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RRI114

Accession Number: BR-3453621-MR
Requested Date: April 6, 2017 12:39
Report Status: Final
Requested Procedure: 3452402
Procedure Description: MRI PELVIS
Modality: MR

Referring Physician: SINGLA, AMITA
Organization: Salisbury

Findings

Radiologist: KNOX, STEVEN

PELVIC MR

Summary:

Some mild adhesions between the small bowel and the lower uterine segment scar are favoured however the small bowel is not dilated and there is no gross anatomic distortion. No bladder tethering is seen. Posterior cul-de-sac changes with thickening uterosacral ligaments and tethering to serosa mid rectum without complete cul de sac obliteration or deeply infiltrating disease.

No other significant uterine pathology. No ovarian endometrioma or hydrosalpinx.

Clinical:

Severe pelvic pain, has adenomyosis also ? endometriosis to review. Had a tummy tuck ? type IV potentially lots of intra-abdominal adhesions.

Worksheet = day 28. G2 P2. Prior section 13/07/2011 and abdominoplasty 2014.

Technique:

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

Findings:

Uterus:

Morphology: Minimally anteverted. No flexion.

Size (uterine body and cervix): 84 x 44 x 52mm. LSCS defect with approximately 6mm scar thickness and a small submucosal cyst at the level of the niche to the left of midline at 6mm. No septum or duplication.

Endometrial thickness: ET= 5mm. No endocavitary pathology.

Junctional zone: Normal thickness throughout. Average 6mm. No submucosal microcysts or supportive features of adenomyosis.

Uterine lesions: Not identified.

Cervix & vagina:

No cervical or vaginal lesion.

Left ovary:

Position: Left lateral adnexa.

Size: 21 x 14 x 14mm (2.2mm).

Follicle(s): Poorly visualised.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Right lateral adnexa.

Size: 30 x 14 x 23mm (5.1mm).

Follicle(s): Present. Approximately 4 subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

Adnexa:

No hydrosalpinx identified. There is some suspicion for minor adhesions between the small bowel and the lower uterine segment scar with very close approximation and some low T2 presumed scar tissue in this location. There is no proximal dilatation.

Posterior cul-de-sac changes with thickening uterosacral ligaments and tethering to serosa mid rectum without complete cul de sac obliteration or deeply infiltrating disease.

Other findings:

Normal appearance to the bladder. No tethering to the anterior peritoneum identified. Small umbilical hernia containing fat with neck at 10mm. No bowel content. No lower abdominal anatomic distortion identified.

Dr Steven Knox **Dr Frank Voyvodic**

Electronically signed 07/04/2017 11:36