SPECIALIZED ULTRASOUND IN GYNECOLOGY & OBSTETRICS
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[redacted]

ADVANCED GYNECOLOGY ULTRASOUND (ENDOMETRIOSIS SONOGRAPHER-LED):

Our patient consented to a full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique. Due to the **indication of endometriosis on the requisition**, advanced dynamic techniques, including limited abdominal ultrasound, were performed.

INDICATION: 69 yo F with two left ovarian lesions - 21 mm arrested follicle and 11 mm ? old endometrioma.

FINDINGS:

UTERUS:

The uterus was well visualized, retroverted in orientation and size measuring 41 x 41 x 28 mm. Volume 24.5 ml.

Myometrium: The myometrium appeared **abnormal**.

- **Adenomyosis**: Evaluation for adenomyosis revealed: Focal anterior myometrial cyst is noted today.
- **Fibroids**: Evaluation for fibroids revealed: Nil.
- **Congenital anomaly**: Nil.

Endometrium: Endometrial thickness measured: 5.1 mm. Endometrial cavity pathology: **Present**. There are at least two cystic areas with vascularity measuring 5 x 5 x 3 mm in the fundal aspect and 3 x 3 x 2 mm in the right/lower aspect - probable polyps. The endometrium is thinner today than at previous scan in May 2024 (was there hysteroscopy or biopsy done?)

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 12 x 8 x 13 mm. Volume 0.6 ml.
Right Ovary Mobility: Mobile

Left Ovary: the left ovary appeared **abnormal** in appearance and echogenicity, measuring 27 x 21 x 17 mm. Volume 5.1 ml. There is an arrested follicle measuring 17 x 21 x 17 mm. There is a 11 x 9 x 7 mm anechoic lesion with a hyperechoic component measuring 6 x 7 x 5 mm. This appears the same as previous.

M. Leonardi, MD, PhD, FRCSC
Date of transcription: 11 Nov 2024
Signed

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This ovary is adherent to the LUSL DE (see below), which further raises the likelihood that this is an old endometrioma.
Left Ovary Mobility: Fixed

Adnexa: In the left adnexa, there is a 24 x 10 x 7 mm anechoic and tubular structure measuring 24 x 10 x 7 mm. This represents a hydrosalpinx.

ANTERIOR COMPARTMENT:

Bladder: Normal with no evidence of deep endometriosis or other gross pathology.
Ureters: Normal bilaterally with no evidence of hydroureter.

POSTERIOR COMPARTMENT:

Posterior vaginal fornix: Normal with no evidence of deep endometriosis or other gross pathology.
Rectovaginal septum: Normal with no evidence of deep endometriosis or other gross pathology.
Left uterosacral ligament: Abnormal with evidence of deep endometriosis measuring 7.3 x 6.7 x 2.2 mm.
Right uterosacral ligament, torus uterinus: Abnormal with evidence of deep endometriosis measuring 8.7 x 5.7 x 4.0 mm.
Bowel: Normal with no evidence of deep endometriosis or other gross pathology.

Rectouterine pouch (cul de sac): Sliding sign: Positive, representing a non-obliterated (i.e. normal) rectouterine pouch.

Superficial endometriosis: Evaluation for superficial endometriosis today was not aided by the presence of peritoneal fluid. We identified superficial endometriosis in the right USL/torus area.

IMPRESSION:

Abnormal limited abdominal and full pelvic ultrasound today.

Findings include:

- probable adenomyosis
- possible endometrial polyps - clinical correlation following last scan needed
- right and left USL deep endometriosis
- benign left ovarian cysts, one is likely a small old endometrioma based on fixation to LUSL DE

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- superficial endometriosis

Today's ultrasound was a **sonographer-led endometriosis ultrasound**. Whilst endometriosis was identified, we are still at the infancy of sonographer-led endometriosis ultrasound. If surgery is going to be considered for this patient, I would recommend a **sonologist-led endometriosis ultrasound** to ensure optimal accuracy, enhancing surgical outcomes, particularly for the domains of bowel/bladder/ureter endometriosis and severe endometriosis-associated adhesions.

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