SUBJECT ID = RR __484__

REVIEWER INITIALS __FV__

Uterus

1: Absent

2: (Present) ⟵ *circled*

Uterine anatomy

1. Conventional
2. Arcuate ⟵ *circled*
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 ⟵ *circled*
2. Anteflexed ⟵ *circled*
3. Retroverted
4. Retroflexed
5. Axial
6. Others (please specify) (Free text enabled)

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

1. (Free text).

   74 x 40 x 27 mm

Endometrial thickness (sag plane in mm to nearest mm)

1. (Free text) 3mm

Endometrial lesions

1. Not identified. ⟵ *circled*
2. Present. Polyp.
   2b-1: No. of polyps (free text)
   2b-2: Size of each polyp. (free text)

Adenomyosis

1. No MRI supportive features ⟵ *circled*
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 ⟵ *circled*
2: Yes

Fibroids

1: No ⟵ *circled*
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

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

Left ovary

1: Absent (Branching logic – move to "Right ovary")
2: Present ⟵ *circled*

Left ovary size (3 planes and volume)

1. NN x NN x NN mm   31 x 9 x 13 mm
2. Volume (above x 0.52).   1.9cc

Left ovary follicle measurements and count

1. N follicles between 2 and 9 mm in diameter
   a. (Free text)   9
2. N follicles > 9 mm
   a. (Free text)   0
3. Dominant follicle
   a. Y
   b. N ⟵ *circled*

Left ovary position

1: Lateral adnexa. Unremarkable.
2: High positioning in iliac fossa. ⟵ *circled*
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

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   23 x 16 x 11 mm

    2.   Volume (above x 0.52).   2.1 cc

Right ovary follicle measurements and count

    1.   N follicles between 2 and 9 mm in diameter

        a.   (Free text)   7

    2.   N follicles > 9 mm

        a.   (Free text)   0

    3.   Dominant follicle

        a.   Y

        b.   N.

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

3b: Absent

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

  4a: Present.
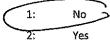
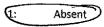 4b: Absent.

Adnexa

1: Hydrosalpinx

  ~~1a: No~~ *(circled)*

  1b: Yes

2: Hematosalpinx

  ~~2a: No~~ *(circled)*

  2b: Yes

3: Other (free text).

Are both ovaries immediately approximated "kissing"?

1: No *(circled)*

2: Yes

Urinary bladder nodule

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

1: Absent *(circled)*

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. *(circled)*

2: Abnormal.

  2a: (free text if required)

Ureteric nodule(s)?

1: Absent *(circled)*

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 ($\downarrow$ T1, $\downarrow$ T2)

1: Negative *(circled)*

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: $\downarrow$ T2 $\uparrow$ T1 (if active haemorrhagic deposits)
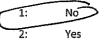
1: No *(circled)*

2: Yes

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.
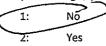
1: No *(circled)*

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

1: No *(circled)*

2: Yes

  2a: Size (mm)

  2b1: Inactive.

  2b2: Active

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.

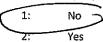 2c2: Active

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/ proteinacous content + glandular deposits).
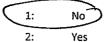
1: No

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/ proteinacous 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 leasion (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

  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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