

Patient Name: RRI037
Patient ID:
Gender:
Date of Birth:
Home Phone:
Referring Physician: DAVIES, TRICIA
Organization: Ashford

Accession Number: BR-3275222-MR
Requested Date: November 16, 2016 08:41
Report Status: Final
Requested Procedure: 3248042
Procedure Description: MRI PELVIS
Modality: MR

Findings

Radiologist: VOYVODIC, FRANK

MRI PELVIS

Summary:

No MRI scan evidence of mullerian duct anomaly, adenomyosis or leiomyoma.

Polyfollicular ovarian morphology.

No tubal dilatation or evidence of infiltrating cul de sac endometriosis.

Clinical:

Implantation failure for assessment.

Technique:

1.5T multiplanar phased array surface coil MR imaging. Intravenous Buscopan.

Findings:

Uterus:

Morphology:

Anteverted, anteflexed midline.

Convex external uterine fundal contour - no septum or duplication.

Size:

7.4 x 4.5 x 4.1cm. (72cc)

Adenomyosis:

Submucosal microcysts not identified.

Anterior uterus max JZ thickness 3mm.

Posterior uterus max JZ thickness 5mm.

Fundal uterus max JZ thickness 3mm.

Leiomyoma:

Absent.

Endometrium:

7mm thickness. No masses, polyps or adhesions identified.

Cervix:

Normal.

Vagina:

Normal morphology.

Normal posterior vaginal fornix and rectus cervical septum.

Ovaries:Right Ovary:

Position: Lateral adnexa.

Size: 3.6 x 2.4 x 2.7cm (12.2cc)

Follicle Count: Over 40 subcentimetre, peripheral location.

No masses or endometriotic cysts.

Left Ovary:

Position: Posterior adnexa.

Size: 4.4 x 3.3 x 2.3cm (17.5cc)

Follicle Count: Over 30 < = to 10mm.

1 at 26mm with some T1 and T2 hypointensity, ? small focus of old haemorrhage or calcification.

Adnexa:

No tubal dilatation. Physiologic volume of fluid posterior cul de sac. No masses, adhesions, or infiltrating endometriosis identified.

Other Findings:

Normal morphology rectosigmoid colon, urinary bladder, urethra and levator ani musculature.

Mild L5-S1 and L3-4 degenerative disc disease.

Dr Frank Voyvodic

Dr Melissa Jenkins

Electronically signed 16/11/2016 11:38