

Patient Name: RRI026
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: BEDSON, LISA
Organization: North Adelaide

Accession Number: BR-4559618-MR
Requested Date: June 25, 2019 09:59
Report Status: Final
Requested Procedure: 4718166
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary:

Abnormal endometrial cavity with focal microcystic mass anterior uterine body/fundus. Further definition may be obtained with ultrasound/ saline infusion sonohysterogram, but ultimately, hysteroscopic biopsy is suggested.

No MRI scan evidence of adenomyosis, leiomyoma or cul-de-sac endometriosis.

Bilateral normo-follicular ovarian morphology.

Left puborectalis muscle detached suggests previous birth related trauma.

Clinical:

Recurrent IVF/implantation problems.

Technique:

1.5T multiplanar phase array surface coil MR imaging. Day 20 menstrual cycle. G2P1.

Findings:

Uterus:

Morphology:

Neutral version, retroflexion, midline.

Convex external uterine fundal contour - no septum or duplication.

Size: (uterine corpus)

5.6 x 5.0 x 4.2cm (62cc)

Cervix length 27mm.

Adenomyosis:

Submucosal microcysts not identified.

Anterior uterus max JZ thickness 6mm

Posterior uterus max JZ thickness 5mm.

Fundal uterus max JZ thickness 3mm.

Leiomyoma:

Absent.

Endometrial cavity:

Maximum thickness 12mm.

Focal mass with microcystic characteristics is noted involving the anterior body and fundal endometrium over a distance of 34 x 9 x 17mm.

Morphology and signal intensities are not typical of soft tissue polyp or submucosal leiomyoma.

Attachment anterior uterus mucosa with some focal loss of definition of the endometrial/myometrial interface.

Cervix:

Normal.

Vagina:

Normal posterior vaginal fornix.

Left puborectalis muscle detachment likely related past birth trauma with some loss of paravaginal support.

Ovaries:Right ovary -

position lateral adnexa

size 3.7 x 2.9 x 1.7cm (9.6cc)

follicle count 12 less than 10mm.

No mass or endometriotic cyst.

Left ovary -

position lateral adnexa

size 4.3 x 4.0 x 1.9cm (17.1cc)

follicle count 20 less than 10mm, one at 15mm.

No mass or endometriotic cyst.

Adnexa:

No tubal dilatation. Physiologic volume fluid anterior and posterior cul-de-sac - no obliteration, adhesions or infiltrating endometriosis identified.

Other Findings:

Normal morphology urinary bladder, urethra and rectosigmoid colon.

Dr Frank Voyvodic

Dr Yen-Lee Leong

Electronically signed 26/06/2019 11:18