

**Patient Name:** RRI403  
**Patient ID:**  
**Gender:**  
**Date of Birth:**  
**Home Phone:**  
**Referring Physician:** DAY, ANDREW R  
**Organization:** North Adelaide

**Accession Number:** BR-5980883-MR  
**Requested Date:** January 14, 2022 13:47  
**Report Status:** Final  
**Requested Procedure:** 6336547  
**Procedure Description:** MRI PELVIS  
**Modality:** MR

## **Findings**

**Radiologist:** HOPKINS, JAMES

## **MRI PELVIS**

### **Summary:**

Appendiceal visualisation is not optimal but there are no specific direct or indirect MRI manifestations of an acute appendicitis. Clinical course will determine requirement for further assessment.

Small volume pelvic free fluid but no organising collection.

Scarring at posterior cul-de-sac but no deeply infiltrating endometriotic plaques are shown.

18mm endocavitatory fibroid.

Borderline to mildly thickened junctional zone which may imply adenomyosis but no confirmatory sub-endometriotic cystic changes.

### **Clinical:**

RIF pain. Exclude appendix. .... adenomyosis. Fundal intracavitary fibroid, after resection.

### **Technique:**

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

### **Findings:**

#### **Uterus:**

##### **Morphology:**

Anteverted, retroflexed. Arcuate morphology.

##### **Size (Corpus and Cervix):**

10.2 x 4.8 x 6.1cm, calculated volume 155cc.

##### **Leiomyomata:**

18 x 13 x 14mm endocavitatory/submucosal fibroid emanating from the posterior and left lateral wall of the corpus. No additional endocavitatory lesion. Smaller, peripheral intramural/subserosal fibroids ventral left corpus 11mm and fundus 11mm. 9mm exophytic/subserosal fibroid posterior right fundus.

**Endometrial Thickness:** 9mm

Junctional Zone: 8mm anterior, 12mm fundal, 11mm posterior. Borderline to mildly thickened with consideration given to adenomyosis, no confirmatory sub-endometriotic cystic changes however.

**Left Ovary:**

45 x 18 x 30mm. 20 peripheral small follicles. No haemorrhagic cyst or endometrioma.

**Right Ovary:**

37 x 28 x 24mm. No haemorrhagic cyst or endometrioma.

**Other Findings:**

No adnexal mass. No tubal dilatation. T2 hypointense posterior cul de sac scarring is noted but no deeply infiltrating endometriotic lesion shown. Small volume pelvic free fluid non specific. No collection. Structure appearing to reflect appendix projecting to pelvis with no surrounding inflammatory change or collection, no pericecal inflammatory change or collection separately. No indirect MRI evidence of an acute appendicitis. No specific rectal inflammatory changes.

**Dr James Hopkins**

Electronically signed 17/01/2022 08:20

**Relevant Clinical Information**

MB-MRI PELVIS