



Patient Name: RRI575

Patient ID: Gender: Date of Birth: Home Phone:

**Referring Physician:** YOONG, RAY **Organization:** City West

Accession Number: BR-4486720-MR Requested Date: May 6, 2019 15:23

Report Status: Final
Requested Procedure: 4634722
Procedure Description: MRI PELVIS

Modality: MR

# **Findings**

Radiologist: JENKINS, MELISSA

## **MRI PELVIS**

## **Summary**:

Extensive cul-de-sac endometriosis, with two significant foci of bowel disease, one at 9cm from the anal verge with a small focus of rectal involvement, and more significant infiltrating sigmoid disease at 16cm from the anal verge.

42mm right endometrioma.

Single submucosal microcyst at the fundal junctional zone may reflect superficial adenomyosis, without convincing further sites of disease.

## Clinical:

Grade 4 endo. Check for adenomyosis/rectal involvement.

### Technique:

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

Day22 of cycle. G0P0.

## Findings:

#### **Uterus:**

Size & morphology: Anteflexed uterus measures 45 x 63 x 43mm. Conventional morphology, with no septum or duplication.

Endometrial thickness: 9mm thickness. No gross endometrial lesion.

<u>Junctional zone</u>: Not thickened measuring maximally 5mm. There is a single submucosal microcyst at the fundal junctional zone which could reflect superficial adenomyosis.

<u>Uterine lesions</u>: 6mm intramural fibroid. No submucosal lesion.

## Cervix & vagina:

NAD.

#### Left ovary:





Position: Left pelvis/adnexa.

Size: 65cc (4.9 x 4.9 x 5.2cm).

Follicle(s): Approximately 6 follicles @5mm or less.

Lesions and/or endometrioma: There is a 35mm simple appearing cyst.

Two smaller foci measuring 26 and 22mm demonstrates slight T2 shading, however without associated high T1 signal confirming endometrioma's.

A couple of tiny 4mm endometriomata.

#### Right ovary:

Position: Right pelvis, appearing adherent to right uterus and rectum.

Size: 43cc (4.5 x 4.0 x 4.6cm).

Follicle(s): Four follicles measuring 6mm or less.

Lesions and/or endometrioma: Dominant 42mm endometriomata, with adjacent 18mm endometriomas.

#### Adnexa:

In addition to the endometriomata associated with the right ovary there is infiltrating endometriosis seen between the right ovary and sigmoid. At approximately 16cm from the anal verge there is deeply infiltrating disease extending over a length of approximately 47mm. More proximal to this there is cul-de-sac obliteration, with a smaller rectal plaque seen at approximately 9cm from the anal verge, and extending over approximately 14mm.

Both ovaries are medialised to the sigmoid larger focus with some uterine adherence also demonstrated here. No gross hydrosalpinx.

## Dr Melissa Jenkins Dr Parineet Takhar

Electronically signed 08/05/2019 09:29

Relevant Clinical Information CW-MRI PELVIS