

Patient Name: RRI119
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: WHITTLE, HILLARY
Organization: Christies Beach

Accession Number: BR-2820887-MR
Requested Date: November 12, 2015 15:32
Report Status: Final
Requested Procedure: 2730055
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary :

Arcuate uterine configuration - no septum or duplication.

Uterine fundal adenomyosis confirmed.

Tiny signal void left fundal endometrial cavity ?bleb of gas - unlikely to be significant.

Polycystic ovaries.

Small ovarian endometriotic cysts. No cul-de-sac infiltrating endometriosis.

Clinical:

Fertility assessment. Known polycystic ovaries. Known Crohn's disease. Suggestion of fundal adenomyosis on ultrasound.

Technique:

1.5T multiplanar phased array surface coil MRI imaging. Late phase menstrual cycle. G0 P0. Previous laparoscopy and hysteroscopy 2009 and 2014.

Findings:

Uterus:

Morphology -

Anteverted anteflexed mid line.

Arcuate configuration - convex external fundal contour - no septum or duplication.

Size (Corpus + Cervix) -

7.8 x 5.6 x 3.8cm (87cc)

Adenomyosis -

Anterior uterus max JZ thickness 3mm.

Posterior uterus max JZ thickness 9mm.

Anterofundal uterus max JZ thickness 12mm.

Submucosal microcysts are present in association with focal JZ thickening at the fundus.

Leiomyoma -

Absent.

Endometrium -

6mm thickness. Small (3mm) signal void endometrial cavity left fundal region - uncertain origin ?tiny bleb of gas.

Cervix:

Normal.

Vagina:

Normal morphology. Normal posterior vaginal fornix and rectocervical septum.

Ovaries:

Right Ovary -

Position - lateral adnexa.

Size - 4.7 x 2.2 x 4.0cm (21.6cc)

Follicle count - over thirty less than 10mm.

Two subcentimetre T1 hyperintense lesions suggest small endometriotic cysts.

No masses.

Left Ovary -

Position - lateral adnexa.

Size - 4.3 x 2.7 x 2.7cm (16.4cc)

Follicle count - over thirty less than 10mm. Probable corpus luteum at 22mm.

Six subcentimetre T1 hyperintense lesions consistent with endometriotic cysts.

No masses.

Adnexa:

No tubal dilatation. No masses, adhesions or infiltrating endometriosis.

Other Findings:

Normal morphology rectosigmoid colon, urinary bladder, urethra and levator ani musculature.

Radiologist: Dr F. Voyvodic

Second Reader: Dr S. Knox