SUBJECT ID = RR 429

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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) ~~40x~~ 57x48x39mm.

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

1. (Free text) 4mm

**Endometrial lesions**

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

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**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

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

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**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 22x16x25
2. Volume (above x 0.52) 46ml.

**Left ovary follicle measurements and count**

1. N follicles between 2 and 9 mm in diameter
   - a (Free text) ~20
2. N follicles > 9 mm
   - a (Free text) 0
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 ?? looks like a mass.

**Right ovary size (3 planes and volume)**

1: NN x NN x NN mm 84x59x60mm.

2: Volume (above x 0.52) 154ml.

**Right ovary follicle measurements and count**

1: N follicles between 2 and 9 mm in diameter

a: (Free text) 0

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 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 N/A

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3b Absent

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

4a Present N/A (we don't have those sequences)

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

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 (haemorrhagic/ 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/ 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) suspected ovarian mass; difficult to determine if degenerating fibroid & the nature of the mass as limited sequences for the study.