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Patient Name:	RRI065	**Accession Number:**	BR-3822186-MR
		Requested Date:	January 11, 2018 09:55
		Report Status:	Final
		Requested Procedure:	3873782
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	STANKIEWICZ, M	**Modality:**	MR
Organization:	City West		

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS AND RENAL TRACT

Summary :

Uterine changes consistent with Mirena coil levonorgestrel administration.

Normo-follicular ovarian morphology.

No infiltrating pelvic endometriosis. Right sided ovarian endometriotic cyst.

Normal morphology renal tract and pelvic floor.

Clinical:

?pressure on ureter ?endometriosis. Check ovarian morphology.

Technique:

3T multiplanar MR imaging.

Comparison Films:

Findings:

Uterus:

Morphology:

Midline retroverted anteflexed.

Convex external uterine fundal contour - no septum or duplication.

Size (corpus plus cervix):

6.2 x 4.0 x 2.9cm (38cc)

Adenomyosis:

Reduced myometrial zonal differentiation consistent with effects of Mirena coil.

No submucosal microcysts or diffuse junctional zone thickening.

Leiomyoma:

Nil identified.

Endometrium:

Mirena IUCD with satisfactory position in the endometrial cavity.

Endometrial thickness 4mm.

Cervix:

Normal.

Vagina:

Normal morphology.

Normal posterior vaginal fornix and rectocervical septum.

Ovaries:

Right ovary:

Position: Lateral adnexa.

Size: 4.2 x 2.3 x 2.5cm (12.6cc)

Follicle Count: 12<10mm.

18mm haemorrhagic follicle or endometriotic cyst.

No masses.

Left ovary:

Position: Lateral adnexa.

Size: 3.5 x 1.6 x 2.3cm (6.7cc)

Follicle Count: 19<10mm.

No masses or endometriotic cysts.

Adnexa:

No tubal dilatation. No mass, adhesion or infiltrating endometriosis identified.

Other findings:

Kidneys of normal morphology, size, shape and position.

No hydronephrosis or ureteric dilatation. Orthotopic ureteric insertions.

Normal morphology urinary bladder.

Normal morphology rectosigmoid and ascending colon. No diverticular disease.

Normal morphology urethra and levator ani musculature.

No evidence of pelvic organ prolapse on dynamic scan (Valsalva)

Dr Frank Voyvodic **Dr Steven Knox**

Electronically signed 11/01/2018 17:10