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ADVANCED GYNECOLOGY ULTRASOUND:

Our patient consented to a full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique. Due to the **indication of endometriosis on the requisition,** advanced dynamic techniques, including limited abdominal ultrasound, were performed.

INDICATION: Endometriosis. Ongoing pelvic pain. Ovarian cysts.

FINDINGS:

UTERUS:

The uterus was well visualized, anteverted in orientation and size measuring 78 x 37 x 49 mm. Volume 73.6 ml.

Myometrium: The myometrium appeared **abnormal**.

- **Adenomyosis**: Evaluation for adenomyosis revealed: **Present.** The following MUSA (Morphologic Uterine Sonographic Assessment) group features are identified:

1. Globular uterus
2. Echogenic sub-endometrial lines and buds
3. Irregular junctional zone
4. Myometrial cysts

- **Fibroids**: Evaluation for fibroids revealed: Nil.
- **Congenital anomaly**: Nil.

Endometrium: Endometrial thickness measured: 1.6 mm. Endometrial cavity pathology: **Present**. Isthmocele measuring 5 x 6 x 4 mm.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 22 x 16 x 34 mm. Volume 6.2 ml.
Right Ovary Mobility: Mobile

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Date of transcription: 21 May 2024
Signed

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Left Ovary: the left ovary appeared **abnormal** in appearance and echogenicity, measuring 57 x 47 x 65 mm. Volume 90.4 ml. There is a unilocular cystic lesion measuring 57 x 47 x 65 mm with anechoic contents, smooth and thin walls, no solid components, and no abnormal Doppler vascularity. This is benign as per the IOTA Simple Rules. This is most likely a serous cystadenoma.
Left Ovary Mobility: Mobile

Adnexa: Normal bilaterally.

ANTERIOR COMPARTMENT:

Bladder: Normal with no evidence of deep endometriosis or other gross pathology.
Ureters: Normal bilaterally with no evidence of hydroureter.

POSTERIOR COMPARTMENT:

Posterior vaginal fornix: Normal with no evidence of deep endometriosis or other gross pathology.
Rectovaginal septum: Normal with no evidence of deep endometriosis or other gross pathology.
Left uterosacral ligament: Normal with no evidence of deep endometriosis or other gross pathology.
Right uterosacral ligament: Normal with no evidence of deep endometriosis or other gross pathology.
Torus uterinus: Normal with no evidence of deep endometriosis or other gross pathology.

Bowel: Normal with no evidence of deep endometriosis or other gross pathology.

Rectouterine pouch (cul de sac): Sliding sign: Positive, representing a non-obliterated (i.e. normal) rectouterine pouch. Due to the presence of the left ovarian cyst, the left ovary sits within the posterior cul-de-sac and therefore the pouch peritoneum will be partially obscured. However, there are no suspected adhesions of the left ovary to the pouch peritoneum.

Superficial endometriosis: Evaluation for superficial endometriosis today was not aided by the presence of peritoneal fluid. We did not identify superficial endometriosis. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

IMPRESSION:

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Abnormal limited abdominal and full pelvic ultrasound today with findings of adenomyosis and a left ovarian serous cystadenoma.

Today's ultrasound was a sonographer-performed endometriosis ultrasound. Whilst endometriosis was not identified, we are still at the infancy of sonographer-led endometriosis ultrasound. If surgery is going to be considered for this patient, I would recommend a sonologist-led endometriosis ultrasound to ensure accuracy, enhancing surgical outcomes, particularly for the domains of bowel/bladder/ureter endometriosis, which was not seen today.

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