

Patient Name: Sahar Abdulwahab Mohammad

MR Number: 265102

Patient ID: 412586

Address:

Gender: F

Date Of Birth: 8/20/1994

Nat. ID:

Age: 29Y

Ref. Physician: Rawya Rawya Mohamed

Exam: PELVIS WITH CONTRAST

Accession: 5200733601

Report Date: 8/24/2023 8:51 AM

☐ **Contrast enhanced MRI of the pelvis.**

**Technical data:**

- ☐ Multiple pulse sequences in different anatomical planes.  
☐ IV contrast was given

**Findings:**

- ☐ Division of the uterine fundal endometrial cavity by a septum continuous and isointense to myometrium, thickened at the fundal level and continues inferiorly as thin line likely reaching the cervix, extension to the vagina couldn't be assessed on an MR basis for clinical correlation. it measures about 2.5x3.3 cm at the fundal level and about 5mm thickness inferiorly.. smooth external contour of uterine fundus with no definite cleft. Abnormal uterine morphology with MRI criteria favor the possibility of uterine septum (septate uterus) rather than other possibilities (bicornuate , or thick adhesion band) for further confirmatory work up
- ☐ Thickening of the posterior uterine wall, elicits isointense to the junctional zone with internal innumerable minuet cystic changes of low/high signal in T1 and high signal in T2 suggestive of adenomyosis
- ☐ Right lateral uterine wall small lesion measures about 27x17 mm probably a discrete small myoma
- ☐ Right ovarian small follicle measures about 6mm elicits high signal in T1 and low signal in T2 suggestive of hemorrhagic/highly proteinaceous contents
- ☐ The endometrial canal measures about 8 mm . NB: small endo-cavitary polyps/ lesions are usually out of MR resolution for alternative diagnostic work up if clinically suspected
- ☐ No evidence of adnexal masses. The fallopian tubes couldn't be properly assessed in MRI for HSG if indicated
- ☐ Minimal fluid in the cul de sac
- ☐ Bilateral Inguinal and iliac multiple small lymph nodes
- ☐ Slightly congested pelvic vasculature

**Conclusion:**

- Abnormal uterine morphology with MRI criteria favor the possibility of uterine septum (septate uterus) for further confirmatory work up
- MR picture is suggestive of posterior uterine wall adenomyosis
- Right ovarian small follicle elicits signal suggestive of hemorrhagic/highly proteinaceous contents
- Right lateral uterine wall small lesion probably a small myoma