

**Patient Name:** RRI453  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** RUSTAMOV, OYBEK  
**Organization:** Christies Beach

**Accession Number:** BR-5553137-MR  
**Requested Date:** April 19, 2021 14:46  
**Report Status:** Final  
**Requested Procedure:** 5849338  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** KNOX, STEVEN

## **MRI PELVIS**

### **Summary:**

**Conventional uterine anatomy, without septum or duplication.**

**No evidence of adenomyosis or significant uterine endocavitary pathology. No uterine lesion.**

**There are no features of a deep obliterative posterior cul-de-sac endometriosis/fibrosis. Some old scarring however is favoured to the right side of the deep posterior cul-de-sac and the ovary on the right also intimately associated with this area. No active endometriotic foci is seen. Minimal architectural distortion. No bowel disease. No hydrosalpinx.**

**Normal ovarian follicular activity. Dominant follicle on the left.**

### **Clinical:**

IVF. Repeated implantation failure. History of endometriosis. Rule out adenomyosis and severe endometriosis.

### **Technique:**

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

### **Findings:**

#### **Uterus:**

**Size & morphology:** Retroverted, retroflexed. Size (uterine body and cervix) 73 x 44 x 51mm. Conventional uterine anatomy without septum or duplication.

**Endometrial thickness:** ET = 6mm. No endocavitary pathology.

**Junctional zone:** Normal junctional zone thickness throughout. No expansion as evidence of adenomyosis or submucosal microcyst. Junctional zone measures 5mm anteriorly, 5mm at fundus and 6mm posteriorly.

**Uterine lesions:** Not identified.

#### **Cervix & vagina:**

No cervical or vaginal lesions of note identified.

#### **Left ovary:**

**Position:** Anterior lateral left adnexa/pelvis.

Size: 26 x 26 x 26mm (6.3ml).

Follicle(s): Present. Dominant follicle 16mm. Approximately 20 subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

**Right ovary:**

Position: Medialised posterior lower right adnexa.

Size: 34 x 14 x 18mm (4.5ml).

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

Lesions and/or endometrioma: Not identified.

**Adnexa:**

The deep central posterior cul-de-sac contains fluid and does not appear obliterated. There is however some asymmetric peritoneal thickening along the deep posterior right cul-de-sac with the ovary very closely applied to this on the right and somewhat medialised. This would support old endometriosis/fibrosis. Some slight thickening of the right uterosacral ligament relative to the left. There are no active haemorrhagic foci identified or associated bowel disease. The uterine retroflexion does not appear related to dense plaque formation, with some smooth scarring favoured over the lower posterior central uterine serosal/cervix. Free fluid is seen in this area, with no oblitative change. The anterior cul-de-sac appears unremarkable and without oblitative change. No hydrosalpinx.

**Other findings:**

Degenerate mild changes to the lower lumbar facets. No additional intrapelvic features of note.

**Dr Steven Knox**

Electronically signed 20/04/2021 08:38

**Relevant Clinical Information**

CB-MRI PELVIS