



ADVANCED GYNECOLOGY ULTRASOUND:

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

INDICATION: Significant menorrhagia, worsening over the years. Debilitating pain, heavy periods. ? endometriosis

CLINICAL INFORMATION: Patient is being seen at ONE Fertility for infertility.

FINDINGS:

UTERUS:

The uterus was well visualized, anteverted in orientation and size measuring 67 x 47 x 33 mm. Volume 54 ml.

Myometrium: The myometrium appeared normal.

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

Endometrium: Endometrial thickness measured: 9.9 mm. Endometrial cavity pathology: Possible polyp as depicted by ovoid hyperechoic area noted with feeding vessel along the left aspect of the endometrial cavity, measuring 10 x 4 x 5 mm. Occasionally this can simply represent the lateral wall of the cavity with the folding of the anterior and posterior walls.

OVARIES/ADNEXA:

Right Ovary: the right ovary appeared normal in appearance and echogenicity, measuring 23 x 29 x 17 mm. Volume 6 ml.

Right Ovary Mobility: Mobile

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Left Ovary: the left ovary appeared normal in appearance and echogenicity, measuring 37 x 34 x 21 mm. Volume 14 ml. A corpus luteum is noted.

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: ****Abnormal** with evidence of deep endometriosis measuring 7.6 x 4.3 x 7.1 mm. This includes an atypical cystic component.

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

Superficial endometriosis: Evaluation for superficial endometriosis today was aided by the presence of peritoneal fluid. We did not identify superficial endometriosis. 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 findings of endometriosis in the following locations:

- Right uterosacral ligament. This nodule is in close proximity to pelvic vessels. The patient notes tenderness with transducer pressure over this region.

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Additional findings of: possible endometrial polyp. If sonohysterography has not been recently done, this can be considered.

Due to the high quality endometriosis sonographer scan today, I do not believe a secondary scan is necessary unless surgery for excision of endometriosis will be planned. This is in the context of possible false negatives in certain areas such as bowel, which are very pivotal for surgical planning.

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