

SUBJECT ID = RR

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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).

83 x 44 x 57

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

1. (Free text)

9

**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: 1

2b: Largest fibroids (location and size mm all 5 mm)

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 35 x 37 x 28  
2. Volume (above x 0.52).

**Left ovary follicle measurements and count**

1. N follicles between 2 and 9 mm in diameter  
    a. (Free text) 18  
2. N follicles > 9 mm  
    a. (Free text) 1  
3. Dominant follicle  
    a. ☒ Y corpus luteum  
    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.

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

3b: Absent

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

## 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 &gt; 9 mm

a. (Free text)

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

## 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.

2: Abnormal.

2a: (free text if required)

**Ureteric node(s)?**

1: Absent

2: Present

#### 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.

Normal.

#### 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 fornical 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

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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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