



Patient Name:

RRI147

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

Referring Physician: WEBBER, KYLIE City West

Organization:

Accession Number: BR-4881599-MR Requested Date: January 31, 2020 15:02

Report Status: Final Requested Procedure: 5086971 **Procedure Description:** MRI PELVIS

Modality: MR

Findings

Radiologist: HOPKINS, JAMES

MRI PELVIS

Summary:

No MRI evidence of deeply infiltrating endometriosis. No architectural distortion. No bowel serosal deposits.

No specific explanation for pelvic pain.

Clinical:

Severe pelvic pain with bowel involvement? deep endometriosis related.

Findings:

Uterus:

Configuration:

Anteverted, anteflexed, minimal left tilt. Normal fundal contour, no septum or duplication.

Uterus Size (corpus and cervix):

70 x 32 x 39mm.

Leiomyomata:

Nil.

Endometrium:

7mm thickness, no focal endometrial or endocavitatory lesion. Mirena in situ with no complicating features.

Junctional Zone:

Anterior 7mm, fundal 5mm, posterior 5mm. No subendometrial cystic change. Nil specific evidence of adenomyosis.

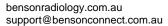
Ovaries:

Right: 22 x 24 x 24mm 6.6cc. Right lateral pelvic lie.

12 peripheral small follicles. 14mm follicle. No haemorrhagic cysts or endometriomata.

Left: 26 x 16 x 30mm 6.5cc. Left lateral pelvic lie.

16 peripheral small follicles. Dominant follicle 19mm. No haemorrhagic cysts or endometriomata.







Other:

Trace of posterior cul-de-sac free fluid. Small benign loculations of fluid in the adnexae appear physiologic although could be small peritoneal inclusion cysts. No features of concern. No MRI supportive features of hydrosalpinx. Nil substantial pelvic scarring or evidence of deeply infiltrating endometriosis.

Anorectum unremarkable.

<u>Dr James Hopkins</u> <u>Dr Steven Knox</u>

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