



**THE HEALTHY
COMMUNITIES
FOUNDATION
AUSTRALIA**

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**We prefer to receive reports electronically if possible*

Dr Thierry Vancaillie
Fx

22/01/2025

Phone:

**RE: Mrs Teresa Jayne Brummell
Kylebride
2748 Merrywinebone Rd
Rowena. 2387**

DOB: 25/10/1976

Dear Dr Vancaillie

Thank you for seeing Teresa Brummell for an opinion and management of severe intermittent pains in the lower pelvis which can be excruciating, sometimes worse with urination and orgasm. Please review and continue relevant management.

Her current medications are:

EstroGel 0.06% Gel	3 pumps /day.
EstroGel Pro 0.06%;100mg Combination pack	3 pumps /day.
Lipitor 10mg Tablet	1 tab Daily As directed.
Pregabalin 25mg Capsule	1 Capsule Three times a day.
Slinda 4mg Tablets	take as directed.
Vitamin D 10000IU Tablet	take as directed by your neurologist.

Allergies:

pine nuts Vomiting, Moderate

Past Medical History:

1996	Hyperlipidaemia	
20/12/2007	Multiple Sclerosis	relapsing- remitting MS
04/02/2014	Menopause, premature	
30/05/2018	Hip replacement	
23/04/2019	Left Osteoarthritis of hip	
20/09/2022	HRT	
20/11/2024	Neuropathic pain	

Yours faithfully,
Dr A Ling

Dr Andrea Ling
HPI-I 800361 0001 930 763
6275916K

Tamworth Medical Imaging
103 PEEL STREET
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NSW
2340

Phone: 0267646000
Fax: 0267646060



TAMWORTH
MEDICAL IMAGING

Referred By:
Dr Julian White
98 MAITLAND STREET
NARRABRI NSW 2390

Mrs Teresa Brummell
DOB: 25 October 1976
UR: HN9009488621
Reference: TMI-2662962
Service Date: 27 September 2023

Visit Description: MRI ABDO

MRI ABDOMEN & PELVIS

Clinical History: Abdominal pain radiating down rectum.

Technique: Large field of view unenhanced protocol.

Findings:

Bilateral hip prostheses are noted with associated susceptibility artefact.

Allowing for this, no free pelvic fluid or collection is seen.

Liver, gallbladder, spleen, pancreas, adrenals and kidneys appear grossly unremarkable on this unenhanced study.

No definite focal diffusion restriction abnormality is seen.

No intra-abdominal or pelvic lymphadenopathy is seen.

No discrete pelvic mass lesion is seen.

Mild colonic diverticulosis is noted.

Bowel loops appear grossly unremarkable.

Comment:

No target organ to be imaged has been specified. Generalised survey protocol with large field of view technique has been adopted.

Allowing for this, no definite focal cause of lower abdominal pain has been identified aside from minor colonic diverticulosis.

Reported by:
Dr Chris Chu
Typist: MK

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TAMWORTH
MEDICAL IMAGING

Referred By:

Dr Malanie Press
PO BOX 172
WILSON STREET
COLLARENEBRI NSW 2833

Mrs Teresa Brummell

DOB: 25 October 1976

UR: HN9009488621

Reference: TMI-2797362

Service Date: 07 February 2024

Visit Description: US PELVIC

AMENDED REPORT - Please review as changes have been made to the original report.

ULTRASOUND PELVIS - 07/02/2024

Clinical History: Low back pain. Pelvic pain. RIF pain.

Findings:

Transabdominal and transvaginal scans were obtained.

Anteverted uterus measuring 6.4 x 3.2 x 4.1cm noted. There is a normal combined endometrial thickness of 3mm.

There is a nabothian cyst seen posteriorly measuring 14mm in size.

The ovaries appear normal. There is no adnexal mass or free fluid.

The appendix is seen and appears normal.

Conclusion:

Normal study.

ADDENDUM - 19/02/2024

There has been a typographical error in the second sentence of Findings. It should read as, "**Retroverted** uterus measuring 6.4 x 3.2 x 4.1cm noted".

Reported by:

Dr Arnold Kang

Sonog: E Rutherford, Typist: MK

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To: Dr Malanie Press

Referred By:

Dr Lilach Leibenson
25 BLIGH STREET
LEIBEN SPECIALIST CLINIC
TAMWORTH NSW 2340

Mrs Teresa Brummell

DOB: 25 October 1976

UR: HN9009488621

Reference: TMI-2819375

Service Date: 27 February 2024

Copies To:

Dr Malanie Press

Visit Description: US KUB

AMENDED REPORT - Please review as changes have been made to the original report.

ULTRASOUND KUB

Clinical History: Pain after urination with full bladder.

Findings:

Kidneys appear normal, renal lengths right 9.7cm and left 10.3cm. Prevoid bladder volume 303cc. 6cc postvoid residue within the bladder.

Conclusion:

Normal renal tract ultrasound.

Reported by:

Dr Ian Cappe

Co Reported:

DR Colin Tan

Sonog: A Fawcett, Typist: JT

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Service Date: 27 February 2024

Copies To:
Dr Malanie Press

Visit Description: US KUB

ULTRASOUND KUB

Clinical History: Pain after urination with full bladder.

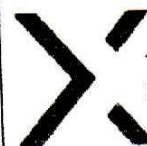
Findings:

Kidneys appear normal, renal lengths right 9.7cm and left 10.3cm. Prevoid bladder volume 303cc. 6cc postvoid residue within the bladder. A little fluid is seen within the cervical canal consistent with large nabothian cyst.

Reported by:
Dr Ian Cappe
Sonog: A Fawcett, Typist: JT

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Referred By:
Dr Warren Ling
WILSON STREET
COLLARENEBRI NSW 2833

Mrs Teresa Brummell
DOB: 25 October 1976
UR: HN9009488621
Reference: TMI-2835474
Service Date: 12 March 2024

Visit Description: MRI PELVIS

MRI PELVIS

Clinical History: Pelvic pain for investigation.

Technique: Axial and coronal T1, axial fat-sat T2, coronal STIR, axial DWI sequences ???in a CMAP, axial fat-sat T1, sagittal T2 sequences have been performed.

Findings:

General survey protocol has been adopted. No specific target organ to be imaged has been specified.

Uterus is retroverted measuring 8.5 x 3.9 x 4.4cm longitudinal, AP and transverse dimensions respectively. Endometrium measures 4mm in thickness and appears unremarkable.

The anterior fundal endometrial-myometrial interface is indistinct with suggestion of thickening of junctional zone measuring up to 21mm, raising the possibility of adenomyosis. The rest of junctional zone is uniform measuring 6mm in thickness.

Uterine cervix is intact.

No discrete pelvic mass or significantly enlarged lymphadenopathy is demonstrated.

No obvious free fluid is seen.

Bilateral hip prostheses are noted with associated susceptibility artefact.

Pelvic bone marrow signal is unremarkable.

Conclusion:

Bilateral hip prostheses with susceptibility artefact.

No specific target organ has been specified.

General survey protocol has been adopted.

Retroverted uterus.

Apparent thickening of anterior fundal junctional zone with indistinct endometrial-myometrial interface concerning for adenomyosis.

No discrete pelvic mass is identified, otherwise.

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