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ENDOMETRIOSIS PELVIC MRI ASSESSMENT >

BR PROFORMA REPORT BLIND REVIEW

Uterus

1: Absent

2: Present

Uterine anatomy

- 1. Conventional
- 2. Arcuate
- 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)

- Anteverted
 Anteflexed
- Retroverted
- Retroflexed
- 5. Axial
- 6. Others (please specify) (Free text enabled)

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

1. (Free text).

117 x 79 x 66 mm

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text)

4 m

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
 - Supportive MRI features as described:
 - 1. Submucosal cysts.
 - Abnormal junctional zone thickening and measurement
 - i. Anterior (mm)
 - ii. Fundal (mm)
 - iii. Posterior (mm)

Presence of an adenomyoma

1: No 2: Yes

Fibroids

1: No

2: Yes

a: Number of fibroids:

2

2b: Largest fibroids (location and size mm all fibroids >10 mm and/or impact on the cavity) – (Free text)

2b: Submucosal fibroids

2b-1:

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o-1: Yes

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

50mm, posteria body, 750 1.

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 35 x 37 x 13 mm

2. Volume (above x 0.52).

8.8 ==

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

8

2. N follicles > 9 mm

a. (Free text)

ee text)

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

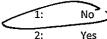
3d:Tethering to the uterosacral ligament

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3e:

Other: (free text)

Left ovarian endometrioma



2:

1a: Size: NN in millimetres (mm)

> 1b: T2 shading (intermediate/low

homogeneous T2 signal).

1b-0: No

1b-1: Yes

T1 fat sat hyperintense 1c:

> 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 Lesion features

2a: Unilocular cyst

2b: Unilocular-solid cyst

2¢: Multilocular cyst

2d: Multilocular-solid cyst

2e: Solid

3: Vascularity (post gadolinium enhancement).

> 3a: Present

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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:

2b: T2 shading (intermediate/low

homogeneous T2 signal).

2b-0: No

2b-1: Yes

2c: T1 fat sat hyperintense

> 2c-0: Absent

Present 2c-1:

Internal nodularity, septation, complex. 2d:

> 2d-1: No

> > 2d-2: Yes

Right ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter

a. (Free text)

Volume (above x 0.52).

1

0

1. NN x NN x NN mm 30 x 19 x 28 mm

2. N follicles > 9 mm

a. (Free text)

3. Dominant follicle

a. Y

Right ovary position

3b:

on fat suppression).

4a:

4b:

Present 7

Right ovary size (3 planes and volume)

Right ovary

2:

4

Absent

Present.

Absent.

Fat component (T1/T2 hyperintense. Low signal

Absent (Branching logic - move to "Adnexa")

Lateral adnexa. Unremarkable. 1:

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 lesions/cysts other than suspected

endometriomas

1:	Not classifiable
2:	Lesion features

2a: Unilocular cyst

2b: Unilocular-solid cyst

2c: Multilocular cyst

Multilocular-solid cyst 2d:

Solid 2e:

3: Vascularity (post gadolinium enhancement).

> 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



2: Hematosalpinx



2b: Yes

3: Other (free text).

Are both ovaries immediately approximated "kissing"?



Yes * 2:

Urinary bladder nodule

Definition: Is there presence of a nodule in the bladder.

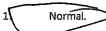
1: Absent¹ 2: Present

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.



2: Abnormal.

2a:

(free text if required)

Ureteric nodule(s)?

1: Absent

2: Present

> Location (free text + distance to ureteric 2a:

> > 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 (\downarrow T1, \downarrow 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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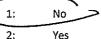
2a: Dimension of nodule to be measured in millimetres (mm).

> 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.



Yes

2a: Left.

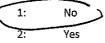
2b: Right

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 $\sqrt{T1} \sqrt{T2}$ signal.

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



2a: Size (mm)

2b1: Inactive.

2b2: Active

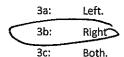
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Uterosacral ligament nodules or thickening?

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
 - Left 2a:
 - 2a-1: Size (mm)
 - 2b. Right
 - Size (mm) 2b-1:
 - 2c1: Inactive.
 - 2c2: Active
- 3: Yes thickening.



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).



2a: Size (mm)

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'.



2b:

2c:

2a: Distance from the anal verge

2a-1:

Lesion type

2b-2: Multiple lesions

Curved lesion 2b-3:

Straight lesion Maximal depth layer of invasion each

leasion (muscularis, submucosa,

mucosa).

2b-4:

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

Lesion 2 (free text) - delete if (2c-2:

not relevant

(2c-3 etc.)

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

> 2d-1: Vagina

2d-2: Uterus

Uterosacral ligaments 2d-3:

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	2d-4:	Ovary	·
2d:	Plaque th	iickness	
	2a: 1-5m	m.	
	2b: 6-10	nm.	
	2c: >11m	m.	
2e:	Activity		
	2f1:	Inactive.	
	2f2:	Active.	
2f:	"Mushro	om cap" appe	arance:

Present.

Absent.

CV

Is there evidence of tethering of the bowel?

2g1:

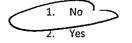
2g2:

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:



a. (Free text).

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