

Patient Name: RRI079
Accession Number: BR-4979102-MR
Requested Date: April 14, 2020 12:01
Report Status: Final
Requested Procedure: 5198369
Procedure Description: MRI PELVIS
Modality: MR
Home Phone:
Referring Physician: SHANTHANANTHAN,
GANESH
Organization: City West

Findings

Radiologist: TOPHAM, DEAN

PELVIC MRI

Summary:

Findings consistent with deep infiltrating endometriosis and posterior cul de sac obliteration L>R. Tethered ovaries, posterior uterine serosa and contiguous serosal plaque on the anterior recto-sigmoid surface. No mucosal rectal extension identified. Left endometrioma.

No evidence of hydronephrosis or hydroureter to suggest ureteric involvement.

No gross anterior cul de sac disease.

Clinical:

Severe endometriosis involving sigmoid colon and extensive disease pouch of Douglas. ? Ureter involvement.

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, retroflexed. No septum/ duplication is seen. The uterus is deviated to the right of midline.

Endometrial thickness: 6.5mm.

Junctional zone: Not thickened with no evidence of adenomyosis. No submucosal microcysts.

Uterine lesions: No fibroids seen. No focal myometrial lesion.

Cervix & vagina:

Nabothian cysts seen in the cervix. No focal lesion in the cervix. Vaginal vault unremarkable.

Left ovary:

Position: Adherent to left uterine fundus.

Size: Enlarged measuring approximately 4.5 x 2.5 x 4.4cm. There is a cystic lesion present from the left ovary which contains some evidence of haemorrhage. This measures approximately 2.9 x 2.3 x 3.2cm and is favoured to relate to an endometrioma.

Follicle(s): There are at least three follicles seen in the left ovary.

Lesions and/or endometrioma: See above.

Right ovary:

Position: Posterior and superior to the right aspect of the fundus. Medialised.

Size: 1.8 x 1.2 x 2.6cm.

Follicle(s): At least three follicles are seen from the right ovary.

Lesions and/or endometrioma: No adnexal mass or ovarian lesion seen. Right ovary appears adherent to the uterus.

Adnexa:

Minimal physiologic fluid. Supportive features for deep infiltrating endometriosis and fibrosis. Ovaries are medialised and tethered. Deep cul de sac is obliterated. There is a serosal plaque spanning 28 x 20mm on the anterior surface of the rectosigmoid junction. No mucosal invasion identified. "Mushroom cap" sign on MRI. Regional sigmoid tethering. No involvement seen involving the urinary bladder. No hydrosalpinx.

Other findings:

There is no hydronephrosis to suggest distal ureteric involvement. No hydroureter seen. No pleural effusion. Upper abdomen appears unremarkable.

Dr Dean Topham

Dr Steven Knox

Electronically signed 15/04/2020 17:18