

Patient Name: RRI106
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: SEMMLER, JODIE
Organization: City West

Accession Number: BR-4894538-MR
Requested Date: February 10, 2020 11:43
Report Status: Final
Requested Procedure: 5101810
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: KNOX, STEVEN

PELVIC MRI

Summary:

Dense invasive plaque contiguous in the right deep posterior cul-de-sac between the uterine body/cervix serosa and the 10-12 o'clock position of the mid rectum. The normal rectal distinct muscularis outline is lost and there appears to be some haemorrhagic foci through the wall of the rectum, supportive of rectal invasive component. There is obliteration of the cul-de-sac in this area.

The remainder of the pelvis is without significant distortion or disease. No ovarian endometrioma. No uterine adenomyosis, endocavitary pathology, hydrosalpinx or other pelvic features of concern.

Clinical:

Known pouch of Douglas endometriosis. Increased pain in the rectum for assessment.

Worksheet = approximately day 22. G2 P2. Prior caesarean 2010, 2014. Prior laparoscopy for endometriosis 2013.

Technique:

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

Findings:

Uterus:

Size (uterine body and cervix) & morphology: Retroverted anteflexed. 116 x 61 x 68mm. Conventional anatomy without septum or duplication. LSCS with around 11mm scar thickness.

Endometrial thickness: 5mm. IUCD appropriately in-situ. No myometrial penetration. Tip position normally in the fundus.

Junctional zone: Normal junctional zone thickness throughout. No junctional zone expansion or submucosal microcyst formation to support adenomyosis.

Uterine lesions: No uterine lesions identified.

Cervix & vagina:

No cervical or vaginal lesions of concern identified.

Left ovary:

Position: Anterior left superior adnexa.

Size: 24 x 17 x 28mm (5.9ml).

Follicle(s): Present. Approximately six subcentimetre follicles. Largest follicle 12mm.

Lesions and/or endometrioma: Not identified.

Right ovary:

Position: Right lateral adnexa.

Size: 39 x 36 x 34mm (25ml). Enlargement related to dominant follicular activity.

Follicle(s): Present. Largest follicle 32 x 27mm. Approximately eight subcentimetre follicles.

Lesions and/or endometrioma: Not identified.

Adnexa:

Eccentric right sided invasive posterior cul-de-sac endometriosis/fibrosis. The dense plaque measures approximately 30 x 23 x 20mm. It tethers the serosa of the posterior uterine segment/cervix and shows invasive features through the mesorectal fascia to the level of the anterior/right lateral wall mid rectum. This is maximum at around 88mm above the anal verge. The T2 weighted images show obliteration of the mesorectal fat and small cystic foci in the wall of the rectum which would support invasive rectal involvement. A normal muscularis propria outline is not identified. There is thickening along the adjacent uterosacral ligament. There is vaginal forniceal elevation posteriorly on the right. The deep cul-de-sac is obliterated in this area with no fluid seen.

No hydrosalpinx identified. Some scarring at the level of the caesarean section with minor regional anatomic distortion however no signal to suggest endometriosis. No further pelvic architectural distortion identified.

Dr Steven Knox

Dr Frank Voyvodic

Electronically signed 11/02/2020 08:40