





RRI1012

Patient Name:

Patient ID:

Date of Birth:

Referring Physician: HULL, LOUISE
Organization: North Adelaide

Accession Number: Requested Date:

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## **Findings**

Radiologist: KNOX, STEVEN

### **MRI PELVIS**

### **Summary**:

Small volume uterus for age with uterine corpus to cervix ratio of 1:1. No uterine pathology identified. No adenomyosis.

There are no features of obliterative pelvic endometriosis/fibrosis. No abnormal nodularity at the uterosacral ligaments. Minimal pelvic physiologic fluid. Normal ovarian positioning. No endometrioma. No hydrosalpinx.

#### Clinical:

University of Adelaide RRI Endometriosis Study.

Subject ID 1012

## Technique:

Per trial protocol multiplanar T2 to, T1 Dixon.

#### Findings:

#### **Uterus:**

<u>Size & Morphology</u>: Axial orientation. No flexion. Size 51 x 21 x 43 mm. Small volume uterus for age with cervix to body ratio of 1:1. Conventional cavity without septum duplication.

Endometrial Thickness: No endocavitary pathology. Normal endometrial thickness. 1mm.

<u>Junctional Zone</u>: Normal junctional zone thickness throughout, without expansion. No submucosal microcysts as evidence of adenomyosis.

<u>Uterine Lesions</u>: There are no uterine lesions of note identified.

## Cervix & Vagina:

There are no cervical or vaginal features of concern. No relevant lesions.





### Left Ovary:

Position: Left lateral adnexa.

Size: 22 x 20 x 19 mm. 4.3 mL.

Follicle(s): Present. Approximately 10 subcentimetre follicle.

<u>Lesions and/or Endometrioma</u>: Not identified.

# **Right Ovary:**

Position: Right lateral adnexa.

Size: 19 x 11 x 23 mm. 2.5 mL.

Follicle(s): Present. Approximately 3 subcentimetre follicles

Lesions and/or Endometrioma : Not identified.

#### Adnexa:

No features of significant pelvic architectural distortion. No hydrosalpinx. No abnormal thickening of the uterosacral ligaments. There is little physiological fluid noted..

## Other Findings:

No other significant lower abdominal or pelvic pathology. Mild proximal colonic faecal loading.

### **Dr Steven Knox**

Electronically signed 22/09/2023 19:57