



Patient Name:

RRI426

Patient ID: Gender: Date of Birth: **Home Phone:**

Referring Physician: HUBCZENKO, ALEX North Adelaide

Organization:

BR-4973078-MR Accession Number: Requested Date: April 6, 2020 10:41

Report Status: Final Requested Procedure: 5191640 **Procedure Description:** MRI PELVIS

Modality: MR

Findings

Radiologist: JENKINS, MELISSA

MRI PELVIS

Summary:

Bilateral endometriomata, with both ovaries and sigmoid colon tethered to the posterior uterus.

Bowel involvement appears limited to the serosal surface, without convincing invasive disease.

Clinical:

At laparoscopy severe endometriosis with obliterated POD and bilateral endometriomas. For assessment of extent of deep/infiltrating endometriosis? bowel involvement, size and position of endometriomas.

Technique:

Multi-parametric pelvic MRI fertility protocol including Volumetric 3D Coronal T2 plus reconstructions, T1 axial pre/post fat saturation. Day 25 of cycle G1P1.

Findings:

Uterus:

Size and Morphology: Anteverted anteflexed uterus is tilted to the right. Conventional morphology with no septum or duplication.

Endometrium: 8mm thickness. There is a tiny 4mm focus seen to the left posterior endometrium which may reflect a tiny polyp.

Junctional Zone: Borderline junctional zone thickness posteriorly at 9mm. No submucosal microcyst formation. No junctional zone thickening elsewhere.

<u>Uterine Lesions</u>: No uterine fibroid. There is tethering of the ovaries and sigmoid colon to the posterior uterus, with obliteration superior to mid aspect of the Pouch of Douglas, however without gross deep myometrial invasive endometriosis/adenomyoma.

Cervix and Vagina:

NAD.

Left Ovary:

Position: Left pelvis medialised to left ovary.

Size: 36cc (3.8 x 4.1 x 4.4cm).

Follicles: Approximately 10 follicles at 11mm or less.



Lesions and/or Endometrioma: 27mm endometrioma medially, 24mm endometrioma laterally.

Right Ovary:

Position: Right pelvis, medialised to uterus.

Size: 34cc (4.0 x 4.4 x 3.7cm).

Follicles: 9 follicles at 10mm or less.

Lesions and/or Endometrioma: Dominant 42mm endometrioma, with further small 13mm endometrioma medially.

Adnexa:

Obliteration at the Pouch of Douglas, with tethering at the sigmoid, posterior uterus and bilateral medialised ovaries. While there is serosal tethering of the sigmoid there does not appear to be deep invasive disease.

No hydrosalpinx.

<u>Dr Melissa Jenkins</u> <u>Dr Steven Knox</u>

Electronically signed 07/04/2020 16:17

Relevant Clinical Information MB-MRI PELVIS