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Patient Name:	RRI063	**Accession Number:**	BR-3105428-MR
Patient ID:		**Requested Date:**	July 5, 2016 13:35
Gender:		**Report Status:**	Final
Date of Birth:		**Requested Procedure:**	3054062
Home Phone:		**Procedure Description:**	MRI PELVIS
Referring Physician:	RITOSSA, MARTIN	**Modality:**	MR
Organization:	North Adelaide		

Findings

Radiologist: JENKINS, MELISSA

MRI PELVIS

Summary:

Large 63mm right posterior uterine fibroid abuts the junctional zone and extends to within 3mm of the right posterior fundal serosal surface.

No further uterine lesion.

No endometrial polyps, endometrioma, or deep/infiltrating endometriotic deposit identified.

Clinical:

5cm posterior fibroid ? location. Impression subserosal but does indent cavity. ? Endometriosis.

Technique:

Routine MRI fertility protocol. Day 21 of cycle. G0 P0.

Findings:

Uterus:

Size & morphology: Anteverted, anteflexed uterus measures 99 x 77 x 74mm, conventional morphology, with no septum or duplication.

Endometrium: 6mm thickness. No internal uterine contents or polyps.

Junctional zone: Junctional zone is not thickened, measuring maximally 3mm anteriorly and posteriorly. No submucosal microcyst formation.

Uterine lesions: There is a large 63mm intramural posterior uterine fibroid. This extends to the junctional zone, distorting the endometrium, but without definable submucosal components.

This extends to within 3mm of the serosal surface at the right posterior fundus.

No further uterine lesion seen.

Cervix & Vagina:

Unremarkable.

Left Ovary:

Position: Left adnexa.

Size: 4cc (2.8 x 1.3 x 2.1cm).

Follicle(s): Nine follicles at 5mm or less.

Lesions and/or endometrioma: None identified.

Right Ovary:

Position: Right adnexa.

Size: 9cc (2.3 x 2.6 x 2.8cm).

Follicle(s): Collapsing follicle/corpus luteum at 17mm. Approximately ten follicles at 5mm or less.

Lesions and/or endometrioma: None identified.

Adnexa:

Small volume free fluid within the Pouch of Douglas likely physiological.

No hydrosalpinx.

No deep/infiltrating endometriotic deposit or regional distortion seen.

Other Findings:

Nil significant.

Dr Melissa Jenkins **Dr Yen-Lee Leong**

Electronically signed 06/07/2016 10:30