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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). 44 x 65 x 35

**Endometrial thickness (sag plane in mm to nearest mm)**

1. (Free text) 5 mm

**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)  
        ii. Fundal (mm)  
        iii. 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 impact on the cavity) – (Free text)  
2b: Submucosal fibroids  
2b-0: No

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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 45 x 23 x 20  
2. Volume (above x 0.52). 10.8

**Left ovary follicle measurements and count**

1. N follicles between 2 and 9 mm in diameter  
    a. (Free text) 725 (x30)  
2. N follicles > 9 mm  
    a. (Free text) 1  
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

- 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 42 x 33 x 24
2. Volume (above x 0.52). 12.4

Right ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter
- a. (Free text) 725 (227)
2. N follicles > 9 mm
- a. (Free text) 1
3. Dominant follicle
- a. Y = collapsed follicle
- b. N. Corpus luteum

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

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adjacent bowel.

3c. Tethering to pelvic sidewall

3d: Tethering to the uterosacral ligament

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 (hemorrhagic/ 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).

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