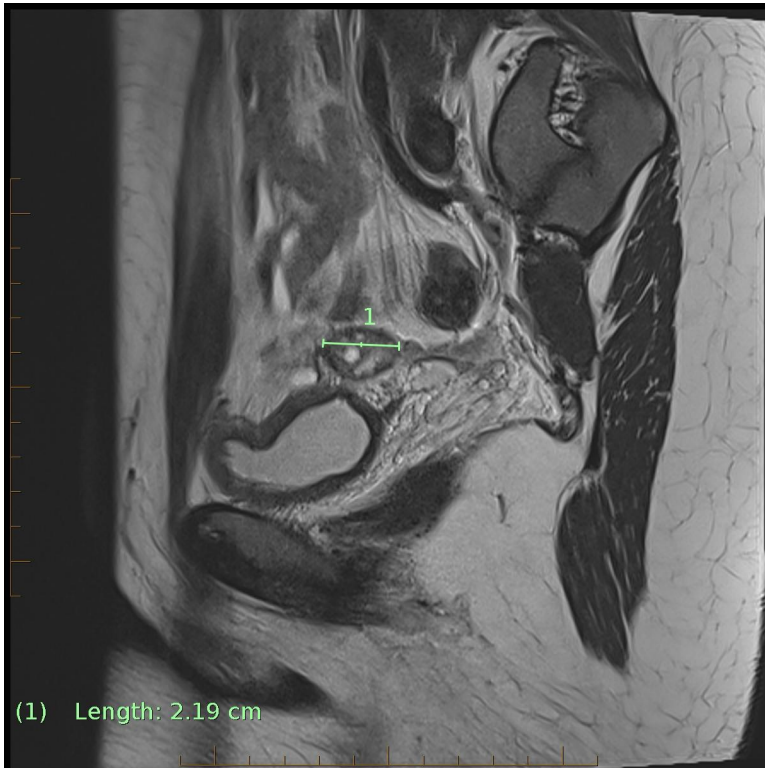
Dr Melissa Jenkins

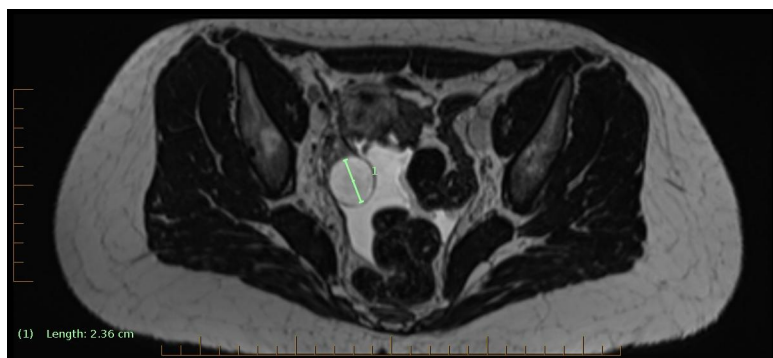
Electronically signed 24/02/2021 20:12











Relevant Clinical Information
MB-MRI PELVIS