

Patient Name: RRI120
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: DUGGAN, PAUL
Organization: Salisbury

Accession Number: BR-3083794-MR
Requested Date: June 17, 2016 15:01
Report Status: Final
Requested Procedure: 3029333
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: COWIE, JENNIFER

MRI PELVIS

Summary :

No evidence of adenomyosis. Retroverted uterus, and prominent number of follicles are seen within the bilateral ovaries. Tubular structure within the right adnexa has close proximity to both the right ovary as well as to a more medialised caecum. Mildly enlarged fallopian tube is felt more likely than chronically enlarged appendix, and there is no evidence of current inflammatory change.

Clinical:

Severe chronic lower abdominal pain ? adenomyosis.

Technique:

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

Findings:

Uterus:

Size & morphology:

6.4 x 2.5 x 3.4cm (29cc). No mullerian duct abnormality.

Endometrial thickness:

6mm

Junctional zone:

Anterior 4mm

Fundus 5mm

Posterior 6mm.

No focal adenomyosis identified.

Uterine lesions:

None seen.

Cervix & Vagina:

Normal.

Left Ovary:

Position:

Left adnexa.

Size:

3.3 x 1.9 x 2.3cm (7.5cc)

Follicle(s):

>25 follicles. The majority between 2-5mm, 1 follicle 12mm.

Lesions and/or endometrioma:

None seen.

Right Ovary:

Position:

Right adnexa.

Size:

4.1 x 1.8 x 2.2cm (8.5cc)

Follicle(s):

>20 follicles are seen. The largest measures 10mm.

Lesions and/or endometrioma:

None seen.

Adnexa:

The right adnexa has a tubular structure leading both to the caecum and the right ovary. It is difficult to ascertain whether this represents a mildly prominent, 7mm appendix, or a mildly enlarged fallopian tube. No evidence of acute blood products within the region. No evidence of free fluid identified. No significant inflammatory change.

There is some thickening of the torus uterinus, in keeping with old endometrial deposit, however there is no acute endometriosis seen. No adnexal mass or free fluid is identified.

Other Findings:

Nil significant.

Dr Jennifer Cowie

Dr Frank Voyvodic

Electronically signed 21/06/2016 09:37