

ENDOMETRIOSIS ULTRASOUND:

Our patient consented to a limited abdominal and full pelvic ultrasound examination using real-time transabdominal scan and transvaginal scan technique.

INDICATION: 29 yo female G3L2 SVC x 2. Multi-year chronic pelvic pain/dysmenorrhea/dyspareunia (same sex partner); hx LEEP 2018, started on Visanne by myself, has HMB (Ferritin 8). R/O endometriosis.

FINDINGS:**UTERUS:**

The uterus was well visualized, anteverted in orientation and size measuring 57 x 42 x 35 mm.

Myometrium: The myometrium appeared **abnormal**.

- **Adenomyosis:** Evaluation for adenomyosis revealed: **Present**. The following MUSA criteria are identified:

1. Echogenic subendometrial lines and buds
2. Irregular junctional zone
3. Interrupted junctional zone
4. Fan-shaped shadowing
5. Myometrial cyst

- **Fibroids:** Evaluation for fibroids revealed: Nil.
- **Congenital anomaly:** Nil.

Endometrium: Endometrial thickness measured: 3.9 mm. Endometrial cavity pathology: None.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 25 x 24 x 26 mm. Volume 8.2 ml.

Right Ovary Mobility: Mobile

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Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 30 x 24 x 20 mm. Volume 7.5 ml.

Left Ovary Mobility: Mobile

Adnexa: Normal bilaterally.

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: Normal with no evidence of deep endometriosis or other gross pathology.

Right uterosacral ligament: Normal with no evidence of deep endometriosis or other gross pathology.

Torus uterinus: Normal with no evidence of deep endometriosis or other gross pathology.

Bowel: Normal with no evidence of deep endometriosis or other gross pathology.

Rectouterine pouch (cul de sac): Normal with no evidence of deep endometriosis or other gross pathology.

Sliding sign: Positive, representing a non-obiterated (i.e. normal) rectouterine pouch.

Superficial endometriosis: Evaluation for superficial endometriosis today was not aided by the presence of peritoneal fluid. We identified: None. It is important to note that the absence of superficial endometriosis does not rule out superficial endometriosis.

IMPRESSION:

Abnormal limited abdominal and full pelvic ultrasound today with main findings including adenomyosis.

No evidence of deep or ovarian endometriosis or endometriosis-associated adhesions. While we can safely rule these out based on evidence-based diagnostic test accuracy studies, it is important to

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During and following the ultrasound performed today, I provided real-time feedback regarding the ultrasound findings to the patient. I provided some basic information about the findings. I validated the patient's experiences. I advised them to follow up with you, their referring doctor, to discuss management strategies going forward. It was a pleasure to be involved in their care. Thank you for the opportunity to contribute to your patient's diagnostic journey.

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