

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). 84 x 35 x 48

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)

bmm

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.
 - Abnormal junctional zone thickening and measurement

. Anterior (mm)

Fundal (mm)

. Posterior (mm) 🚶 🙌 📉

Presence of an adenomyoma

1: No

2: Yes

Fibroids

1:

No

2: Yes

2a: Number of fibroids:

2b: Largest fibroids (location and size mm all

fibroids >10mm and/or iimpact on the cavity) – (Free text)

2b: Submucosal fibroids

2b-0: No

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MJ

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 21 x 20 x 23
- **2.** Volume (above x 0.52).

bcc

Left 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
- a. (Y
- b. N.

Left ovary position

- 1: Lateral adnexa. Unremarkable.
- 2: High positioning in iliac fossa.
- Tethered/ distorted appearances (may be multiple options)

3a: Intimate relationship to the lateral uterus3b Intimate relationship/ tethering to adjacent

bowel.

3c. Tethering to pelvic sidewall

3d:Tethering to the uterosacral ligament

Left ovarian endometrioma

1:

No

2: Yes

Size: NN in millimetres (mm) 1a:

T2 shading (intermediate/low

homogeneous T2 signal).

1b-0: No

1b-1: Yes

T1 fat sat hyperintense 1¢:

> 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

Not classifiable 1:

2: Lesion features

> 2a: Unilocular cyst

Unilocular-solid cyst 2b:

2c: Multilocular cyst

2d: Multilocular-solid cyst

Solid 2e:

Vascularity (post gadolinium enhancement). 3:

> 3a: Present

3b: Absent

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

> 4a: Present.

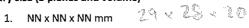
4b: Absent.

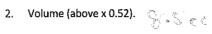
Right ovary

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

2: Present

Right ovary size (3 planes and volume)





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

a. Y

Right ovary position

1: Lateral adnexa. Unremarkable.

2: High positioning in iliac fossa.

Tethered/distorted appearances - may be 3: multiple options.

3a: Intimate relationship to the lateral uterus

3b Intimate relationship/ tethering to

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adjacent bowel.

3c. Tethering to pelvic sidewall

3d: Tethering to the uterosacral ligament

Right ovarian endometrioma

1:

No

2: Yes

> Size: NN in millimetres (mm) 2a:

T2 shading (intermediate/low 2b:

homogeneous T2 signal).

2b-0: No

Yes 2b-1:

2c: T1 fat sat hyperintense

> 2c-0: Absent

2c-1: Present

Internal nodularity, septation, complex. 2d:

> 2d-1: No

2d-2: Yes

Right ovarian lesions/cysts other than suspected

endometriomas_

Not classifiable 1:

2: Lesion features

> 2a: Unilocular cyst

Unilocular-solid cyst 2b:

Multilocular cyst 2c:

2d: Multilocular-solid cyst

Solid 2e:

Vascularity (post gadolinium enhancement). 3:

> 3a: Present

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3b:

Absent

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

4a:

Present.

4b:

Absent.

Adnexa

1: Hydrosalpinx

1a:



1b:

2: Hematosalpinx

2a:

No

2b:

Yes Other (free text).

Are both ovaries immediately approximated "kissing"?

1;

3:

No Yes

2:

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.

Normal.

2: Abnormal.

2a:

(free text if required)

Ureteric nodule(s)?

1:

Absent

2: Present

Location (free text + distance to ureteric

orifice/ VUJ)

2b:

2a:

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 ($\sqrt{T1}$, $\sqrt{T2}$)

1:

Negative Partial

2:

Left

2a: 2b:

Right

3:

Complete

За:

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

Yes 2:

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

1:

2: Yes

No

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).

No 1:

2: Yes nodules

> 2a: Left

> > 2a-1: Size (mm)

2b: Right

> 2b-1: Size (mm)

2c1: Inactive.

Active

2c2: Yes thickening. 3:

> 3a: Left.

3b: Right

3c: Both.

Retrocervical nodule present?

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

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

(No 1:

2: Yes

> Size (mm) 2a:

2b1: Inactive.

2b2: Active

Rectum and colon:

Is there bowel deep infiltrating endometriosis seen?

Definition: Inactive/fibrotic disease characterised as \$\sqrt{T1}\$ ↓ T2 signal.

Active disease as ↑T1, ↑ to intermediate- T2 signal (hemorrhagic/ proteinacous content + glandular deposits). "Mushroom cap sign" is specific to severe invasive bowel endometriosis and is characterized as a plaque with \downarrow T2 at its 'base' and 个 T2 at its 'cap'.



2:

2a: Distance from the anal verge

> 2a-1: Length (mm)

2b: Lesion type

> 2b-1: Isolated lesion

Multiple lesions 2b-2:

2b-3: Curved lesion

Straight lesion 2b-4:

2c: Maximal depth layer of invasion each leasion (muscularis, submucosa,

mucosa).

Lesion 1: (free text) 2c-1:

Lesion 2 (free text) - delete if (2c-2: not relevant

(2c-3 etc.)

Is it stuck to any structures or free lying? 2c:

> Vagina 2d-1:

2d-2: Uterus

2d-3: Uterosacral ligaments

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

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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

R. uterosacral ligament nodule 2e:

2f: L pelvic side wall.

R pelvic side wall. 2g:

2h: Other.

Any other salient findings on the study:

No

2. Yes

(Free text).

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