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ENDOMETRIOSIS PELVIC MRI ASSESSMENT -  
BR PROFORMA REPORT BLIND REVIEW

Uterus

- 1 Absent  
2 Present

Uterine anatomy

- 1 Conventional  
2 Arcuate  
3 Septate  
a Full septum  
b Subseptate  
4 Bicornuate unicollis  
5 Bicornuate bicollis  
6 Didelphys  
7 Other (free text enabled)

Uterine Lie (can be more than one selection)

- 1 Anteverted  
2 Anteflexed  
3 Retroverted  
4 Retroflexed  
5 Axial  
6 Others (please specify) (Free text enabled)

Uterine Size (body + cervix - 3 planes in mm)

1. (Free text)

83x42x62

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)

5mm

Endometrial lesions

- 1 Not identified.  
2 Present. Polyp.

2b-1 No. of polyps (free text)

2b-2: Size of each polyp (free text)

Adenomyosis

- 1 No MRI supportive features  
2 Supportive MRI features as described.

1 Submucosal cysts

2 Abnormal junctional zone thickening and measurement

i. Anterior (mm)

11mm

ii. Fundal (mm)

iii. Posterior (mm)

Presence of an adenomyoma

- 1 No  
2 Yes

Fibroids

- 1 No  
2 Yes

2a Number of fibroids

1

2b Largest fibroids (location and size mm all

fibroids >10mm and/or impact on the cavity) - (Free text)

2b-1 Submucosal fibroids

31mm (R)

2b-2 No

lateral body  
intramural/subserosal 50%.

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2b-1. Yes

2b-1-1 (description: free text)

Left ovary

- 1 Absent (Branching logic - move to "Right ovary")  
2 Present

Left ovary size (3 planes and volume)

1. NN x NN x NN mm

31x26x26

2. Volume (above x 0.52)

8.4ml.

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

>25

2. N follicles > 9 mm

a. (Free text)

0

3. Dominant follicle

a. Y

b. N

Left ovary position

- 1 Lateral adnexa Unremarkable  
2 High positioning in iliac fossa  
3 Tethered/ distorted appearances - (may be multiple options)  
3a Intimate relationship to the lateral uterus  
3b Intimate relationship/ tethering to adjacent bowel  
3c Tethering to pelvic sidewall  
3d Tethering to the uterosacral ligament

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3e: Other (free text)

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adjacent bowel

3c: Tethering to pelvic sidewall

3d: Tethering to the uterosacral ligament

Left ovarian endometrioma

- 1 No  
2 Yes

1a Size: NN in millimetres (mm)

1b T2 shading (intermediate/low homogeneous T2 signal)

1b-0 No

1b-1 Yes

1c T1 fat sat hyperintense

1c-0 Absent

1c-1 Present

1d Internal nodularity, septation or other complexity

1d-1 No

1d-2 Yes

1-d-2-1 (Free text)

Left ovarian lesions/cysts other than suspected endometriomas

1 Not classifiable

2 Lesion features

2a Unilocular cyst

2b Unilocular solid cyst

2c Multilocular cyst

2d Multilocular solid cyst

2e Solid

3 Vascularity (post gadolinium enhancement)

3a Present

3b: Absent

4 Fat component (T1/ T2 hyperintense Low signal on fat suppression).

4a: Present.

4b Absent.

Right ovary

1 Absent (Branching logic - move to "Adnexa")

2 Present

Right ovary size (3 planes and volume)

1 NN x NN x NN mm

2 Volume (above x 0.52)

Right ovary follicle measurements and count

1 N follicles between 2 and 9 mm in diameter

a (Free text)

2 N follicles > 9 mm

a (Free text)

3 Dominant follicle

Right ovary position

1 Lateral adnexa Unremarkable

2 High positioning in iliac fossa

3 Tethered/ distorted appearances - may be multiple options.

3a Intimate relationship to the lateral uterus

3b Intimate relationship/ tethering to

Right ovarian endometrioma

- 1 No  
2 Yes

2a Size: NN in millimetres (mm)

2b T2 shading (intermediate/low homogeneous T2 signal)

2b-0 No

2b-1 Yes

2c T1 fat sat hyperintense

2c-0 Absent

2c-1 Present

2d Internal nodularity, septation, complex

2d-1 No

2d-2 Yes

Right ovarian lesions/cysts other than suspected endometriomas

1 Not classifiable

2 Lesion features

2a Unilocular cyst

2b Unilocular solid cyst

2c Multilocular cyst

2d Multilocular solid cyst

2e Solid

3 Vascularity (post gadolinium enhancement).

3a Present

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3b: Absent

4 Fat component (T1/ T2 hyperintense. Low signal on fat suppression)

4a: Present.

4b: Absent.

#### Adnexa

1 Hydrosalpinx

1a: No

1b: Yes

2 Hematosalpinx

2a: No

2b: Yes

3 Other (free text)

Are both ovaries immediately approximated "kissing"?

1 No

2 Yes

#### Urinary bladder nodule

Definition: Is there presence of a nodule in the bladder

1 Absent

2 Present

2a: Size: NN in millimetres (mm)

#### Uterovesical region

Definition: Assessment of whether there is a visible preserved fat plane +/- physiologic fluid +/- absent

distortion between the anterior uterine serosa and bladder

1 Normal

2: Abnormal.

2a: (free text if required)

#### Ureteric nodule(s)?

1 Absent

2: Present

2a: Location (free text + distance to ureteric orifice/ VUJ)

2b: Size (mm)

#### Pouch of Douglas obliteration

Definition: Assessment for abnormal loss of fat plane +/- physiologic fluid and immediate approximation of rectosigmoid and/or small bowel to the posterior uterine serosa, cervix +/- vaginal wall.

Discrete linear bands may be visible (↓ T1, ↓ T2)

1 Negative

2 Partial

2a: Left

2b: Right

3: Complete

3a: Positive = obliteration

3b: Positive = band adhesions.

#### Nodules present on the posterior vaginal fornix?

Definition: Thickening of superior 1/3 of posterior vaginal wall +/- nodularity Nodules ↓ T2 ↑ T1 (if active haemorrhagic deposits)

1 No

2 Yes

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2a: Dimension of nodule to be measured in

millimetres (mm)

2b1: Inactive

2b2: Active

#### Vaginal forniceal elevation?

Definition: Upper level of fornix on sagittal view is superior to the angle of the uterine isthmus with stretching of vaginal wall, and/or acute angulation of the fornix

1: No

2: Yes

2a: Left

2b: Right

2c: Left and Right.

#### Rectovaginal nodules present?

Definition: Presence of deep infiltrating endometriosis in the anterior rectal wall and posterior vaginal fornix, located below the peritoneum of the Pouch of Douglas. Inactive/ fibrotic disease characterised as ↓ T1 ↓ T2 signal

Active disease as ↑ T1, ↑ to intermediate- T2 signal

(haemorrhagic/ proteinaceous content + glandular deposits)

1 No

2 Yes

2a: Size (mm)

2b1: Inactive.

2b2: Active



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**Uterosacral ligament nodules or thickening?**

Definition: Inactive/ fibrotic disease nodules characterised as ↓ T1 ↓ T2 signal.

Active disease as ↑ T1, ↑ to intermediate- T2 signal (hemorrhagic/ proteinaceous content + glandular deposits).

- 1 No
- 2 Yes nodules
- 2a Left
- 2a-1: Size (mm)
- 2b Right
- 2b-1: Size (mm)
- 2c1 Inactive
- 2c2 Active
- 3 Yes thickening.
- 3a Left
- 3b Right
- 3c Both

**Retrocervical nodule present?**

Definition: Inactive/ fibrotic disease characterised as ↓ T1 ↓ T2 signal

Active disease as ↑ T1, ↑ to intermediate- T2 signal (hemorrhagic/ proteinaceous content + glandular deposits)

- 1 No
- 2 Yes
- 2a Size (mm)
- 2b1 Inactive
- 2b2 Active

**Rectum and colon**

**Is there bowel deep infiltrating endometriosis seen?**

Definition: Inactive/ fibrotic disease characterised as ↓ T1 ↓ T2 signal

Active disease as ↑ T1, ↑ to intermediate T2 signal (hemorrhagic/ proteinaceous content + glandular deposits)

"Mushroom cap sign" is specific to severe invasive bowel endometriosis and is characterized as a plaque with ↓ T2 at its 'base' and ↑ T2 at its 'cap'

- 1 No
- 2 Yes

- 2a Distance from the anal verge
- 2a-1: Length (mm)
- 2b Lesion type
- 2b-1: Isolated lesion
- 2b-2: Multiple lesions
- 2b-3: Curved lesion
- 2b-4: Straight lesion
- 2c Maximal depth layer of invasion each lesion (muscularis, submucosa, mucosa)
- 2c-1: Lesion 1 (free text)
- (2c-2: Lesion 2 (free text) - delete if not relevant)
- (2c-3 etc.)
- 2c Is it stuck to any structures or free lying?
- 2d-1: Vagina
- 2d-2: Uterus
- 2d-3: Uterosacral ligaments

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- 2d-4 Ovary
- 2d: Plaque thickness
- 2a: 1-5mm
- 2b: 6-10mm
- 2c: >11mm
- 2e: Activity
- 2f1: Inactive
- 2f2: Active
- 2f: "Mushroom cap" appearance:
- 2g1: Present
- 2g2: Absent

**Is there evidence of tethering of the bowel?**

- 1 No
- 2 Yes, tethered to
- 2a Uterus
- 2b L. ovary
- 2c R. ovary
- 2d L. uterosacral ligament nodule
- 2e R. uterosacral ligament nodule
- 2f L pelvic side wall
- 2g: R pelvic side wall.
- 2h: Other

**Any other salient findings on the study:**

- 1 No
- 2 Yes

a. (Free text)

PROS

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