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Patient Name:	RRI421	**Accession Number:**	BR-5421222-MR
Patient ID:		**Requested Date:**	January 27, 2021 14:59
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	5698515
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	KAJANI, RIZWAN	**Modality:**	MR
Organization:	North Adelaide		

Findings

Radiologist: JENKINS, MELISSA

MRI PELVIS

Summary:

Ovarian volumes and follicle count would support polycystic ovarian morphology though noting follicles are of various sizes.

Uterine appearances supportive of adenomyosis at the anterior and fundal junctional zone.

23mm right subserosal uterine fibroid, with small intramural fibroid.

No ovarian mass.

Clinical:

High AMH level and LH:FSH ratio high ?ovarian pathology.

Technique:

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

Day 9 of cycle.

Findings:

Uterus:

Size and Morphology: Anteverted uterus measures 76 x 40 x 58cm. Conventional morphology with no septum or duplication.

Endometrial Thickness: 5mm thickness. No endometrial thickness.

Junctional Zone: There is borderline junctional zone thickening of 10mm at the anterior JZ and fundus. This is >50% of the myometrial thickness and there are additional submucosal microcysts supportive of adenomyosis.

Posterior junctional zone was thickened at 6mm.

Uterine Lesions: There is a 42mm subserosal/intramural fibroid at the right posterior body. There are a couple of small intramural fibroids at the fundus and anterior uterus which are intramural and subcentimetre. No submucosal lesions.

Cervix and Vagina:

NAD.

Left Ovary:

Position: Left adnexa.

Size: 10cc (3.4 x 3.1 x 2.4cm).

Follicle(s): 25-30 follicles subcentimetre, although varying in size.

Lesions and/or Endometrioma: None identified.

Right Ovary:

Position: Right adnexa.

Size: 10.2cc (4.6 x 1.7 x 2.5cm).

Follicle(s): >25 follicles at 10mm or less. Varying sizes.

Lesions and/or Endometrioma: None identified.

Adnexa:

No hydrosalpinx. No deep/infiltrating endometriotic deposit. Physiological amount of free fluid within the adnexa.

Other Findings:

Dr Melissa Jenkins
Electronically signed 29/01/2021 14:36

Relevant Clinical Information
MB-MRI PELVIS